Consultant's Corner

Practical Answers To Your Everyday Questions

Treating Crohn's

1.

I have a Crohn's patient who wishes to be treated with *Trichuris suis ova.* What is the evidence?

Question submitted by:
Dr. Layne Woodburn
Victoria, British Columbia

The pathogenesis of Crohn's disease is incompletely understood, though an inappropriate immune response has been noted. Animal models of colitis suggest that infection with various helminths reduces inflammation by down-regulating the immune response to other antigens.

There are only two published reports of the use of the helminth *Trichuris suis ova (T. suis)* in Crohn's patients. These two studies of four and 29 Crohn's patients, demonstrated remission rates over 70%. These trials were not randomized and must be interpreted with caution. Until larger, randomized, controlled trials establish the efficacy and safety of this therapy, I would not recommend it to my patients.

Answered by:
Dr. Mark R. Borgaonkar

Chlamydia testing

2.

Is it common for chlamydia test to be a false-positive? How often can it occur?

Question submitted by:
Dr. Anne Sorensen
Oshawa, Ontario

False-positive results for chlamydia tests do occur. How often this happens depends on a number of factors. The most important is the type of test used. Culture remains the reference standard, with immunofluorescent staining of the characteristic intracytoplasmic inclusion bodies that form in infected cells. Nucleic acid amplification tests or nucleic acid hybridization tests are also highly specific, meaning fewer false positives. Enzyme immunoassays are less specific, especially when performed on pharyngeal or rectal specimens where other bacterial antigens may cross-react with the test. Direct fluorescent antibody tests have variable specificity, depending on which molecule is targeted for identification. Other important factors include laboratory expertise/quality control as well as the prevalence of chlamydia in the population tested. In a low-risk population, false-positives are more common.

Answered by:
Dr. Susan Chamberlain

Using cartoid Dopplers

3.

Should all patients with peripheral vascular disease have carotid Dopplers to rule out stenosis?

Question submitted by:
Dr. Achla Virman
Brossard, Quebec

The guidelines by the US Preventive Services Task Forces on screening asymptomatic carotid stenosis have not been updated since 1996. The update is currently in progress. The last recommendation stated that there was insufficient evidence to recommend for, or against, screening asymptomatic persons for carotid artery stenosis using physical examination or carotid ultrasound. However, a recommendation may be made on other grounds to discuss the potential benefits of screening with high-risk patients (*e.g.,* persons > age 60 at high-risk for vascular disease, or those who have established peripheral vascular disease), provided that high-quality vascular surgical care is available, meaning surgical morbidity and mortality rates < 3%. There is a possible long-term benefit of endarterectomy in patients with asymptomatic stenosis > 60% when performed by qualified surgeons. Patients should be screened and counseled about other risk factors, such as:

- smoking,
- hypertension and
- cerebrovascular disease.

Answered by:
Dr. Chi-Ming Chow

Guidelines for methadone use

4.

What are some guidelines for the use/initiation of methadone for patients with severe pain, particularly chronic, non-malignant pain?

Question submitted by:
Dr. Graham Henderson
Whitehorse, Yukon

Methadone is an excellent novel analgesic with effect on N-Methyl-D-Aspartate and opioid receptors. It may be used in patients who are poorly responsive to opioids, or in selected patients with neuropathic pain.

Attention should be paid to the patient's:

- age,
- current and previous medication use, as well as
- the underlying pathologic process.

In the outpatient setting, treatment may be initiated with a small dose such as 6 mg given in two or three divided doses. Gradual dose increments at four-day to five-day intervals can be used depending upon efficacy and tolerability.

Answered by:
Dr. Mary-Ann Fitzcharles

OCs and low B12/folate

5.

Why do patients on oral contraceptives show low vitamin B12 and folate? Does this need to be treated?

Question submitted by:
Dr. N. Ollegasagrem
Regina, Saskatchewan

Low vitamin B12 levels have been reported in women taking higher dose oral contraceptives (OCs), but more recent studies have not found this with low-dose OCs that are more commonly used today.

There have been very few attempts to delineate the cause. Two studies have found that lower serum vitamin B12 levels were caused by lower transcobalamin I levels, but B12 deficiency was not found to be more frequent in individuals taking OCs. There has been no recent data to suggest that folate levels are lowered by OC use, particularly since folate fortification of foods was instituted.

Answered by:
Dr. Kang Howson-Jan
Dr. Kamilla Rizkalla

What is human macroprolactin?

6.

