



## Managing IBS

1.

### What is the role of immune modulators in the management of irritable bowel syndrome?

Question submitted by:  
M.I. Ravalia, MD, LRCP(ed.)  
Twillingate, Newfoundland

The exact physiologic abnormality that results in irritable bowel syndrome (IBS) is unknown. One of the main abnormalities seems to involve the serotonergic enteric nervous system, predominately on the sensory side. At present, none of the known immune modulators have a role to play in the management of IBS; supportive therapy remains the mainstay.

Answered by:  
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### This month—11 Answers:

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With most immune modulators requiring long-term use and all requiring monitoring with regard to potential side-effects, the focus of pharmacologic therapy for IBS should last for short, defined periods of time, if possible.

## 2.

## Is there a link between sleep apnea and major depression?

### What is the association between sleep apnea and major depression?

### Does treatment of the sleep apnea (*i.e.*, continuous positive airway pressure) change the associated risk of depression?

Question submitted by:  
Monte Bail, MD  
Toronto, Ontario

Chronic sleep disturbance from any cause is commonly associated with a dysphoric mood and depressive symptoms (*i.e.*, low mood and energy, *etc.*). Only when depressive symptoms meet the criteria for a depressive syndrome can the diagnosis of a mood disorder (*e.g.*, major depressive disorder) be made.

Several studies, using questionnaires such as the Beck Depression Inventory, have demonstrated that untreated patients with sleep apnea have higher rates (20% to 63%) of depressive symptoms, compared with controls. Most treatment studies demonstrate compliance with continuous positive airway pressure (CPAP) reduces these symptoms within a month and, with continued treatment, the improvement is maintained.

The few studies that use diagnostic criteria (*i.e.*, DSM-III-R and DSM-IV) show that 23% to 34% of patients with obstructive sleep apnea (OSA) will meet criteria for major depression.

Epidemiologic studies show that chronic illnesses that disrupt sleep are associated with an increased

risk of clinical depression. Conventional wisdom suggests if other risk factors (*i.e.*, family history of mood disorder, comorbid medical illness, or substance use, *etc.*) are present, it's likely that failure to treat the OSA will further increase that risk.

There are no prospective studies to date confirming this deduction, but it is well established that successful treatment of OSA results in improvements in sleep, fatigue, mood, subjective well-being, and functioning, in addition to reducing the significant medical morbidity associated with this disorder.

Answered by:  
Jonathan Fleming, MD, FRCPC  
Associate Professor  
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# 3.

## How do LABAs and SABAs differ?

**Long-acting beta(2)-agonists (LABAs) are being "pushed" for asthma therapy almost in conjunction with inhaled steroids.**

**Except for duration of action, are LABAs really any different from short-acting beta(2)-agonists (SABAs)?**

Question submitted by:  
Peter Thomas, MD, MB, BS,  
FRCP, FCCP, FACP, FRCPC  
Toronto, Ontario

As reviewed in the latest update of the Canadian Asthma Consensus Guidelines, the addition of LABAs (formoterol and salmeterol) to inhaled corticosteroids (ICS) is the preferred treatment option for a patient without well-controlled asthma with ICS. Many studies have confirmed the benefits of combining LABAs and ICS, which is found to be superior to doubling the dose of ICS, or adding a leucotriene receptor antagonist or theophylline.

While LABAs offer the advantage of rapidly improving asthma control (day and night) and the need for rescue bronchodilator, they also reduce asthma exacerbations, one of the main burdens of asthma. On the other hand, regular use of SABAs is associated with poorer asthma control and a higher risk of exacerbations.

However, the latter is not true if LABAs are used without the concomitant use of ICS. The exact mechanism by which LABAs reduce exacerbation is unknown, although several studies point to the synergistic effect of ICS and LABAs, a mechanism which is not shared by SABAs.

Answered by:  
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## 4.

## Overcoming low sex drive

**Many women aged 35 to 50 complain of reduced/low sex drive; they often have good marital relationships and a busy lifestyle (work, children, home, leisure activities) without any significant emotional or physical illness.**

**Is there any new advice to offer based on emerging research data?**

Question submitted by:  
Monique Moreau, MD, CCFP  
Alliston, Ontario

Reduced or low (no) sexual interest is the most common female complaint in sexual medicine clinics. Most women hope for a medical therapy, such as testosterone supplements or "female" sildenafil citrate, to regenerate her sexual interest.

