CONSULTANT'S CORNER

Practical Answers To Your Everyday Questions

This month—10 answers:

1. Contagious cosmetics?

Can herpes labialis be transferred by sharing lipsticks?

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

Herpes simplex virus is intermittently excreted in the saliva of anyone who has ever had oro-labial infection, even without recognized "cold sores."

The virus dies rapidly in the environment, since it does not withstand drying, or even room temperature, for very long. It is easily inactivated by soaps and most disinfectants.

Nevertheless, with substantial

2. Steroid combo clarification

After being told many times never to use steroids in eyes, steroid combinations were suggested for blepharitis in the article, "Taking a Look at Common Eye Infections" (July 2005). Is there a "correct" answer?

Question submitted by:
John Casale, MD
Hamilton, Ontario

This is an important point that the article hopes to clarify.

Where there is an inflammatory component to the blepharitis, the low-dose steriod/antibiotic topical combinations have a role as long as there is limited, monitored usage. Otherwise, only lid hygiene and single-agent, topical antibiotics are in order.

Low-dose steroid/antibiotic topical combinations have a role as long as there is limited, monitored usage.

Answered by:
John T. Huang, MD, FRCSC
Clinical Associate Professor
Ophthalmology
Faculty of Medicine
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University of Calgary
Calgary, Alberta

3. Antidepressant use in pregnancy

What antidepressants are safe for use during pregnancy?

Question submitted by:
Douglas Watson, MD
Calgary, Alberta

Parents are always concerned with the health of their unborn child and pregnant women will act to protect their baby at the expense of themselves.

However, severe depression and anxiety illnesses do present in pregnancy in at least 10% of women. Untreated psychiatric illness in pregnancy may not be benign in the impact on the fetus and imposes a higher risk of further relapse postpartum.

The clinician ultimately weighs the risk-benefit issues with any woman and her family. Dimensions of safety to be considered include:

- congenital anomaly rates,
- growth and development in utero,
- delivery risks,
- neonatal adaptation and
- longer term neuro-behavioural sequelae.

Randomized, control trial data is not ethically or practically available to guide practice. The best quality data compares matched populations of women exposed to various psychotropics in pregnancy to those without any drug exposure and looks at the rates of various risks. The absence of greater risk in case series and implied relative safety is then found for traditional tricyclics, fluoxetine, sertraline, paroxetine and citalopram, with a reasonable number of patients studied. Recent initial comparisons with venlafaxine suggest a similar neutral impact on the outcome with more data to be sought.

Individual infants may experience transient presumed discontinuation signs, such as a higher tone and being easily startled after exposure to antidepressants. These findings in newborns can be multi-determined and do not yet appear to be related to longer term difficulties in adjustment or self-regulation.

Non-medication interventions, such as rest and exercise, enhancing social supports and interpersonal psychotherapy remain important foci in treatment and can be sufficient to stabilize milder cases.

Answered by:
Joanne MacDonald, MD, FRCPC
Assistant Professor Psychiatry
Dalhousie University
Clinical Leader
Reproductive Mental Health Service
IWK Health Centre
Halifax, Nova Scotia

4. Myochrysine in RA—what's the limit?

Is there a dose limitation when treating RA patients with myochrysine?

Question submitted by:
J. Fredric Archibald, MD
Sydney, Nova Scotia

There is no limit to the cumulative dose of myochrysine administered for the treatment of rheumatoid arthritis (RA), as long as efficacy is maintained and the side-effect profile is correctly monitored.

Most patients responding to myochrysine can be maintained on a monthly regimen of 50 mg or less by intramuscular injection.

The drawback of myochrysine is:

- the need for injection by a nurse,
- the requirement for complete blood count and urinalysis before each injection and
- the tendency to lose efficacy over time.

Severe bone marrow depression is a continued risk, even after many years of treatment. Furthermore, gold accumulation may occur in various tissues, including the skin and ocular tissues (especially the cornea), but does not affect vision.

