Consultant's Corner

Practical Answers To Your Everyday Questions

The easiest follow-up for thyroid patients

1.

What is the easiest follow-up for thyroid patients with high TSH and normal FT4?

Question submitted by:
Dr. M. Ravalia
Twillingate, Newfoundland

An elevated thyroid-stimulating hormone (TSH) in patients with a normal free thyroxine level reflects the state of subclinical hypothyroidism. Asymptomatic patients with a TSH of < 10 U/L can be followed without treatment, as no adverse health outcomes without treatment have been documented and no significant clinical benefit of treatment has been shown. In patients with TSH > 10 U/L, treatment can be considered, particularly if it is persistent and associated with positive antibodies, as beneficial effects on lipid profile, cardiac contractility, *etc*. have been seen in some studies. Given the lack of strong evidence for or against treatment, both observation without treatment, or early treatment are reasonable options.

Answered by:
Dr. Hasnain Khandwala

Rashes from hot tubs

2.

Besides pseudomonas, what other rashes can you get from hot tubs?

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

The most common rash from hot tubs is irritant dermatitis. This is usually related to the chemicals used to purify the water, such as chlorine and bromine. This is particularly a problem in public hot tubs, such as in hotels and clubs where the number of bathers necessitates frequent shocking of the water. Atopic individuals are particularly at risk for significant irritation in this manner. It is always a good idea to shower off immediately after a session in a hot tub and to immediately apply a moisturizer.

Answered by:
Dr. Scott Murray

3. The role of nesiritide in ADHF

What is the role of nesiritide in the treatment of acute decompensated heart failure (ADHF)?

Question submitted by:
Dr. David Saul,
Toronto, Ontario

B-type natriuretic (BNP) is a potent vasodilator that promptly and consistently lowers cardiac filling pressures. It is secreted in response to increases in wall stress, hypertrophy and volume overload. Nesiritide is a recombinant formulation of BNP. Nesiritide had been shown to reduce pulmonary capillary wedge pressure and dyspnea in patients with ADHF. However, no trials have been powered to adequately assess adverse events. There have been concerns regarding nesiritide-associated renal failure and mortality. Nesiritide has been approved in the US for the treatment of ADHF with dyspnea at rest. This medication has not been approved for clinical use in Canada at this time.

Answered by:
Dr. Chi-Ming Chow

4. The dermatological uses of imiquimod

Tell us about all the dermatological uses of imiquimod. When should we use it? What are its limitations and side-effects?

Question submitted by:
Dr. Monique Moreau
Alliston, Ontario

Imiquimod was originally introduced for the treatment of venereal warts. We have some succes treating other human papilloma virus-induced lesions, such as common plantar warts, as well as flat warts. Molluscum contagiosum can also respond to this agent. Actinic keratosis are very responsive to imiquimod. Bowen's disease (squamous cell cancer *in situ*) and superficial multicentric basal cell carcinomas can also be treated effectively. A large area peppered with actinic damage (a field effect) benefits particularly with imiquimod therapy as the reponse generated by the medication can preferentially activate the most atypical areas (often areas not visible to the clinician's eye for cryotherapy). The main limitations are the cost of the medication (approximately $150 for a few weeks therapy) and the vigorous reaction that may ensue from application giving rise to erosions and inflamation. Some patients may experience flu like symptoms during the inflammatory phase of treatment.

Answered by:
Dr. Scott Murray

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Treatment of a congenital hemangioma

5.

How best should a 5 cm congenital hemangioma neck be treated?

Question submitted by:
Dr. C. Lynde
Markham, Ontario

Most congenital hemangiomas are self-limited and need no therapy other than patient reassurance. If a lesion is large or compressing an airway, then oral steroids should be used to stop proliferation and compromise. Some locations are associated with underlying abnormalities. For instance, a subglottic hemangioma should prompt a search for tracheal involvement. Intervention with oral steroids should be considered if a lesion is large and disfiguring.

Answered by:
Dr. Michael Rieder

Who should be screened for C. difficile?

6.

Who should be screened for C. difficile?

Question submitted by:
Dr. Bhooma Bhayana
London, Ontario

Certainly anyone with antibiotic-associated diarrhea who does not respond promptly to withdrawal of antibiotics should be screened for Clostridium difficile (C. difficile), especially if there has been contact with a health care institution, since they will likely benefit from therapy. Anyone who is hospitalized, whether in an acute care or other type of healthcare institution, should be screened as well. They should be screened even before assessing their response to the withdrawal of antibiotics, because there are implications for patient isolation and infection control. More recently, we have recognized a small but significant number of *C. difficile* cases, although they still seem to be relatively rare in most areas, where *C. difficile* disease has apparently been acquired in the community, without necessarily any contact with an infected healthcare institution and sometimes without prior antibiotic therapy. Therefore, screening should also be considered for anyone with symptoms of colitis which cannot otherwise be explained, despite a reasonable workup.

Answered by:
Dr. Michael Libman

The prevalence of Down syndrome

7.

What is the incidence and prevalence of Down syndrome in a given community?

Question submitted by:
Dr. T. D'Souza
Willowdale, Ontario

The incidence of Down syndrome (DS) in Canada as of the year 2000 was roughly 14 per 10,000 live births (1:700), with an increasing incidence rising as maternal age increases. This translates into roughly 500 children with DS per year being born in Canada. The current median life expectancy for a person with DS is 50 years.

Answered by:
Dr. Michael Rieder

Rosiglitazone for pre-diabetics?

8.

Should rosiglitazone be routinely offered to patients who are pre-diabetic?