What is human macroprolactin? Do we need to do anything about a value > 100 if the MRI of the pituitary is negative and other hormone levels are normal?

Question submitted by:
Dr. Andrea Coholil
Timmins, Ontario

Human prolactin circulates in at least three different forms:

- Monomeric or free-prolactin
- Dimeric or big-prolactin
- Macroprolactin or big-big prolactin

Macroprolactin is a complex of monomeric (free) prolactin, bound to IgG. In most people with hyperprolactinemia, the free-prolactin form predominates, but in a number of patients, most of the hyperprolactinemia is due to excess of macroprolactin. This condition is called macroprolactinemia. Due to its large size, macroprolactin remains confined to the vasculature and therefore does not cause any clinical symptoms. Because up to 30% of patients with hyperprolactinemia may have macroprolactinemia, it is suggested that patients with an elevated prolactin level be screened for the presence of macroprolactinemia. As macroprolactin does not have any clinical sequelae and in some ways is a laboratory artifact, it does not require any intervention other than ensuring that patients are not inappropriately treated for hyperprolactinemia.

Answered by:
Dr. Hasnain Khandwala

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7. Contracting typhoid fever

What's the risk to patients contracting typhoid fever when travelling to resort areas in Mexico? How effective are typhoid vaccines? How soon should each be used before leaving and how long do they last?

Question submitted by:
Dr. Paul Stephan
Scarborough, Ontario

The risk of contracting typhoid in a resort area in Mexico is very low, particularly if basic precautions with food and water are taken. Vaccination is not routinely recommended, as the typhoid vaccines are not highly effective. In fact, there is little data on their efficacy in tourists. In endemic countries, the efficacy is only around 70%. It is always a good idea to leave at least 10 days after vaccination, as this is the typical minimal period for antibodies to appear. The injectable vaccines usually require boosters every three years. The live oral vaccines are licensed with different booster frequencies in different countries, generally between five years and seven years.

Answered by:
Dr. Michael Libman

8. Excessive perspiration

What is the etiology of excessive perspiration when all blood tests are normal?

Question submitted by:
Dr. Colin Leech-Porter
Vancouver, British Columbia

In such a case, you could consider emotional sweating due to:

- stress,
- menopausal flushing,
- congestive heart failure,
- medications and
- anything that stimulates the autonomic nervous system, such as:
  - physostigmine,
  - pilocarpine,
  - tricyclic antidepressants and
  - venlafaxine, *etc.*

Hidden infections *(ie.,* TB) and lymphomas need to be ruled out.

Most cases are ideopathic, especially in young people where there just seems to be some who have a hyperfunctioning sweating response to ordinary stimulae.

Answered by:
Dr. Scott Murray

Hidden infections (e.g., TB) and lymphomas need to be ruled out.

Steroid injections for bicipital tendonitis

9.

How effective are steroid injections for bicipital tendonitis?

Question submitted by:
Dr. K. Verma
Delta, British Columbia

First, successful treatment of bicipital tendonitis is dependent on a correct diagnosis. Pain arising anywhere in the shoulder mechanism is felt in a C5 dermatomal distribution over the upper arm and may lead to a misdiagnosis of bicipital tendonitis. A well placed steroid injection should always be accompanied with exercise therapy. Physical therapy should begin with range of motion, followed by progressive loading and then full strengthening exercises. Failure to respond might be due to:

- an incorrect diagnosis,
- misplaced injection, or
- chronic tendon injury.

Answered by:
Dr. Mary-Ann Fitzcharles

The use of pneumococcal conjulate vaccinations

10.

Should we as family doctors promote the use of pneumococcal conjugate vaccination in all infants/children?

Question submitted by:
Dr. Larry Boyd
Kelowna, British Columbia

In considering this question, I will freely admit that I am a huge fan of vaccinations. The use of vaccinations has been one of the most effective and underrecognized advances in child care over the past two hundred years. A major impact on child care woulkd be made worldwide if we achieved nothing more than assuring that all children were vaccinated.

The pneumococcal conjugate vaccine is a proven product with excellent efficacy in reducing the risk for pneumococcal infections with which have significant morbidity rates, as well as mortality rates among children. As part of effective family and child care, vaccinations are a cornerstone and FPs need to be proactive in promoting the use of effective and safe vaccinations.

Answered by:
Dr. Michael Rieder

When to consider allergy shots

11.

When should a patient be considered for an allergy shot?

