

My diagnostic Triumph

More than a grain of salt!



By Jeannie Rosenberg, MD

The nurse at the Centre Local de Services Communautaires (CLSC) asked me to visit an old lady she was following up on at home. The nurse told me the patient's legs were so swollen that she was afraid the skin would break down. My partner, who was her doctor, but was out of town at the time, had increased her furosemide to 80 mg from 40 mg, but to no avail. "I'll just add a little spironolactone," I thought to myself, but then I looked at her chart and saw her potassium was 6.3 grams. I was informed that the patient had been hospitalized recently and put on a potassium-reducing resin.

Although this woman was not my patient, I knew her. She was a short, obese woman suffering from diabetes, heart failure, arthritis, chronic obstructive lung disease and dyspepsia. She was unable to perform any exercise due to her arthritis. I am not worried about breaching confidentiality here — unfortunately I have a disconcerting number of patients who fit this description.

I arrived at her home and found the woman in her usual position, sitting in her chair with her feet up on a stool, in front of the television. Her two daughters were by her side.

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The patient's lower legs, as the nurse had said, were swollen to the point where they looked ready to split open.

After a brief examination, I asked the patient about her medications. She was taking them faithfully, she acknowledged, and her daughters backed her up. I asked about salt and they looked at each other uncomfortably. The patient's daughters asked: "Would it really harm her to have just a few potato chips? Food without salt has no taste!" Nevertheless, the patient was adamant about following orders and she was not salting her food.

I asked the patient if she was taking anything else. I thought perhaps she might be taking "natural" remedies, herbals, or over-the-counter medications. Both daughters and mother were shocked at this question. The daughters said their mother only took what was prescribed for her. I asked them where the medications were kept. In the kitchen, they replied, and one of the daughters got up to fetch them, but I headed her off and got there first. That's when I saw it — on the table was a plastic box with all her pills and beside it was a *large box of Half Salt!*

I pounced on the box and explained how it was causing part of her mother's problem. Half Salt is half sodium chloride and half potassium chloride. Right on the box is printed: "Not suitable for potassium-reduced diets" — but my patient and her daughters, although literate, were not people who read more of the label than the name of the product. Their mother wasn't supposed to eat salt, but she complained bitterly of the lack of it. Half Salt was at least was something that was only half salt, they had rationalized.

"She doesn't use it, anyway," said the daughter. I took her up on this claim. I was going to say "with a grain of salt," but I wouldn't stoop that low. Anyway, I made the patient throw it out. I raised the patient's dose of furosemide and the edema gradually subsided a little. Two weeks later, her serum potassium was at 4.6 grams. **Dx**

The moral of the story:

1. Do house calls.
2. When you do house calls, look around.
3. In cases of hyperkalemia, ask about salt substitutes.