Consultant's Corner

Practical Answers To Your Everyday Questions

1. What is the difference between psoriasis and eczema?

What are the differentiating features between psoriasis and eczema—especially on the palms and the elbows?

Question submitted by:
Dr. Kathleen Davis
Ottawa, Ontario

In general, psoriasis is a scaling process and is not very itchy. In eczema there is vesiculation in the early stages. However, chronic eczema can be scaly and very psoriasiform. To add to the confusion, at times, psoriasis can be irritated to the point of vesiculation. The best approach is to look at the whole patient, searching for signs of classic psoriasis in other areas or dermatitis tendencies such as atopy. Sometimes a biopsy will make the distinction.

Answered by:
Dr. Scott Murray

2. What does a baby's cry mean?

Can you distinguish a cry in an infant to mean hunger, change diaper, sleep time, *etc.*?

Question submitted by:
Dr. Pravinsagal G. Mehta
Winnipeg, Manitoba

An underappreciated fact is that crying is about communication (*i.e.,* as a rule, babies do not cry for no reason: a cry is a signal). The signal is initially quite nonspecific; but with experience, parents can sometimes associate crying with some specific situations, most usually when babies are tired and would like to sleep. It should be emphasized that this takes experience and time and even under these circumstances, is not totally reliable. A crying baby wants something and the particular need should be assessed in light of how the baby's day is proceeding. An important cry is the atypical or unusual cry, especially when a baby who is usually readily consolable cannot be comforted. In this situation, a careful evalution is called for.

Answered by:
Dr. Michael Rieder

Treating chronic otitis media with purulent discharge

3.

For chronic otitis media with purulent discharge, is dry mopping ear or are topical antibiotic drops indicated in children under the age of two?

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

Many causes of ear discharge (or otorrhea) exist (Table 1).

The treatment will vary depending on the etiology. Mopping the discharge is not contraindicated. However, we do not recommend leaving a piece of cotton in the ear canal. The use of ear drops in children under two years of age is acceptable when treating acute or chronic otitis with otorrhea. However, it should not be used for more than a week and is contraindicated (at any age) if there is a dry perforation of the tympanic membrane (*i.e.,* perforation with no discharge). It is also not recommended in case of basilar skull fracture with cerebrospinal fluid drainage.

Answered by:
Dr. Ted Tewfik

Table 1
Causes of otorrhea

1. Acute otitis media with rupture of the tympanic membrane. In this case, the patient often has preceding pain and relief after rupture. The discharge may be purulent and slightly blood tinged
2. Drainage through tympanostomy tube secondary to infection, swimming, or bathing
3. Otitis externa: there is a history of swimming and pain on manipulating the ear
4. Trauma from a foreign body, most commonly a tipped cotton swab
5. Basilar skull fracture may have bloody drainage or clear cerebrospinal fluid
6. Furuncle or dermatitis of the canal
7. Chronic drainage associated with mastoiditis and cholesteatoma.
8. Immunodeficiency state and opportunistic organisms including TB

Screening for ovarian cancer

4.

Many women are asking to be tested for ovarian cancer. How should I advise them? Blood tests? Endovaginal ultrasound? Not at all?

Submitted by:
Dr. Gayle Garber
Conception Bay South, Ontario

At this time, it is not known whether use of available screening tools is beneficial. Ca-125 is associated with many false positives and often is not elevated in patients with ovarian cancer. Transvesical ultrasound scanning is very useful for picking up ovarian cysts that are not symptomatic or palpable; however, in most women, these cysts do not represent ovarian cancer. Laparoscopy or laparotomy is required to rule out cancer and it is felt that surgical risks outweigh any benefits of screening. For now, screening of low-risk women (women without a family history of a hereditary cancer syndrome) is not recommended.

Answered by:
Dr. Susan Chamberlain

5. Is fibromyalgia a manifestation of neuropathic pain?

Is there any evidence that fibromyalgia may be a manifestation of neuropathic pain?

Question submitted by:
Dr. David Saul
Ontario

For more on neuropathic pain, turn to page 89.

The primary site of pathology likely resides in the central nervous system. No consistent abnormalities have been shown in the musculoskeletal system and for this reason, the term *fibromyalgia* should be considered obsolete and be replaced with *chronic widespread pain*. A number of current theories are under investigation, including:

- excessive peripheral sensory input,
- diminished inhibitory control from higher cerebral centres and
- a hypervigilant state, with resulting diffuse body pain.

It is likely that a combination of factors contribute to this dysregulation of pain perception. These include:

- genetics,
- background pain experience and
- triggering events.

A number of factors may be operative in an individual patient.

Answered by:
Dr. Mary-Ann Fitzcharles

6. Advice on sunscreen

What is the best sunscreen for children and for adults? What level of zinc or titanium is adequate and which of these is better?

