You asked about...

Answers to your questions from medical experts

1. What winter-month allergen returns negative on testing?

What winter-month allergen affects patients whose allergy testing returns negative? Any treatment suggestions?

Question submitted by
Irene D'Souza, MD
Willowdale, Ontario

This month:

In Canada, allergic symptoms occurring during winter months are due to exposure to indoor allergens. This is in contrast to symptoms of seasonal allergic rhinitis (spring, summer, and fall), which are due to outdoor allergens, such as trees, grass, weeds, and ragweed pollens.

The major indoor allergens include dust mites, animal danders, and molds. Cockroach-derived allergens are a major cause of allergic rhinits and asthma in the inner-cities of most urban centres.

While patients with symptoms suggestive of perennial allergic rhinitis will typically experience alternating nasal congestions through the winter months, there will be little by way of other symptoms, such as conjunctival irritation, rhinnorhea, or bouts of sneezing. Usually, the nasal congestion will remit when the patient leaves for vacation.

Either prick or intradermal skin tests will show significant reactions to perennial allergens in those patients with perennial allergic rhinitis. Exposure to pets (such as hamsters, rabbits, guinea pigs, or birds), feather bedding (serum albumin), or pests (such as mice) may give rise to these symptoms.

Allergy skin testing should be conducted with appropriate negative (saline) and positive (histamine) controls, to ensure accurate interpretation of results.

Avoidance of relevant exposures, whenever possible, is the mainstay of management. The use of intranasal steroids is often effective. Nasal irrigation with saline is a useful adjunct, as is the use of high-efficiency particulate air filters or ionic air purifiers.

Where avoidance is not feasible and when pharmacotherapy is ineffective, allergen immunotherapy will prove to be helpful in 80% to 85% of individuals.

It is important to be mindful of the differential diagnosis of perennial allergic rhinitis. Persistent nasal congestion may also be caused by a diverse group of conditions, including enlarged adenoids in children, nasopharyngeal carcinoma, nasal polyps, hypothyroidism, sarcoidosis, and vasculitis. If nasal congestion does not respond to appropriate therapy, the patient should be referred for additional investigations.

Answered by:
Peter Vadas, MD, PhD, FRCPC
Director,
Division of allergy and clinical immunology
St. Michael's Hospital
Toronto, Ontario

2. Can an ARB and an ACE be used together?

What are the indications for using an ARB and an ACE together?

Question submitted by
Earl Hutchinson, MD
New Westminster, British Columbia

There are no established indications for using an angiotensin receptor blocker (ARB) with an angiotensin-converting enzyme (ACE) inhibitor.

The Cardiovascular Health and Age-Related Maculopathy (CHARM) study demonstrated a minimal benefit of using both classes of drug together in patients with congestive heart failure.

For patients with hypertension, it would de better to ensure patients are taking a thiazide diuretic and eating a low-salt diet, in addition to the maximum dose of either drug class alone.

In patients with renal disease marked with proteinuria, some research suggests the use of both drug classes in unison may protect the kidneys.

However, since the safety of this combination is not established, caution should be taken when using both drug classes in patients with diabetes, especially since 30% of Type 2 diabetes patients have elevated serum potassium levels prior to taking the drugs.

Without a clear benefit and an established (albeit low) risk, this drug combination should be used with extreme caution. Informed consent and followup measures of serum potassium and creatinine concentrations are advised.

Answered by:
Ellen Burgess, MD, FACP, FRCPC
Active staff
Foothills Medical Centre
Calgary, Alberta

3. Are seeds and nuts the enemy?

Do patients with colonic diverticulosis really have to avoid eating seeds and nuts?

Question submitted by
Stephen Sullivan, MD, FRCP
Victoria, British Columbia

No. Diverticulosis, which is present in 66% of patients over 80, is acquired after a prolonged period (> 40 years) of low fibre intake. Fortunately, most patients with diverticulosis (80%) will be asymptomatic.

Diverticulitis is a condition in which one or more diverticula become inflamed, resulting from a fecalith obstructing the neck of a diverticulum. There is no evidence that seeds or nuts obstruct the diverticulum.

Interestingly, it has been suggested that the gradual implementation of a high-fibre diet, containing large amounts of vegetable and fruit material, will decrease the symptoms of patients with diverticular disease.

Answered by:
Frances Wright, MD, BSc, FRCSC
Surgical oncologist,
Sunnybrook Women's College Health Sciences Centre
Toronto, Ontario

4. Osteoporosis in men

How would one treat osteoporosis in men?

Questions submitted by
Thompson Wong, MD
Mississauga, Ontario

One in eight men over the age of 50 has osteoporosis.

It is important to exclude secondary causes of bone loss in men with osteoporosis. Up to 50% of men with hip fracture and 20% of men with vertebral fracture have low levels of testosterone. Malabsorption, vitamin D deficiency, hyperparathyroidism, and hepatic or renal disease are additional causes of bone loss, as are some medications.

I would measure bioavailable or free testosterone, prolactin, luteinizing hormone, follicle-stimulating hormone, thyroid-stimulating hormone, calcium, albumin, phosphate, magnesium, parathyroid hormone, creatinine, liver biochemistry, and 25-hydroxy vitamin D levels.

Treatment follows the same principles as in women. Correct any reversible causes of bone loss. Optimize the intake of calcium and vitamin D (1,500 mg and 800 IU to 1,000 IU per day, respectively).

While oral bisphosphonates have been shown to prevent bone loss in men, their effectiveness in preventing fractures has not been convincingly demonstrated.

Recombinant PTH (not yet available in Canada) may be a future consideration in men with severe osteoporosis.

Answerd by:
Lisanne Laurier, MD, FRCPC
Department of endocrinology
Rockwood Clinic
Spokane, Washington

5. What's the secret about eyelash lice?

What is the best way to treat eyelash lice?

Question submitted by
Paul Adam, MD, FRCPC
Toronto, Ontario

Therapy for eyelash lice uses a simple occlusive ointment, such as Vasoline®.

Apply a thin coat over the eyelashes, leaving it on for 12 hours.

While that should be sufficient to asphyxiate the lice, you should also use a thin comb to remove nits from the lashes.

Answered by:
Michael Rieder, MD, PhD, FRCPC
Consulting staff,
Children's Hospital of Western Ontario
London, Ontario

6. Does a correlation exist between estrogen level from lab tests and dose in HRT?

Regarding HRT, is there any lab correlation between estrogen level in the lab test and dose of congugated estrogen? Can HRT be followed by lab tests? Likewise with progesterone.

Question submitted by
John Brighton, MD, CCFP
Parksville, British Columbia

The only indication for hormone replacement therapy (HRT) is for the control of post-menopausal symptoms. Relief of symptoms indicates adequate dosage without the need for measurement of estrogen levels. Most oral estrogens, including 17 beta–estradiol, end up as estrone. Measurements of estradiol may be misleading. Follicle-stimulating hormone levels are not good estimates of effectiveness, as estrogen levels are influenced by inhibin levels.

Patients who request increasing doses of estrogen to control symptoms may benefit from measurement of estradiol level, which is usually in the range 40 pg/mL to 100 pg/mL.

Progesterone doses are based on those levels required to protect the endometrium in non-hysterectomized women on HRT. Doses vary according to whether patients are taking continuous or cyclic regimens.

There is no indication to measure progesterone for management of HRT. CME

Answered by:
Dr. Paul Martyn, MBBS, FRCOG, MRACOG, FRCS(C)
Foothills Medical Centre
Calgary, Alberta