

R. Hal Baker, MD, FACP
Vice President &
Chief Medical Information Officer
WellSpan Health
York, PA



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TIA and Stroke

Nina J Solenski, MD

- TIA = ↑ short term risk of stroke (up to 8-12% in 7 days)
 - Expedite w/u and admit if needed
 - Admit for ABCD² screen ≥ 4
- CEA within 2 weeks for maximum effect
- Carotid Disease
 - Ultrasound can falsely indicate “complete occlusion”
 - ASA beats warfarin, even in “aspirin failures”
 - ASA as good/almost as good as other platelet inhibitors
- Prevent aspiration: dysphagia screen & elevate HOB
- Can your staff triage a TIA/stroke like an MI??



GI Malignancy Screening

**Walter J Coyle, MD
Brooks D. Cash, MD**

- Pancreatic Cancer: Screening not indicated by data
- Colon
 - Colonoscopy increasingly the standard
 - 1-2 Small Adenomas (< 1 cm): 5-10 year f/u
 - 3 year f/u if larger, more numerous, villous or HGD
 - If 1^o relative has CRC
 - Screen at 40
 - or
 - 10 years before youngest CRC 1^o relative



GI Malignancies

Roy KH Wong, MD

- Esophageal Cancer Screening
 - Only 5% of EAC had prior Dx of Barrett's
 - GERD Sx non-specific for Barrett's
 - Who?: white obese males over 50 with LT-GERD (D)
 - Treat first to allow healing
- Barrett's Surveillance (C/D)
 - No Dysplasia: repeat in Q 6 months then Q 3 Years
 - LGD: Get expert review of slides: yearly for two years
 - HGD: Q 3 months or ablation



Evolving Treatment of Hyperlipidemia

Robert H Eckel, MD

- Lipoprotein sub fraction analysis:
 - *Suspended Sentence*
- 6% Rule:
 - *Doubling a statin decreases LDL about 6%*
- Apo B: use if LDL low but high risk
 - Apo B low = low risk
 - Apo B high (+ ↑Triglycerides) ≈ ↑LDL level risk
- No evidence raising HDL helps yet



Hot off The Presses

William E Golden, MD
Gary J. Martin, MD

- **ENHANCE Study**
 - Simvastatin 80 mg w/o vs. w/ ezetimibe 10 mg
 - Familial Hypercholesterolemia
 - LDL drop from 318 to 193 vs. 141
 - Carotid Art. Intima-Media Thickness (CIMT) no difference
 - IMPROVE-IT: outcomes study due in 2011
- **ACCOMPLISH Study**
 - Benazapril/amlodipine beat benazapril/HCTZ
 - 20% hard outcome difference
 - Different than ALLHAT
 - Does *Chlorthalidone QD* beat *HCTZ QD* ?



Heart Failure Revisited

Marriel Jessup, MD

- **Staging (ABCD) vs. Class (I II III IV)**
- **Use ACE-I even if Creat >3.0, if tolerated**
- **RALES Trial: Spironolactone:**
 - be VERY careful with K⁺
- **AICD's used in 20% of those eligible**
 - Driving ok after 1 week if 1° insertion
 - Driving ok in 6 months if 2° (syncope/arrest)
- **CRT improves survival and sx**
 - Optimize drugs before doing this



Medical Mythology

Douglas S Paauw, MD

- **Oral B-12 has 1% absorption, works in pernicious anemia**
 - 1 gm/ day instead of injection
- **Hand surgeons use Lido + Epi in finger surgery**
- **Recurrent sinus headaches are probably migraines**
- **No good evidence linking beta blockers and depression**
- **Silver Sulfadiazine less effective than honey or hydrocolloid dressings for 2° burn.**
- **19 vs. 42 hours of travelers diarrhea if you add loperamide to ciprofloxacin**



MSFOTM: Perioperative Medicine

Darrell W. Harrington, MD

- **Wound healing is not impaired by replacement steroids**
- **POISE Trial (online Lancet 5/13/08)**
 - Long acting metoprolol perioperatively in non-cardiac surgery with CAD or RF's
 - 8 excess deaths/1000
 - *Beta Blockers use should not be generalized*



MSFOTM: Osteoporosis

Clifford J Rosen, MD

- **Measure only 25-hydroxyvitamin D**
- **Osteonecrosis of Jaw: overcalled**
 - Baseline rate unknown
 - Avoid dental surgery on IV-bisphosphonates
 - Dental screen on breast CA and Myeloma patients
 - Routine dental care for standard oral agent use