Answered by:
Mary-Ann Fitzcharles, MB, ChB
Associate Professor of Medicine
Division of Rheumatology
McGill Pain Centre
Department of Medicine
Montreal General Hospital
Montreal, Quebec

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5. Obesity in childhood

What are the fundamental etiologic factors of childhood obesity? What are the prevalence and the community health aspects? *Etc.*

Question submitted by:
Michael Bernier, MD
Sainte-Foy, Quebec

In the last 15 years, the rates of overweight Canadian children have doubled to about 30% and obesity has almost tripled to 8% of the population.

The causes are multifactorial, but most of the increase has been attributed to social changes that have led to an increase in the amount of calories consumed and a decrease in the number of calories burned. The increase in calories consumed has been described in detail in such books as *Fast Food Nation*.

Some of the problem relates to an increased reliance by families on restaurants rather than on home-cooked meals. Canadians now spend $16 billion per year on "quick service restaurants and eat out approximately 6.6 times/week. Food portion sizes in these food outlets have increased 150% to 300% since the 1950s. The misplaced emphasis on dietary fruit juice (containing as much sugar as cola) has been blamed for as much as 10% of the excess calories in one study.

Children are much less active, due to a confluence of factors:

- Canadian suburban cities are increasingly engineered around automobile travel.
- Centralization of school districts means that more children ride the bus to school.
- As fewer students walk to school, parents of the remaining children won't let them walk to school alone.
- Schools have de-emphasized physical education classes in favour of academic subjects.
- Free play has given way to organized sports in which children get far less opportunity to exercise spontaneously.
- Children watch twice as much television and choose more sedentary activities involving electronic game devices, the Internet and computers for recreation.

Genetics alone could not explain the dramatic increase in overweight children and obesity, but subtle behavioural differences distinguish heavy children. Heavy children move more efficiently, exhibiting much less random movement (and less caloric expenditure) than thin children during spontaneous play. Heavy children also move less (and burn fewer calories) when sedentary.

The solutions are similarly multifactorial. The Canadian Paediatric Society recommends:

- schools to revisit school nutrition policies and incorporate daily physical activity for all students;
- parents to limit screen time (television, computer, Internet, *etc.*) and encourage family mealtimes rather than eating in front of the television;
- families to limit fast food restaurant meals and select more normal (smaller) portion sizes and
- families to look for opportunities for spontaneous daily exercise, such as climbing stairs (instead of using the elevator), walking to school, shoveling snow or raking leaves.

In short, to reverse the tide of obesity, the nation has to roll back the clock and embrace a more active, less calorific lifestyle.

Answered by:
Robert Issenman, MD, FRCPC
Professor of Pediatrics
McMaster University
Chief of Pediatric
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McMaster Children's Hospital
Hamilton, Ontario

6. ASA and stroke

What is the role of dalteparin sodium injection or ASA and warfarin or clopidogrel and ASA in stroke?

Question submitted by:
Glynis Koponen, MD
Brampton, Ontario

Dalteparin sodium injection

- Studied in an atherothrombotic stroke trial; no benefit seen
- Can be used as an alternative to heparin in cardioembolic stroke, extracranial carotid/vertebral dissection and cerebral venous sinus thrombosis
- Easier to use
- More expensive, less easy to reverse if bleeding occurs

ASA and warfarin

- Avoid, if possible, because of increased bleeding risks
- For prosthetic heart valves requiring anticoagulation, a trial has shown superior efficacy to warfarin alone
- A case example: Previous myocardial infarction (needing acetylasalicylic acid [ASA]) found to have atrial fibrillation (needing warfarin); both drugs were required
- A definite cardioembolic source is needed to justify long-term warfarin use

Clopidogrel and ASA

- The MATCH study showed no advantage in stroke prevention and the double risk of bleeding (brain/gastrointestinal tract) with the two drugs together
- Presently, this combination is only used in research situations, unstable angina and post-coronary stenting

Answered by:
Neville Bayer, MB, BCh, FRCP(C)
Neurologist
St. Michael's Hospital
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Regional Stroke Program
Toronto, Ontario

7. Metformin and glyburide—a safe combination?

Can metformin and glyburide be safely combined?