Question submitted by:
Dr. T. Kemp
Edmonton, Alberta

Allergen immunotherapy (or allergy shots) is a highly effective form of immunomodulation, which reduces the severity of allergic reactions to inhalant allergens, such as:

- dust mites,
- animal dander,
- tree pollen,
- grass pollen and
- ragweed pollen.

However, allergen immunotherapy is somewhat inconvenient and carries with it the potential risk of local and systemic allergic reactions.

Generally, allergen immunotherapy is reserved for individuals who:

- do not respond to appropriate environmental control measures,
- who either do not tolerate medications due to side effects, or
- who experience suboptimal relief with appropriate medications.

Immunotherapy may also be offered to individuals whose symptoms are present for much of the year and who object to taking medications over the long term.

Answered by:
Dr. Peter Vadas

Low-dose estrogen risks

12.

What relative risk does low-dose estrogen pose post-menopausally for a woman with first degree relatives having had breast cancer?

Question submitted by:
Dr. Dan Berendt
Edmonton, Alberta

According to the Women's Health Initiative study, the risk of breast cancer is slightly increased after five years of combined hormone replacement therapy (HRT). This is estimated to result in an excess of eight cases per 10,000 women using HRT. There was no apparent influence when family history was considered, therefore one would assume that women with a family history have a similar relative risk using HRT to women without a family history. In hysterectomized women, the relative risk was slightly reduced for users of estrogen only (this risk reduction narrowly missed statistical significance); however, I am not aware of any stratification based on family history.

Answered by:
Dr. Susan Chamberlain

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Differences in lactose and gluten intolerance

13.

Is there any relationship between lactose intolerance and gluten intolerance? Are they caused by the same or similar enzymes?

Question submitted by:
Dr. D'Souza
Willowdale, Toronto

Lactose intolerance is caused by a relative deficiency of the enzyme lactase (b-galactosidase). The prevalence is about 25% of the North American population and approximately 75% of adults worldwide. In lactase deficient individuals, the lactose in dairy products is not broken down as it should be into glucose and galactose. Instead, the lactose is fermented by bacteria in the gut to produce:

- carbon dioxide,
- methane and
- hydrogen.

The resultant symptoms are:

- bloating,
- gas,
- cramps and
- diarrhea.

Treatment is either avoidance of products high in lactose, the use of lactose-depleted milk and cheese or supplementation with lactase pills during meals.

In contrast, gluten sensitivity or Celiac disease is caused by an immunologic hypersensitivity reaction to gluten in cereal grains. Cereal grains, such as wheat, barley and rye, contain gluten in large amounts. The gluten, in turn, contains two major proteins; gliadin and glutenin, which can trigger an inflammatory reaction in the gut in predisposed individuals, leading to:

- malabsorption of nutrients and vitamins,
- diarrhea,
- weight loss,
- weakness and
- fatigue.

Treatment is a strict gluten-free diet. There is an increased incidence of lymphoma in patients with Celiac disease who do not follow a strict gluten-free diet.

Answered by:
Dr. Peter Vadas

When to repair a rectocele

14.

When should you repair a rectocele?

Question submitted by:
Dr. Doug Drover
St. John's, British Columbia

Rectoceles are frequently asymptomatic, but they may cause discomfort due to prolapse, dyspareunia (if stool becomes impacted) and difficulty with defecation. Some patients need to splint their fingers against the posterior vaginal wall or perineum during a bowel movement to adequately evacuate the stool. Conservative management includes lifestyle changes to reduce aggravation of the prolapse, including:

- bowel management to prevent constipation,
- smoking cessation to reduce chronic cough and
- avoidance of heavy lifting.

Vaginal pessaries are seldom effective in treating the symptoms of a rectocele. When the symptoms become troubling enough, a rectocele repair is done.

Answered by:
Dr. Susan Chamberlain

15. Diagnosing white-coat hypertension

What is the ideal way to diagnose white-coat hypertension? Does the elevated in-office BP reading benefit from treatment?

Question submitted by:
Dr. R. Strachan
Winnipeg, Manitoba

White-coat hypertension (WCH) can affect up to 20% of patients with mild hypertension. Anxiety can raise the BP by as much as 30 mmHg. It can take up to six clinic visits before a patient's BP approximates with that measured at home. WCH is suspected when clinic BP, which is repeatedly above 140/90 mmHg, compared to daytime home BP, is consistently below 135/85 mmHg. The diagnosis can most reliably be established by performing a 24-hour BP recording using ambulatory monitoring (ABPM).