Sleep Medicine for the Internist

David P White, MD

- **Sleepiness vs. Fatigue**
 - Sleepy fall asleep/ Fatigued feel tired but awake
- **CPAP Failure / Intolerance**
 - Jaw protrusion mouth piece \$1500
- **Modafanil**
 - Approved for sleep apnea sleepiness
 - Approved for Shift Work Sleep Disorder (SWSD)
 - *Post call office hours?:*
 - *Modafanil vs. Starbucks / Red Bull*



Update in Women's Health

Wendy S Klein, MD & Melissa McNeil, MD

■ HPV vs PAP screening for Cervical Ca

| TEST | SENSITIVITY | SPECIFICITY |
|------|-------------|-------------|
| PAP | 55% | 97% |
| HPV | 95% | 94% |

■ HRT and Menopausal Symptoms

- Women <10 years since menopause: HR of CHD 0.76
- Women >20 years since menopause: HR of CHD 1.28
- Reassurance to treat symptoms with HRT in perimenopausal women.



Top 10 Rules for Rounding on Hospitalized Elderly

Jeffery Wallace, MD

The WORD of the Session

“Homeostenosis”



Internal Medicine 2008 Highlights

Chris Knight, MD, FACP



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Christopher L. Knight, MD, FACP

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Rheumatoid arthritis

Elena Massarotti, MD

■ Diagnosis

- Rheumatoid factor correlates with more aggressive disease but not with disease activity
- Other causes of high RF: Sjogren's, cryoglobulinemia (e.g. Hep C)
- Those with high titer anti-CCP but without RA are much more likely (OR 15-30) to eventually meet criteria—but no data to support screening



Rheumatoid arthritis

Elena Massarotti, MD

■ Tips for primary care


- Remember pneumonia, influenza vaccines and PPD in patients on DMARDs; NO zoster vaccine
- Stop DMARDs at first signs of significant infection
- DMARDs usually held 1-2 weeks pre- and post-op for elective surgery (e.g. joint replacements)
- RA pts at risk for osteoporosis: all pts should be on Ca/Vit D, and those on > 5 mg prednisone should be on bisphosphonate
- RA pts at risk for coronary disease: manage risk factors aggressively



Sports Medicine
C. David Geier Jr., MD

■ **Knee pain**


- Physical exam tricks:
 - Full extension: can't fit hand between knee and the exam table
 - Joint line usually found around 1 cm below lower pole of patella—if point tenderness, think meniscus
 - Lachman's (pull on tibia with knee @ 30°) is better than anterior drawer for ACL injury unless their leg is too big to lift
 - VaLgus stress: ankle goes Laterally



Sports Medicine
C. David Geier Jr., MD

■ **Knee pain**


- Imaging:
 - Weight bearing views helpful in differentiating degenerative from traumatic meniscal tears (fixing degenerative may not help)
 - Get both knees for comparison
 - Order MRI when you know what you're looking for



Sports Medicine
C. David Geier Jr., MD

■ **Shoulder pain**

- Rotator cuff disease often causes arm pain
- Imaging
 - Labral tear often only seen on MR arthrogram, avoid plain MRI in younger (< 40 y/o) patients or hx trauma
 - Ultrasound good for rotator cuff if your radiologists like it
- Instability often benefits from surgery in younger patients



The Dizzy Patient
Martin Samuels, MD, DSc (hon), MACP, FAAN


■ History is helpful, keep open ended

■ Patients with vestibular disease can walk, those with cerebellar disease can't

■ Speech discrimination (e.g. with telephone) is better with cochlear hearing loss than with retrocochlear loss (acoustic neuroma)

■ Vertigo is almost never the only symptom of large-vessel vertebrobasilar disease

■ BPPV is 90% posterior canal, 10% horizontal; repositioning maneuvers differ




The Dizzy Patient
Martin Samuels, MD, DSc (hon), MACP, FAAN

■ 10% of pts with vertigo will be found to have migrainous vertigo; think about it in episodes lasting 20 min or so +/- HA

■ Vestibular neuritis/labyrinthitis has shorter course with pulsed steroids

■ 2nd generation antihistamines don't work

■ Sympathomimetics (modafanil, methylphenidate) can improve efficacy, reduce drowsiness with antihistamines



