

# Family Physician/Specialist Engagement Event May 22, 2014

## “Fishing for Pearls and Digging for Nuggets”

### Dr. Hayley Bos, Perinatology

- 1. Plan B had reduced effectiveness in women with elevated BMI (weight > 80kg or 176lb). A copper IUD (inserted up to five days after unprotected intercourse) may be a more effective option.**

- In clinical trials of women using emergency contraception (EC) pills (progestin-only, such as **Plan B One-Step**) obese women (with a body mass index, or BMI, of 30 or greater) became pregnant over 3 times more often than non-obese women. EC appears to decline in efficacy as BMI increases; in fact, for women with a BMI of 26 or over who used progestin-only EC, pregnancy rates were no different than would be expected if they hadn't used EC at all. Increasing the dose of EC for overweight or obese women has not been studied and is not currently recommended.

**Glasier A, Cameron ST, Blithe D, Scherrer B, Mathe H, Levy D, Gainer E, Ulmann A. Can we identify women at risk of pregnancy despite using emergency contraception? Data from randomized trials of ulipristal acetate and levonorgestrel. *Contraception*. 2011;84:363-7. [http://sogc.org/news\\_items/weight-effectiveness-emergency-contraceptive-pill/](http://sogc.org/news_items/weight-effectiveness-emergency-contraceptive-pill/)**

- 2. New medication available to treat fibroids (alternative to surgery or embolization). Treatment may be continued for 3 months, with ongoing studies for more long term risks.**

- Fibristal (ulipristal), a selective progesterone receptor modulator, was authorized for the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age who are eligible for surgery. The duration of treatment is limited to 3 months. The safety and efficacy of Fibristal have not been established in women  $\geq 65$  years of age or women  $< 18$  years of age.

[http://chealth.canoe.ca/drug\\_info\\_details.asp?brand\\_name\\_id=6371](http://chealth.canoe.ca/drug_info_details.asp?brand_name_id=6371)

[http://sogc.org/media\\_updates/new-treatment-option-for-women-suffering-with-uterine-fibroids/](http://sogc.org/media_updates/new-treatment-option-for-women-suffering-with-uterine-fibroids/)

- 3. New medication available to treat endometriosis, but it is not an effective birth control method, so other protection must be used at the same time.**

- Visanne (dianogest) is a low dose, orally active progestin that has been developed to treat endometriosis. Systematically it is associated with a relatively moderate inhibition of gonadotropin secretion, leading to lower levels of estradiol. These levels are low enough to cause an initial decidualization followed by atrophy of the endometriosis lesions. There is enough estradiol to prevent mineral loss and menopausal symptoms. There are local anti-proliferative effects as well. Although in most women, ovulation is prevented, it has not been tested as a contraceptive agent.

<http://visanne.com/en/auth/faqs/>

## Dr. Kevin Forkheim, Imaging

1. **GOUT – Dual Energy CT** – it takes about 10 years from the time of clinical onset until enough joint destruction has occurred for you to be able to diagnose Gout on an x-ray. Now, with Dual Energy CT, you can diagnose Gout 10 years earlier, by specifically analyzing chemical composition, and showing uric acid crystals in the soft tissues.
2. **SPECT CT “Nuclear CT”** – You can now order a bone scan and diagnostic CT to be done at the same time, with completely fused images. This lets you combine morphology with physiology – for example – someone may have multiple abnormal facet joints, but only 1 or 2 of them are active, and would be the ones to benefit from injections.
3. **Same Day CT Walk Ins** – Weekdays 8-4 at RJH and VGH, if a CT meets the criteria for a same day study, there is no need to phone for approval – the patient can just be sent to the department with a requisition. They may have to wait a bit, but will be scanned, and the study will be read quickly. The patient will then be told whether to report back to the office or to the ER.

## Dr. Hamza Kahn, Ophthalmology

1. Navigate the channel of three “O”s by establishing a referral network
  - a. Three “O”s provide complementary and overlapping care (ref [www.ccepro.ca](http://www.ccepro.ca) and [www.eyesite.ca](http://www.eyesite.ca))
  - b. Each group can offer some expertise within their scope of practice
  - c. Using a common entry pathway may help the referral triage process (e.g. RebalanceMD orthopedics model)
  - d. Use the VVEEPP mnemonic to document the clinical findings
    - i. Vision
    - ii. Visual field
    - iii. External exam
    - iv. Eye movements
    - v. Pupils
2. Worrying signs = Clusters of symptoms and signs –see DDx Table below
  - i. pain and VA loss
  - ii. redness and pain (keratitis, uveitis)
  - iii. redness and VA loss (postop patient, contact lens user or trauma)
3. Diabetic Eye Exams Save Sight
  - a. .... and can help predict other morbidity/ mortality (ref
  - b. 67% of DM patients have had eye exam within 2 yrs (Wisconsin study, Canadian data suggests lower adherence to guidelines)
  - c. Eventually nearly ALL diabetics develop retinopathy
    - i. Newer treatment modalities greatly improve VA outcomes
    - ii. Diagnostic imaging tools allow for rapid screening, even in remote areas

TABLE

## Patient complaints guide the differential Dx

### "I can't see" (painless loss of vision)<sup>1-11</sup>

- CRAO/CRVO
- Giant cell arteritis
- NAION
- Nonorganic visual disturbances
- Stroke/TIA

### "I'm seeing things"<sup>4,12-14</sup>

- Ocular migraines
- Retinal detachment
- Vitreous detachment

### "My eye hurts and is red"<sup>11,2,4,12,15-27</sup>

- Acute angle closure glaucoma
- Bacterial keratitis
- Blunt trauma
- Chemical burns
- Herpes simplex keratitis
- Hyphema
- Iritis (anterior uveitis)

### "My eye is red" (but pain free)<sup>4,9,28-32</sup>

- Conjunctivitis
- Orbital cellulitis (can have pain)
- Periorbital cellulitis
- Subconjunctival hemorrhage

### "My eye hurts"<sup>1,2,4,23-28</sup>

- Corneal abrasion
- Optic neuritis

CRAO, central retinal artery occlusion; CRVO, central retinal vein occlusion; NAION, nonarteritic anterior ischemic optic neuropathy; TIA, transient ischemic attack.