WCH patients may eventually develop sustained hypertension. Contemporary studies suggest that WCH patients are at lower risk of heart disease or stroke than patients who present with sustained hypertension, but are at a greater risk than other patients who have normal BP at all times. The optimal treatment for WCH is uncertain. If therapy is withheld because of a normal ambulatory BP, careful monitoring is still indicated, along with encouragement for patient to modify any unhealthy lifestyles.

Answered by:
Dr. Chi-Ming Chow

16. Determining the contagiousness of mono

How do you determine if a person with infectious mononucleosis is no longer contagious?

Question submitted by:
Dr. Danaze Camoses
Banff, Alberta

Any person who acquires infectious mononucleosis remains infected with the Epstein-Barr virus (EBV) for life. Consequently, they continue to shed the virus intermittently for life and therefore are "always" contagious.

Most adults have serologic evidence of previous EBV infection. Most cases of "mono" are NOT obviously acquired from ill or recently ill individuals, although these people may shed the virus more intensely around the time of illness.

Answered by:
Dr. Michael Libman

Most cases of "mono" are NOT acquired from ill or recently ill individuals.

Is there any effective skin rejuvenation?

17.

In patients with excessive skin damage, other than monitoring for cancerous change, is there any effective skin rejuvenation?

Question submitted by:
Dr. Colin Leech-Porter
Vancouver, British Columbia

Skin aging is affected by:

- sun,
- stress,
- general health,
- smoking and
- genetics.

When good sun protection is introduced, skin can actually start rejuvenating itself and repairing past damage. So the first step is sunblocks and sun avoidance. Topical retinoids such as tretinoin can also stimulate collagen and elastin to correct photodamage to some extent. Mild improvement has been noted in some cases with alpha hydroxyacids and topical antioxidants like Vitamin C and cosmetic laser applications such as resurfacing and intense pulsed light treatment.

Fraxel and collagen stimulation with thermage have been recently used with some success. But overall, the best and most cost-effective rejuvenation techniques are:

- sun protection,
- quitting smoking,
- general health promotion, as well as
- diet and stress management.

Answered by:
Dr. Scott Murray

The lastest information on SIDS

18.

What is the latest information on SIDS?

Question submitted by:
Dr. Paul Stephen
Scarborough, Ontario

The etiology of sudden infant death syndrome (SIDS) remains obscure, but there are a few facts emerging. Sleep position is clearly an important determinant of SIDS risk and "back to sleep" campaigns, which have been undertaken in many countries, have been attributed to a sharp decline in SIDS in these countries. Fairly consistently, these countries have seen roughly a 50% reduction in SIDS rates, associated with putting babies to sleep on their backs rather than on their stomachs. Other risk factors associated with SIDS include prematurity and parental smoking, the latter being a risk factors for a number of other child health problems and clearly an issue that should be addressed in anticipatory guidance as part of best-practice child care.

Answered by:
Dr. Michael Rieder

19. Maintenance of g-tubes

How do you keep g-tubes from getting grungy on the inside?

Question submitted by:
Dr. Steve Sullivan
Victoria, British Columbia

Gastrostomy tubes (g-tubes) are commonly used for long-term feeding. The tubes may become discolored over time, but this does not affect tube function.

Tube occlusion can be a problem. This can be prevented by initially having the largest possible tube inserted as smaller diameter tubes are more apt to occlude. Day-to-day care of the tube should include irrigation with water several times a day and after bolus feeds, or after medications are given. If a tube does occlude, irrigation with water under pressure may be effective. Some have found that instilling the tube with a carbonated beverage may restore patency. If these measures fail, the tube may need replacement.

Answered by:
Dr. Mark R. Borgaonkar

20. Early onset of polymyalgia rheumatica

What is the youngest age of onset for polymyalgia rheumatica?

Question submitted by:
Dr. J. V. Patidar
Edmonton, Alberta

Polymyalgia rheumatica (PMR) is considered a disease of patients > 50 years of age, with a reported mean age of 70 years.

In the clinic, this condition should be considered in any patient presenting with diffuse widespread pain, > 50 years. This condition has occasionally been reported in patients as young as 20 years of age, but this should be considered a rarity.

An earlier age of onset should alert the physician to the possibility of some other underlying condition, such as the early stages of rheumatoid arthritis, or some other connective tissue disease. Some neurological conditions, such as Parkinson's disease or spinal stenosis, may present as PMR.

Answered by:
Dr. Mary-Ann Fitzcharles

An earlier age of onset should alert the physician to the possibility of some other underlying condition.