Frequently Asked Questions

Why Can't I Eat Bread?
Dealing with Celiac Disease

As presented at the
University of Toronto

Flavio Habal, MD, PhD, FRCP

1. What is celiac disease and how prevalent is this illness?

Celiac disease is an autoimmune disease with a protean manifestation. It is genetic, resulting in damage to the small intestinal mucosa in response to gluten, which is present in wheat, rye and barley.

Celiac disease is a relatively common condition, affecting one in every 120 to 300 people in Europe and North America.

2. Who should be tested?

Celiac disease should be suspected in patients with persistent iron deficiency anemia who do not respond to supplemental iron, or in patients who have low weight despite a voracious appetite. Type I diabetics also have a predisposition and should be screened for this condition, especially in the face of anemia.

3. How do I screen for celiac disease?

IgA antiendomysial antibody has high specificity and sensitivity. If celiac disease is suspected and the test is negative, a serum IgA level should be performed.

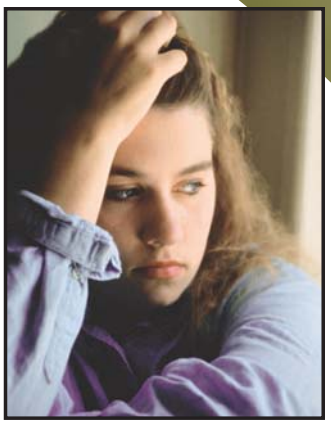
For an in-depth article on celiac disease, please go to page 81.

4. How do I treat celiac disease?

Dietary therapy should be started with the assistance of a dietitian experienced in the field. The patient should start a gluten-free diet, which excludes products containing wheat, rye and barley. The response to gluten-free diets should be closely monitored. Repeat the serology test after three months.

Frequently Asked Questions

Not Just the Teenage Blues:
Adolescent Depression and Suicidality



As presented at McGill University

Brian Greenfield, MD, FRCP, ABPN

1. What are the signs of depression?

Signs of depression include feeling "down" or agitated, decreased concentration, insomnia (initial or terminal), change in energy level, feeling fatigued, change in appetite and weight, feeling suicidal, poor self-esteem, and anhedonia.

2. What are the co-morbid conditions?

- Anxiety disorder
- Conduct disorder
- Family dysfunction
- Attention deficit hyperactivity disorder
- Learning disorder
- Neurologic conditions

For an in-depth article on adolescent depression and suicidality, please go to page 90.

3. What are the genetic risk factors?

- Current or past parental depression.
- History of depression in previous generations.
- Family stress as a mediator of genetic factors.

4. What are the biological factors?

Biological factors associated with pediatric depression include positive response to fluoxetine, reduced levels of 5-hydroxytryptamine reduced suppression of the dexamethasone suppression test, and magnetic resonance imaging and electroencephalogram findings.

Frequently Asked Questions

A Primer for GPs: Hemochromatosis

As presented at the University of Alberta

Dawna Gilchrist, MD; Loree Larratt, MD; and A. Robert Turner, MD

1. What is hemochromatosis?

Hemochromatosis is a disorder of excessive iron stores.

2. How do you get hemochromatosis?

Hemochromatosis is acquired either by genetic means (mutations in the HFE gene), or environmental means (individuals with chronic anemia who require frequent transfusions).

3. Who is most at risk?

- First degree relatives of those diagnosed with HFE hemochromatosis.
- Individuals with unexplained abnormalities suggestive of end stage organ damage from excessive iron stores, especially liver function abnormalities.
- It is controversial whether individuals of Northern European heritage should be screened in middle age in the same way that one screens for hypertension, diabetes and hyperlipidemia.

4. How do I screen for the illness?

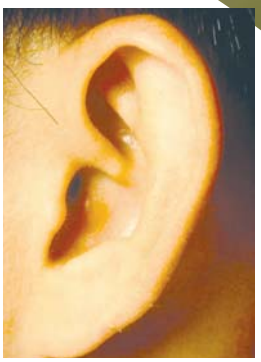
The best objective laboratory screen is the per cent transferrin saturation. Saturation of more than 60 % in males and 50% in females is suspicious for hemochromatosis. An elevated ferritin in the setting of elevated per cent transferrin saturation adds further suspicion.

For an in-depth article on hemochromatosis, please go to page 101.

Frequently Asked Questions

What To Do About Ear Trauma:

Investigating The Common Concerns



As presented at the University of Toronto by Vitaly E. Kisilevsky, MD; N Prepageran, MD, FRCS; Michael Hawke, MD, FRSC; and John A. Rutka , MD, FRCS

1. What is the most common complication from blunt trauma?

The most common complication from blunt trauma to the ear is the formation of auricular hematoma. Failure of early recognition and treatment of this condition usually leads to an ugly deformity known as a "cauliflower" ear.

2. How do you deal with foreign bodies (FBs)?

- Insects should be drowned in mineral oil and then suctioned out.
- Soft or round FBs may be removed by gently inserting an ear curette or hook and rolling them outward.
- The best way to treat sharp or irregular FBs remains grasping and removing with a fine alligator forcep.
- For the correct syringing of impacted wax in the external auditory canal (EAC), the jet of water should be directed posterior-superiorly in order to avoid injury to the EAC and tympanic membrane.

3. How do I treat damage to the inner ear with tinnitus?

Management of this condition initially includes bed rest with head elevation and close monitoring of hearing. In cases where further deterioration of hearing occurs, or persisting perilymphatic/cerebrospinal fluid leakage is suspected, surgical repair would be indicated.

For an in-depth article on ear trauma, please go to page 111.