When assessing this complaint, review organic factors (including testosterone levels), emotional health, and relationship stability. The absence of difficulty in any of these areas is not uncommon.

The busy lifestyle of many women results in fatigue, preoccupation, and stress, all of which eliminates time for relaxation, recreation, and the energy needed to maintain erotic focus.

Assuming testosterone levels are normal and the relationship is sound, counselling can focus on helping women protect time for personal recreation and relaxation. Sexual fantasy, self-pleasure, and erotica will help her re-establish erotic focus and regenerate her sexual desire.

Answered by:  
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## 5.

### Extended PPI treatment—what are the risks?

#### Is there any proven long-term drawback to prolonged treatment with proton pump inhibitors (PPIs) (e.g., higher incidence of gastric cancer)?

Question submitted by:  
Robin Wilson, MD  
Langley, British Columbia

The short answer to the question is “no”. However, as Oscar Wilde said: “The pure and simple truth is rarely pure and never simple.”

There are a number of theoretical concerns with regard to the long-term use of these potent suppressors of acid secretion, including:

- carcinoid formation,
- the potential to develop gastric carcinoma, especially for patients with *H. pylori*,
- bacterial overgrowth,
- susceptibility to enteric infections,
- malabsorption of fat, minerals, and vitamins, and
- risk of developing colon cancer (as a result of hypergastrinaemia).

Laine *et al* addressed these concerns in a review paper.<sup>1</sup> The authors conclude, “current evidence suggests that prolonged gastric acid suppression with PPIs rarely, if ever, produces adverse events.” As always, continued vigilance is recommended.

I would argue, however, that although the drugs may be safe (and perhaps because they are perceived as such), our use of PPIs may not be. Most studies reporting on the long-term outcome of treatment (keeping in mind that these drugs have only

been available for a fairly limited period) indicate an excess mortality associated with foregut cancers in the short term following the initiation of treatment.<sup>2</sup> While this almost certainly represents “confounding by indication”, there is some suggestion that the indiscriminate use of these agents may delay the diagnosis of gastric cancer,<sup>3</sup> although the significance of this delay is questionable.<sup>4</sup>

The message is clear: before embarking on long-term treatment with PPIs, you should know what you are treating.

#### References

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4. Panter SJ, O’Flanagan HO, Bramble MG, et al: Empirical use of anti-secretory drug therapy delays diagnosis of upper gastrointestinal adenocarcinoma but does not affect outcome. *Aliment Pharmacol Ther* 2004;19(9):981-8.

Answered by:  
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## 6.

**ACE or ARB?**

**With the overwhelming evidence for the use of angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARB) in diabetic nephropathy, which class is your first choice, and why?**

Question submitted by:  
Janet Chiu, MD  
Edmonton, Alberta

At this time, ACE inhibitors are used more than ARBs, more out of habit than evidence. Research shows us that the majority of patients with diabetes will die of cardiac events and strokes than renal issues. However, as kidney function deteriorates, the risk of cardiovascular events increases dramatically. Therefore, there is a cardiac benefit to maintaining good renal function.

The most supportive data for preserving renal function comes from the use of ARBs, not ACE inhibitors. However, the important issues include:

- lowering blood pressure (BP) to < 140/85 mmHg and
- using the highest recommended dose of ARB (there is no need to use the lower starting doses and there is a chance you will forget to increase the dose later).

For lowering BP, try adding a thiazide diuretic to the ARB or starting with a combination agent (*i.e.*, HYZAAR® DS) and adding a calcium channel blocker (CCB) if BP is not < 140/85 mmHg.

The ACE inhibitors are predominantly used in patients with cardiac disease in an effort to duplicate benefits noted in the HOPE study. In actuality, the results for patients with diabetes in the LIFE study (where they were treated with HYZAAR DS) were virtually the same with regards to reducing mortality and overall cardiovascular events and strokes, even though non-fatal myocardial infarctions were not reduced below the rate seen with traditional therapy of thiazide diuretics, beta blockers and CCBs.