Ref Vorvick, L Reinhardt, R J Fam Pract 2013 July; 62 (7) 345

## Dr. Patrick Kenny, Dermatology

1. What do you do when you are about to do a procedure and the patient tells you they are allergic to all local anaesthetics?
2. Can you treat fungal infection on the feet with shampoos?
3. What are the indications for removing a suspicious pigmented lesion?
4. Novel treatments for planter warts.

### Dr. Peter Lee, Allergy/Immunology

1. Discuss proper injection technique for allergen immunotherapy to reduce localized and systemic reactions.
2. Most Type 1 Immediate Hypersensitivity reactions will occur within 2 hours of exposure of the potential inciting agent.
3. Bathing daily (instead of sparingly) and moisturizing can be very effective in management of mild to moderate atopic dermatitis. Bleach baths may be helpful in select situations.
4. The longer urticaria lasts, the less likely they are caused by an allergy.

### Dr. John Mathieson, Imaging

1. **GOUT – Dual Energy CT** – it takes about 10 years from the time of clinical onset until enough joint destruction has occurred for you to be able to diagnose Gout on an x-ray. Now, with Dual Energy CT, you can diagnose Gout 10 years earlier, by specifically analyzing chemical composition, and showing uric acid crystals in the soft tissues.
2. **SPECT CT “Nuclear CT”** – You can now order a bone scan and diagnostic CT to be done at the same time, with completely fused images. This lets you combine morphology with physiology – for example – someone may have multiple abnormal facet joints, but only 1 or 2 of them are active, and would be the ones to benefit from injections.
3. **Same Day CT Walk Ins** – Weekdays 8-4 at RJH and VGH, if a CT meets the criteria for a same day study, there is no need to phone for approval – the patient can just be sent to the department with a requisition. They may have to wait a bit, but will be scanned, and the study will be read quickly. The patient will then be told whether to report back to the office or to the ER.

### Dr. Lukasz Materek, Endocrinology

1. AM cortisol is not helpful for screening patients with possible cortisol excess / Cushing’s syndrome
2. Vitamin D deficiency may result in elevated PTH levels but if the corrected calcium levels are also elevated primary hyperparathyroidism should be considered.
3. Consider secondary causes of osteoporosis

### Dr. Richard Phillips, Endocrinology

1. "TSH is the best test to assess thyroid function...except when it isn't!"
2. "The most common cause of low testosterone is the metabolic syndrome..."
3. "Hypogonadism should not be diagnosed and testosterone treatment should not begin until the patient has demonstrated symptoms of hypogonadism in concert with persistently low

morning testosterone values with an accurate assay and a work-up for why the testosterone is low in the first place has been undertaken..."

### Dr. Jennie Preuss, Psychiatry (Child & Youth)

1. A youth with a "behavior problem" whose behavior doesn't respond to appropriate consequences likely has an undiagnosed mental health problem.
2. "Oppositionality" is like pain or fever – it tells you something is wrong but not what the problem is. Consider mood, anxiety or ADHD.

### Dr. Jenny Rajala, Cardiology

1. "Low risk is not no risk."
2. "Cardiac CT is extremely accurate at ruling out CAD."

### Dr. Karan Shetty, Cardiology

1. Echocardiographic screening of first-degree relatives of the patient with a bicuspid valve is recommended, especially when a bicuspid aortic valve and ascending aortic aneurysm is present.
2. The 2012 update to the Canadian Atrial Fibrillation Guidelines has lowered the threshold for initiation of anticoagulation to prevent embolization in atrial fibrillation.
3. Application of a magnet to most ICDs will prevent shocks (inappropriate or appropriate) but will not affect pacing function.

### Dr. Rivian Weinerman, Psychiatry

1. Move towards, not away from your difficult patients:  
**listen, validate, set limits**
2. Let the patient do the work - MI;  
**ask (ready, willing, confident, ok with), listen, praise success, discuss payoff and price, use scale/set goal**
3. Have them/family list their strengths...like endorphins for you and patient
4. Know the anxiety equation;  
**The more coping skills, the less anxiety; the less coping skills the more anxiety**

## In Reserve

### Gerald Tevaarwerk – “general” pearls ("They may be found anywhere").

1. Studies have demonstrated that for every hour of necessary sleep missed the average person consumes an additional 250 Calories the following day.
2. An excess of 100 Calories per day above that needed to maintain a constant weight results in 10 pounds of weight gain per year.
3. Diuretics are most effective in the supine position. Take them one hour before arising.
4. An excellent diet-teaching tool for diabetic patients is to have them measure the blood sugar immediately before and one hour after finishing a meal or snack: the increase should not exceed 2 mmol per liter.  
A standardized meals program can be constructed on it as the patient “sees’ what foods have a high Blood Sugar Elevating Effect (SEE) and can learn to avoid those.