Headache
Elizabeth W. Loder, MD, FACP


■ Adding triptans to SSRI causes modest increase in risk of serotonin syndrome

■ PFO with R->L shunt is more common in migraineurs but closure not promising

■ Cluster headaches always unilateral, generally < 3h; migraine usually > 4h


■ 4% nasal lidocaine helps some patients, doesn't cause rebound

■ Steroids for refractory exacerbation




Inpatient medicine
Moe Hagman, MD, FACP

- **MELD + ASA score predicts perioperative mortality** [<http://www.mayoclinic.org/meld/mayomodel9.html>]
- **Spontaneous bacterial peritonitis**
 - 30% of all pts with ascites on admission (<1% routine output tap)
 - Albumin 1.5 gm day 1 and 3 of treatment (mortality and HRS 30%→10%)
 - No defined limits on INR/plt unless DIC present




Inpatient medicine
Moe Hagman, MD, FACP

- **Rifaximin off-label for hepatic encephalopathy: more effective than lactulose, but more expensive**
- **Gadolinium strongly associated with nephrogenic systemic fibrosis: avoid if CrCl < 30, dialyse quickly post-MR if on dialysis**
- **Nifedipine and alpha-blockers help with passage of sub-centimeter ureteral stones**




Inpatient medicine
Moe Hagman, MD, FACP

- **Thoracentesis**
 - Real-time US has lower risk of PTX (not the vascular probe)
 - No benefit to marking in radiology
 - Vacuum bottles may have higher risk of PTX
 - Re-expansion edema rare if you stop when pt has chest pain
- **Strategic communication (VALUE) reduces non-beneficial interventions, family distress in ICU patients**




Travel medicine for the internist
Robin McKenzie, MD

- **Travelers' diarrhea**
 - Azithromycin for diarrhea in travelers to SE Asia (FQ-resistant campylobacter)
 - Loperamide good if no fever/bloody stools
- **Malaria**
 - Visiting friends/relatives: 5x risk
 - Doxycycline cheap, also covers rickettsia/lepto, but beware GI sx, phototoxicity
 - Teach travelers to ask, "Could this be malaria?"
- **www.cdc.gov**




Perioperative medication management
Steven Cohn, MD, FACP & Gerald Smetana, MD, FACP

- **Hypoglycemics**
 - No consensus on dose reduction for glargine/levemir: reduce by 0-33% depending on glucose
 - Can probably continue metformin until night before or morning of
- **Growing body of data that ACE/ARB cause intraop hypotension, no hard outcomes**
- **Statins seem safe, perhaps desirable**




Perioperative medication management
Steven Cohn, MD, FACP & Gerald Smetana, MD, FACP

- **Steroids**
 - ≤ 5 mg or < 3 weeks: prob ok w/o stress doses
 - Dose based on procedure
- **Drug-eluting stents**
 - Try to continue ASA if possible
 - If clopidogrel is held, hold 5d prior, restart ASAP
 - No role for LMWH
 - Avoid if possible
- **Communication!**




Consult the allergist
Mariana Castells, MD, PhD

- Lie down to use epi!
- Rapid desensitization
 - If there's need for a drug despite life-threatening type I allergy can be rapidly desensitized (not for SJS/TEN, ACE angioedema)
 - Dangerous: don't try this at home
 - Temporary but persists with continued exposure
- NSAID-induced asthma
 - Can be desensitized to ASA (e.g. for CAD)
 - COX-2 drugs probably safe (labeled otherwise)




Consult the allergist
Mariana Castells, MD, PhD

- Antibiotic allergies
 - No cross-reactivity between sulfa antibiotics and sulfa non-antibiotics (e.g. furosemide)
 - Antibiotic allergies often decline with time
 - Consider testing (Skin, patch, RAST) if important (except FQ, not helpful)
- Exercise-induced anaphylaxis
 - Exercise on empty stomach
 - 60% cases allergic to wheat




Closing Comments

- Davies lecture: M. Therese Southgate, MD
 - "Attention is a quality of the soul" – S. Weil
- "Story" in "History": Emily Transue, MD, FACP
 - It's a rare privilege to share crucial moments of our patients' lives
 - Willie "that's where the money is" Sutton robbed banks because he loved it




Closing Comments

- Thieves' Market, David Scrase, MD, FACP
 - Internists are ingenious
 - Internal medicine is energizing and fun
 - Kissing Dr. Scrase at a cocktail party is strongly correlated with subsequent diagnosis of Pick's frontotemporal dementia
- Thanks!