There is no evidence for the use of an ACE/ARB combination therapy. In fact, there is concern regarding hyperkalemia. All patients with diabetes should be on a statin and low dose acetylsalicylic acid.

Answered by:  
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Professor  
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# 7.

## Taking care of scabies and pediculosis

### What are safe and effective treatments for pediculosis and scabies in infants, nursing mothers, and pregnant women?

Question submitted by:  
Henry Chen, MD  
Edmonton, Alberta

Therapy for pediculosis and scabies in infants, nursing mothers, and pregnant women needs to take into account efficacy, as well as safety.

While lindane was commonly used, findings suggest it may be neurotoxic, notably for infants or small children.

At this time, the preferred therapy is a topical 5% permethrin cream for scabies, which is available in several commercial preparations. Similarly, permethrin preparations can also be used for the treatment of pediculosis.

An important caveat to this is to remember that retreatment on day seven may be necessary to kill juveniles which have hatched since the first treatment.

Answered by:  
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## 8.

**Distinguishing GSP and APD****How does DSM-IV social anxiety disorder differ from DSM-IV avoidant personality disorder?**

Question submitted by:  
Joseph Tham, MD, FRCPC  
Vancouver, British Columbia

Social phobia can be a fear of specific situations (*i.e.*, performances), or generalized to include almost any social situation, in which case it is considered general social phobia (GSP).

There exist valid concerns about differentiating GSP from avoidant personality disorder (APD) because of the considerable overlap in diagnostic criteria. Many people consider social phobia on a continuum from the discrete form to the more debilitating generalized form. APD would be positioned with the more severe cases.

Others propose certain temperamental traits, such as introversion, are highly suggestive of APD. In such cases, enduring personality traits may contribute heavily to dysfunction. As genetic epidemiologists sort out the distribution of characteristics in the population, it is likely that many previously held distinctions between axes II and I may be subsumed under models of temperamental spectra.

Answered by:  
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9.

## Getting rid of the bags under your eyes

### How do I treat circles under eyes due to stress, fatigue, and age?

Question submitted by:  
Martin Lee, MD, FACP, FRCPC  
Pickering, Ontario

Circles under the eyes are due to passive vascular congestion. The best therapy is to reduce fatigue and stress, as well as smoking cessation. Lasers have not been very effective in reducing the circles. There is no uniformly effective direct treatment other than cosmetic approaches with concealers.

Answered by:  
Scott Murray, MD, FRCPC  
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## 10.

**Why won't these warts heal?**

**How would you treat a teenage male with multiple warts on the hand that have not responded to monthly applications of liquid nitrogen for over one year?**

Question submitted by:  
David Newman, MD, CCFP  
Surrey, British Columbia

Treatment approaches vary with the type of wart. Periungual warts (under and around the nails) are notoriously tough to clear and sometimes best left alone; after all, given enough time, warts usually clear on their own. However, as they can persist for five to 10 years in some patients, this passive approach takes patience.

Planar or flat warts can spread with aggressive treatments, such as overzealous liquid nitrogen, so applying the treatment more conservatively may actually work better in some cases.

While topical caustic agents, containing salicylic acid, and paring is usually the best option, it must be given with several months therapy in mind.

Topical immunomodulating therapy (*i.e.*, imiquimod) is now being used with some benefit in resistant cases.

My initial approach in all cases, especially when repeat treatments are not working, is to explain the natural history of warts and the concept of spontaneous resolution in an attempt to offer patients the option of abandoning treatment attempts and waiting for nature to take care of things!

Answered by:  
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# 11.

## Vaccines for a bon voyage

### What immunizations do you recommend for someone leaving for a three-week vacation to Cuba?

Question submitted by:  
Gordon Young, MD  
Pictou, Nova Scotia

Immunizations for travel to Cuba, as for any tropical destination, include routine, required, and recommended vaccines. Routine universal childhood immunizations, such as tetanus, diphtheria, and hepatitis B vaccines should be updated in all travellers, regardless of destination.

There are no vaccinations required by health and immigration authorities for Canadian travellers to Cuba, as Cuba is not an endemic country for yellow fever virus. The hepatitis A vaccine, although not required, is highly recommended for travel to any tropical destination, as this infection is highly endemic in the Caribbean, carries significant morbidity and mortality in adults, and is completely and safely preventable.

Answered by  
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