Question submitted by:
Dr. Pauline Kerr
Ottawa, Ontario

The best sunscreen for adults and children is wearing clothing to cover up. In terms of topical applications, zinc and titanium dioxide provides a wider spectrum of protection. Titanium covers up to about 360 nm on the UVA spectrum and zinc covers up to 400 nm. These are visible (especially zinc), so many individuals may find them inconvenient to use. In terms of transparent preparations, chemical sunscreens, such as avobenzone and mexoryl, can be used.

In general, dermatologists use the same sunblocks in adults and kids—but emphasize the need for sun avoidance and appropriate protective clothing, especially in children.

Answered by:
Dr. Scott Murray

Continued on p. 44

Statin use in the elderly

7.

Can you use statins at the age of 80 or older?

Question submitted by:
Guy L'esperance
Levis, Quebec

The answer is yes. Statin therapy has been very successful in reducing the incidence of major coronary events, coronary procedures and stroke in patients at high-risk. The beneficial effects of statins have been shown to extend to elderly patients in multiple studies. However, this potential has not yet been fully realized because many elderly patients who are at higher cardiovascular risk are not prescribed statins because of the fear of increased complications.

There are well-established risk factors for developing complications, such as myopathy with statin therapy. These risk factors include:

- older age (especially women),
- alcohol abuse,
- small stature,
- chronic renal insufficiency,
- hepatic disease,
- diabetes and
- hypothyroidism.

Regular surveillance is the key to monitoring patients at higher-risk of complications. Elderly patients should be started at a lower dose and maintained at the lowest dose needed to achieve therapeutic goals.

Answered by:
Dr. Chi-Ming Chow

When is TIPS indicated?

8.

When is a TIPS indicated in cirrhosis and portal hypertension?

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

Transjugular intrahepatic portosystemic shunt (TIPS) is a variation of surgical porto-systemic shunts (*i.e.,* splenorenal, mesocaval) used to treat complications of portal hypertension. It has surpassed surgical shunts because of its relative ease and safety.

TIPS should be considered for refractory ascites and refractory and recurrent GI bleeding due to portal hypertensive changes, such as:

- esophageal varices, or
- gastric varices and
- portal hypertensive gastropathy.

By decompressing the portal circulation, TIPS can definitively treat both these problems.

TIPS may provoke hepatic encephalopathy and is best avoided in such patients. It is only effective if the portal and the hepatic veins are patent. Over time, the shunt can stenose and require dilation to maintain patency. Although TIPS is an effective therapy, it may be best suited to bridge an unwell patient to liver transplantation.

Answered by:
Dr. Mark R. Borgaonkar

9. Exercises for tennis elbow

Please outline specific exercises for the treatment of tennis elbow?

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

Rehabilitation occurs in stages:

Stage 1: Involves controlling the pain level, the swelling and stiffness and works on the early range of motion.

Stage 2: Continues to address the range of motion and early strengthening exercises, always using pain as a guide. If an exercise is painful to do, then it is important to back off to control the pain.

Stage 3: Involves more detailed exercises as the range of motion is returned to full range. The exercises should start slow, with even isometric exercises and then should move to isokinetic type exercises. The physical therapist will help guide the whole exercise strength program. The point being, you don't work on strengthening if you are still having pain. There are only a few ways of strengthening the forearm muscles. It is the extensor/supinator group of muscles, which attach to the lateral epicondyle, that have to be better developed overall.

Stages 4 and 5: Involve sport-specific strengthening exercises and cardiorespiratory fitness respectively.

Answered by:
Dr. Howard Winston

10. Does tenofovir cause renal toxicity?

For treatment of HIV, does tenofovir cause renal toxicity? How often should serum creatinine be monitored?

Question submitted by:
Dr. Richard Taylor
Vancouver, British Columbia

There have been isolated reports of acute renal failure and Fanconi's syndrome likely related to tenofovir. In addition, adverse effects of tenofovir may become more frequent or severe in patients with decreased renal function. Therefore, baseline renal function must be measured and the dosage should be adjusted accordingly. In addition, caution should be used when tenofovir is combined with other nephrotoxic agents, especially those which compete for active tubular secretion. Patients with low body weight and those on medications which increase tenofovir levels (*e.g.,* acyclovir), may require dosage reductions. Frequency of serum creatinine and electrolyte monitoring must be individualized, but should probably be done at least monthly during the initial treatment period.

Answered by:
Dr. Michael Libman

Continued on p. 47

The cause and cure of RA

11.

Please discuss the most up-to-date research on the cause, the treatment and prevention of RA.