Question submitted by:
Dr. Nathalie Leroux
Fenwick, Ontario

The short answer to this question is 'no'. A number of interventions, both non-pharmacologic and pharmacologic have shown that the onset of diabetes in patients with pre-diabetes can be delayed. Two studies have demonstrated almost a 58% reduction with diet and exercise. Metformin demonstrated a risk reduction of approximately 30% and more recently, the Diabetes Reduction Assessment with Ramipril and Rosiglitazone Mediciation (DREAM) trial demonstrated a 63% reduction in progression to diabetes in patients with rosiglitazone.

Not all patients with prediabetes progress to diabetes and we cannot predict which patients are at a greater risk of progression and therefore may benefit more from pharmacologic intervention.

Furthermore, using a drug, particularly an expensive one, for prevention, would be much more appealing if we have evidence that preventing diabetes in patients with pre-diabetes also translates into preventing the various complications, that are associated with it, particularly vascular disease.

With all of this in mind and given the fact that pre-diabetes may be present in up to 20%, if not more of the population, routine prescription of rosiglitazone to all patients with pre-diabetes is not currently recommended. Weight loss through lifestyle modifications should be prescribed first, followed by pharmacologic agents if they areclearly considered to be beneficial.

Answered by:
Dr. Hasnain Khandwala

9. The significance of green stools

What is the significance of green stools in an otherwise healthy four-month-old who is breastfed and receives over-the-counter formula?

Question submitted by:
Dr. J. Thomas
Clearwater, British Columbia

The stool colour in breastfed infants is an interesting but largely clinically irrelevant question. There is a very broad variation in stool colour and consistency among breastfed infants. Green stools (which indicate the presence of bile) are common and do not indicate any problems nor require further investigation, especially if the baby is thriving.

Answered by:
Dr. Michael Rieder

10. When to stop giving statins

At what age do we stop giving statins?

Question submitted by:
Dr. Douglas Drover
St John's, Newfoundland

The bias against prescribing statins for older individuals stems from concerns regarding life expectancy, comorbidity, safety of statins and cost-benefit ratio. In fact, the absolute risk for coronary heart disease increases dramatically with age. Thus, the absolute number of persons benefiting from statin treatment should be greater among the elderly.

Elderly patients were under-represented in post-MI statin trials. Despite that, post-hoc analyses showed patients > 65 years benefited from statin as much as those who were younger. On the other hand, there is only limited evidence for primary prevention among older patients without established cardiovascular diseases.

Statins have been shown to be significantly underutilized among otherwise eligible elderly patients. Elderly individuals without significant concomitant illnesses that would limit their life span should not be denied statin therapy based on their age alone.

Answered by:
Dr. Chi-Ming Chow

What is the current thinking on H. pylori?

11.

What is the current thinking on H. pylori infections?

Question submitted by:
Dr. C. Cunningham
Vernon, British Columbia

Helicobacter pylori (H. pylori) is associated with an increased risk of duodenal and gastric ulcers, gastric cancers and gastric lymphomas. It may play a role in causing functional dyspepsia. A patient found to be infected should be treated to reduce the risk of these conditions.

Deciding which patient to test for infection is usually the more difficult question. Population screening is not recommended. I only test patients who I feel may have an *H. pylori*-related condition, such as peptic ulcer disease.

Answered by:
Dr. Mark Borgaonkar

When is the GDS considered invalid?

12.

At what score on the Folstein MMSE is the geriatric depression scale considered invalid?

Question submitted by:
Dr. Tara Kad
Burlington Ontario

The Folstein Mini Mental State Examination (MMSE) and the Geriatric Depression Scale (GDS) are two of the most widely used "bedside" scales in psychiatry. Despite their prevalence, there is a paucity of data indicating at what score on the Folstein MMSE that the GDS becomes invalid. However, it is important to remember that the diagnosis of depression, at any age, is a clinical decision based on an assessment of the individual. Rating scales serve to support such a diagnosis and to monitor treatment response, but should not be used to make a diagnosis *per-se*.

Answered by:
Dr. Trevor Prior

A normal attachment to his mother?

13.

Is a child's extreme attachment to his mother normal beyond the age of four? If not, what do you recommend?

Question submitted by:
Anonymous

There are a number of possible reasons why a child may display "extreme" attachment to his/her mother. However, it is important to recall that any evaluation of the degree of attachment must consider whether there is a significant impact on the child's social or school functioning. If there is evidence of such impairment, then the child needs to be evaluated in order to determine the underlying cause.

The differential diagnosis would include:

- anxiety disorders (such as separation anxiety, generalized anxiety or social anxiety disorders),
- depression,
- pervasive developmental disorders or
- psychotic disorders such as child-onset schizophrenia.

Answered by:
Dr. Trevor Prior

The problems with long-term laxatives

14.

Comment on real life use of long-term laxatives. What problems really occur?

Question submitted by:
Dr. L. Litwinson
Edmonton, Alberta

There is concern, largely based on anecdotal reports, that the long-term use of certain stimulant laxatives (particularly anthraquinones) may worsen constipation by impairing colonic motility. This entity, known as cathartic colon, was first described in 1943 with other cases reported since.

However, it is difficult to know how commonly this occurs and if in fact such patients already have deranged motility necessitating chronic laxative use. A recent study failed to show a relationship between anthraquinone laxatives and damage to the enteric nervous system.[1]

Although it is unclear if chronic stimulant laxative use may cause long-term impairment of colonic motility, I still encourage such patients to use osmotic laxatives rather than stimulants.

References
1. Villanacci V, Bassotti G, Cathomas G, et al:Histopathology 2006; 49(2):132-7.

Answered by:
Dr. Mark Borgaonkar

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