



CARDIOLOGY

? Three different angiotensin receptor blockers (ARBs) have produced studies demonstrating preservation of renal function in people with diabetes. These drugs are losartan, irbesartan, and valsartan. Which one do you feel has the best evidence?

Question submitted by:
Pierre Kugler, MD, CCFP
General practitioner
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The two trials for overt diabetic nephropathy (RENAAL for losartan, IDNT for irbesartan) both showed a significant reduction in the progression to end-stage renal failure, or doubling of the serum creatinine. Losartan also showed evidence of cardioprotection, with reduction in first hospital admission for congestive heart failure. Neither trial was long enough to show benefit in mortality.

The MARVAL (valsartan) and IRMA-2 (irbesartan) trials showed ARBs reduce the progression of microalbuminuria in Type 2 diabetes.

These trials solidify the recommendation of using ARBs for the preservation of renal function in people with diabetes. However, since all of the studies are not directly comparable, it's difficult to declare a winner. More importantly, I'd recommend titrating patients up to the study doses (*i.e.*, irbesartan, 300 mg/day; losartan, 100 mg/day; and valsartan, 80 mg/day to 160 mg/day).

Answered by:
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OBSTETRICS/GYNECOLOGY

 **For a girl using birth control pills, is it safe to use them continuously for years, or is it better to stop for a period of time?**

Question submitted by:
Hayam El-Kateb, MD
General practitioner
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It is safe for young women to continue using the oral contraceptive pill (OCP) without a break. Using the OCP in this way will not compromise later fertility. As physicians know, all young women taking the OCP should be counselled about the risks of sexually transmitted diseases if they are sexually active and are not using barrier contraception, such as condoms.

Answered by:
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PSYCHIATRY

? What is the currently recommended approach to the diagnosis and management of acute psychosis in the elderly patient confined to a long-term care facility?

Question submitted by:

Noel A. Rosen, MD, CCFP, FCFP

Family physician

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The most important step to take in diagnosing an elderly individual with an acute onset of psychosis is to differentiate between delirium and other psychiatric disorders. Delirium can be the only sign of a potentially serious medical condition, and the cause must be found. Common causes of delirium in the elderly include medications, infections, and pain. The treatment involves correcting the underlying cause; however, it may be necessary to add a low-dose atypical neuroleptic to reduce the patient's distress.

Psychosis is not uncommon in dementia. Typically, delusions of theft, infidelity, and false tenants ("Somebody is living in my house") are seen in patients with Alzheimer's disease (AD). Visual hallucinations are rare in AD, but frequent in dementia with Lewy bodies. Lewy body patients are exquisitely sensitive to neuroleptics. Low doses of atypical neuroleptics should be used with extreme caution, and as a last resort.

Psychiatric disorders, including affective disorders and thought disorders, can occur for the first time late in life, and are responsive to treatment. **Dx**

Answered by:

Ron Keren, MD, FRCPC

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