Question submitted by:
Dr. C. West
Vancouver, British Columbia

The cause and cure of rheumatoid arthritis (RA) are still unknown. There is evidence for some genetic predisposition; however, a trigger to the onset of the disease has yet to be identified. An infectious trigger has been the subject of intensive research, but to date, no consistent agent has been identified. In the absence of the cause of RA, no preventative measures exist.

Treatments are aimed at modulating the disease in the early stages as rapidly as possible. Disease modifying agents are used in a step-wise fashion, beginning with the gold standard of methotrexate—progressing through other disease-modifiers—to the use of newer biologic agents which specifically target individual inflammatory cytokines.

Answered by:
Dr. Mary-Ann Fitzcharles

Malaria in Canadian travellers

12.

Per year, how many cases of malaria are diagnosed in Canadian travellers?

Question submitted by:
Dr. D. Hawkins
West Bank, British Columbia

On average, about 400 cases to 500 cases of malaria are reported each year in Canada. These are virtually all imported cases—travellers, immigrants and visitors to Canada—with Canadian tourists making up about one-third of the total. This is certainly an underestimate. One study in Quebec found that nearly three-quarters of the cases in the province were not reported. There are significant variations in the number of cases reported from year-to-year, sometimes related to outbreaks occuring in various parts of the world.

Answered by:
Dr. Michael Libman

The reliability of skin testing

13

How reliable is skin testing for determining food allergens?

Question submitted by:
Dr. Kennedy Ho
Burnaby, British Columbia

The prevalence of food allergies has been increasing over the past decade. In North America, eight foods account for the vast majority (over 90%) of all food allergies, namely:

- milk,
- egg,
- peanut,
- tree nuts,
- fish,
- shellfish,
- wheat and
- soy.

In allergic individuals, reactions to these and other foods may range from mild through to life-threatening. Allergic reactions to foods can be fatal, especially in those with underlying asthma. Stringent avoidance is the key to the prevention of reactions and effective avoidance strategies require the unequivocal identification of the allergic trigger.

*For many foods, a negative skin test will reliably rule out an allergy to that food (*i.e., *about 98% accurate), but a positive skin test is only about 60% accurate for many foods.*

Skin testing often provides the fastest, easiest and most reliable way to investigate food allergies, but skin testing for foods has a number of limitations. When indicated, skin testing for food can be done at any age. Appropriate positive (histamine) and negative (saline) controls must be used. Standardized extracts should be used where commercially available. Skin tests must be done by the prick method, never intradermally. The latter route has been associated with severe and sometimes fatal anaphylaxis.

For many foods, a negative skin test will reliably rule out an allergy to that food (*i.e.,* about 98% accurate), but for many foods, a positive skin test is only about 60% accurate. Increasing wheal diameters will more reliably predict a clinically relevant allergy to the food in question, but all skin tests must be interpreted within the context of a detailed and relevant history. The use of the appropriate testing material is crucial, for example, for fruits, vegetables and many herbs and spices, commercial extracts will often yield false-negative results. Accurate testing requires the use of the fresh food in question.

Answered by:
Dr. Peter Vadas

The use of vaginal estrogen

14.

A 50-year-old post-menopausal women presents with vaginal dryness and discomfort during intercourse. She wants to use a vaginal estradiol supplement. What are your recommendations (progesterone and mode)?

Question submitted by:
Dr. Janice Mason
Victoria, British Columbia

Vaginal estrogen is effective in treating vaginal dryness and dyspareunia due to the vaginal atrophy associated with menopause. The question reflects the concern about the use of unopposed estrogen and its effect on the endometrium. Safety data is scant, but what there is, is reassuring. Although there can be systemic absorption, short-term studies looking at endometrial thickness and histology show minimal effect. The Society of Obstetricians and Gynaecologists of Canada's clinical practice guidelines state that although long-term safety has not been established, there is insufficient evidence to recommend routine endometrial surveillance in asymptomatic women using vaginal estrogen at the recommended doses, nor is supplemental progesterone recommended. Any women who do have vaginal bleeding on local estrogen treatment require investigation.

Answered by:
Dr. Susan Chamberlain

How do I diagnose a patient that is complaining of dizziness?

15.

I have a patient that is complaining of dizziness. What is the course of action for proper diagnosis?

Question submitted by:
Dr. Emile Hamilton
Calgary, Alberta

History-taking is the most important diagnostic tool in the evaluation of dizziness. The challenge is to differentiate between true vertigo (*e.g.,* spinning and sensation of movement), which is generally attributable to an inner ear source, or non-vertigo (*e.g.,* lightheadedness), which mostly has cardiovascular or neurologic etiologies.

In the patient with true vertigo, the duration of the dizziness and associated otologic symptoms are most helpful to make a diagnosis. Examples include:

- Benign positional vertigo lasts seconds, with no hearing loss
- Meniere's disease lasts hours and is associated with hearing loss and tinnitus
- Viral labyrinthitis lasts for days, with no hearing loss.