Question submitted by:
Paul Willoughby, MD
Woodstock, Ontario

Ultimately, the goal is to get the right drug for the right person at the right time for the right condition with a minimum of adverse effects. Depending on the patient's condition and diabetes etiology, one agent may be preferred over another and dose(s) may be titrated to effect.

There is no listed drug-drug interaction between glyburide and metformin. In the US, there is a commercially available product containing both agents. The combination is reported to have synergistic effects versus either agent alone on hemoglobin A1c levels.

The combination is reported to have synergistic effects versus either agent alone on hemoglobin A1c levels.

Remember that each medication has their contraindications that must be considered in the risk-benefit assessments.

Answered by:
Joel Lamoure, BSc, Phm, FASCP
Mental Health Pharmacist
London Health Science Centre
Faculty of Pharmacy
London, Ontario

8. Teen athletes and ECGs

Should routine ECGs be ordered on competitive teenaged athletes?

Question submitted by:
Michael Marjos, MD
Toronto, Ontario

In Canada, university athletes are often given a pre-participation physical screening, but this does not include an electrocardiogram (ECG).

The American Heart Association states that 12-lead ECG is not cost-effective for screening a large population due to its low specificity and it recommends that a comprehensive personal and family history be obtained and a physical examination be performed by a qualified examiner.

The challenge of including routine ECGs for athletes is dealing with the many false positive test results.

Standard ECG, however, has potential value in identifying hypertrophic cardiomyopathy—the leading cause of sports-related sudden death and other conditions manifesting with ECG abnormalities.

Consequently, the European Society of Cardiology has recently recommended that every young athlete involved in an organized sport have a full physical examination, including a 12-lead ECG. The challenge of including routine ECGs for the wide-scale screening of athletes is dealing with the many false positive test results, which inevitably lead to further investigations and unnecessary resource utilization.

Answered by:
Magdy Basta, MB, BCh, FRACP
Staff Physician
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Halifax, Nova Scotia

9. Acne advice

Please advise on a stepwise treatment for acne (drug name, dose, timing, duration, when to augment, *etc.*).

Question submitted by:
Katherine Abel, MD
Leduc, Alberta

Rather than a stepwise approach, you need to look at your patient and assess the predominent lesion type. If comedones (whiteheads and blackheads) predominate, benzoyl peroxide or topical retinoids are a good start. If pustules are a feature, add a topical antibiotic, such as clindamycin or erythromycin in solution or in pledgets. Combination agents, such as tretinoin combined with erythromycin or benzoyl peroxide combined with tretinoin or clinamycin/benzoyl peroxide combo are convenient and well-tolerated.

If there is deeper inflammation with nodules or cysts, oral antibiotics (minocycline, 50 mg/day to 100 mg/day, or tetracycline, 250 mg/day to 1,000 mg/day) can be added.

If androgenic influences are relevant, appropriate management with birth control pills in females (cyproterone acetate, norgestimate and ethinyl estradiol, *etc.*) is useful.

If scarring and deep cysts are present, oral retinoids (isotretinoin) are the clear choice and can be the initial treatment rather than working through other more conservative therapies.

Answered by:
Scott Murray, MD, FRCP(C)
Associate Professor
Dalhousie University
Halifax, Nova Scotia

If pustules are a feature, add a topical antibiotic, such as clindamycin or erythromycin.

10. Any evidence for a DRE?

What is the evidence for DRE as a screening tool for CRC in the annual health exam? If it is recommended, at what age should I start implementing it?

Question submitted by:
Arawn Therrien, MD
Gananoque, Ontario

There is no evidence to recommend digital rectal examination (DRE) as a screening tool for colorectal cancer (CRC). None of the official recommendations from Canada or the US include DRE as a screening modality for CRC.

Probably less than 5% of CRCs are within the reach of a finger. To recommend DRE for CRC screening would be like doing mammograms on only 1/20 of a woman's breast.

My personal feeling is that DRE serves no role in formal screening for CRC, but is part of a complete physical exam, because it is relatively easy and may pick up something useful.

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Answered by:
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