Answered by:
Dr. Jamie M. Rappaport

Virtual colonoscopy in Canada

16.

Is virtual colonoscopy available in Canada? Where and what are the costs?

Question submitted by:
Dr. I. D'Souza
Willowdale, Ontario

Virtual colonoscopy is available only at some Canadian institutions, because it requires CT scanners of sufficient resolution to obtain three-dimensional (3-D) images of the colon. Furthermore, it requires radiologists with sufficient training to interpret the 3-D images. You should check with your local institutions to learn if they have the capability to perform this technique and whether or not referrals are accepted for cancer screening.

My understanding is that the costs are covered within provincial healthcare plans (*i.e.,* at no cost to the patient), although there still are unresolved issues regarding physician re-imbursement for interpreting the scans.

Answered by:
Dr. Mark R. Borgaonkar

Monitoring platelet counts

17.

Should platelet counts be done regularly on warfarin-treated patients?

Question submitted by:
Dr. E.J. Franczak
Scarborough, Ontario

Platelet counts do not need to be monitored routinely for patients taking warfarin as this drug is not known to cause thrombocytopenia. If there is any bleeding episodes, it should be checked to investigate all the causes of bleeding. The association of heparin, both unfractionated and low molecular weight heparin, with thrombocytopenia is well known.

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

Treating social anxiety in teens

18.

What is the best treatment for social anxiety in teenagers?

Question submitted by:
Dr. Wendy Rosenthall
Mississauga, Ontario

Childhood and adolescent social anxiety disorder is under-diagnosed and under-researched despite being one of the most prevalent childhood disorders.[1]

Treatment options focus around selective serotonin reuptake inhibitor (SSRI) agents, such as fluoxetine and paroxetine. Both of these agents demonstrate efficacy and general tolerability.[2-3] SSRIs are more effective than benzodiazepines, without the risk of dependence.[3-4]

Looking at patient compliance using first refills, other SSRIs (*e.g.,* sertraline) have a better compliance than paroxetine, possibly due to its adverse effects.[5]

One major point to consider when using SSRIs in adolescents, is the increased-risk of suicide.[6]

Answered by:
Mr. Joel Lamoure

References
1. Kashdan TB, Herbert JD: Social Anxiety disorder: Current status and future directions. Clin Child Fam Psychol Rev. 2001: 4(1):37-61.
2. Clark DB, Birmaher B, Axelson D, et al: Fluoxetine for the treatment of childhood anxiety disorders: Open-label, long term extension to a controlled trial. J Am Acad Child Adolesc Psychiatry 2005; 44(12):1263-70.
3. Wagner KD, Bernard R, Stein MB, et al: A multicentre, randomized, double blind, placebo controlled trial of paroxetine in children and adolescents with social anxiety disorder. Evid Based Ment Health 2005; 8(2):43.
4. Davisdson JR: Use of benzodiazepines in social anxiety disorder, generalized anxiety disorder and post traumatic stress disorder. J Clin Psychiatry 2004; 65(Suppl 5):29-33.
5. Mullins CD, Shaya FT, Meng F, et al: Comparison of first refill rates among users of sertraline, paroxetine and citalopram. Clin Ther 2006; 28(2): 296-305.
6. Hammand TA, Laughren T, Racoosin J: Suicidality in pediatric patients treated with antidepressant drugs. Arch Gen Psychiatry 2006; 63(3):246-8.

Childhood and adolescent social anxiety disorder is under-diagnosed and under-treated, despite being one of the most prevalent childhood disorders.

About enuresis

19.

At what age is enuresis unacceptable and medication be tried?

Question submitted by:
Dr. Dominique Lejeune
Quebec

Enuresis is a common problem that diminishes, but does not vanish with increasing age; up to 1% of teenagers still have episodes of nocturnal enuresis. At age five, up to 20% of children still have some degree of enuresis, with a resolution rate of approximately 15% per year as children age. The degree of which enuresis is unacceptable is largely dependent on factors other than age, but nonetheless, most experts in the field believe that although a non-drug therapy can be used in younger children, pharmacotherapy should be reserved for children aged seven years and older.

Answered by:
Dr. Michael Rieder

Thalassemia treatment

20.

What treatment and/or guidance should be offered to patients with thalassemia

Question submitted by:
Dr. KA Robinson
Halifax, Nova Scotia

Patients suffering from thalassemia major, who are undergoing transfusion programs, should avoid exogenous iron, since transfusion-related iron overload is a significant problem and iron chelation is the rule.

Patients with thalassemia minor do not require regular transfusions and may become iron deficient for the usual reasons. Iron replacement is definitely indicated in such patients.

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

cme