**Internal Medicine 2008
Highlights**


Lawrence M. Tierney Jr., MD



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MAI and TB
Jeffrey Glassroth, MD, MACP

- Remember old MAC and new MAC
- Hypersensitivity MAC – steroids treat
- Cavitory MAC – one strain, treatment doesn't eradicate
- Nodular bronchiectatic – women; systemic symptoms rare; no COPD; different strains; Rx so-so
- Bad prognosis – cavitation, then ↑ CRP, prior macrolide



Cardiology and Neurology Pearls
Howard Weitz, MD, FACC, FACP
Paul W. Brazis, MD

- CHF + CAD + no angina – no revascularization to ↑ EF
- Asymptomatic AI – operate if < 50%; ACE only if patient inoperable
- Symptomatic MR in MVP; medical Tx if EF less than 30%; otherwise repair valve



Disclosing Medical Errors
Tom Gallagher, MD, FACP

- Most errors don't cause adverse events; some can't be prevented
- Disclosure is part of consent; it is truth-telling, but 1/3 only are disclosed
- Patients think broadly; they want to know why and how.
- Unanticipated errors defined
- "Disclosure coaches" becoming common
- Notion of compensation with disclosure; many patients decline



Crystalline Arthropathies
Richard Silver, MD, FACP

- Gout prevalence has doubled over 20 years
- Remember psuedo-podagra: CPPD, hydroxyapatite crystals in pre-menopausal women, cyclosporine
- Steroid injection will cause crystals
- Never use IV colchicine
- Post-transplant gout – tophi develop fast
- New xanthine oxidase inhibitor; febuxostat is non-purine



Update in Critical Care Medicine
Curtis Sessler, MD

- ARDSnet protocol improves secondary outcomes, not mortality
- Benefit, if any, of steroids occurs if started early, and continued for 28 days (in severe ARDS).
- Rescue ventilation with nitric oxide not supported routinely; be wary if there is kidney disease



Update in Critical Care Medicine (cont.)

- In septic shock, trend toward better outcome with more volume.
- Norepinephrine plus dobutamine tended to be better than epinephrine alone in septic shock
- Activated protein C in the sickest of patients; heparin may itself be of benefit



Update in Critical Care Medicine (cont.)

- Erythropoietin showed mortality benefit in trauma patients without reducing transfusions; thrombotic events increased
- Dexmedetomidine, an alpha-2 receptor agonist is better for arousability than lorazepam; much more fentanyl needed in that group though; off label



What's New in Neurology

Martin Samuels, MD, Dsc (Hon), MACP, FAAN

- New theory about pathogenesis of Parkinson's ascending from GI tract; anosmia; vagal dysfunction; restless legs and sleep disturbances precede motor abnormalities
- Minimal cognitive impairment has been shown via Congo red analogue PET scanning to progress to Alzheimer's at rate of 10% per year
- Sympathetic storm cardiomyopathy caused by opening calcium channels, more numerous at cardiac apex, efferents from insula; toxic catechols thus access endocardial cells



What's New in Neurology (cont.)

- Varicella / VZ vaccine should be given from age 60; expensive; long term risk unknown
- Tight glucose control unassociated with cognitive impairment in an 18 year study despite tripled incidence of serious hypoglycemic episodes
- Deep brain stimulation on the ascendancy; good in Parkinson's, tremor, and depression, among others; schizophrenia



What's New in Neurology (cont.)

- Large meta-analysis states folate prevents stroke and lowers homocysteine level; probably not in USA
- Hyponatremia correction solved! Fast down, fast up; slow down, slow up; osmotic demyelination a better term than central pontine myelinolysis, happens with rapid correction of slow fall.



Hypercoagulability

Kenneth A. Bauer, MD

- If you screen, best if bad clot with no risks, positive family history, cerebral or portal vein
- Only 5% of factor V Leiden carriers clot
- Don't test post-op DVT in older patients or those without symptoms of malignancy
- Test recurrent 2nd and 3rd trimester pregnancy loss with proven placental clot
- Anticoagulate one episode of arterial venous clot with lupus anticoagulant



Hypercoagulability (cont.)

- New Xa inhibitor on the way; oral, no monitoring needed
- In re-bleeding, warfarin and one anti-platelet agent relatively safe – two, maybe not
- HIT criterion; drop in platelets 4-5 days after being off drug for > 100 days; if thrombocytopenia develops in 2 days, it's not HIT



Pulmonary Hypertension
Darren Taichman, MD, PhD

- **Must** be diagnosed by cath, not echo
- If they respond, calcium blockers prolong life in 20%
- Epirostenol, a prostacyclin agonist also has mortality benefit, must be given through Hickman
- Iloprost inhalers, oral basentan have good and bad aspects



Pulmonary Hypertension (cont.)

- Sildenafil effective; prescribe as Revatio for your 40 y.o. woman
- With treatment, better exercise tolerance, better hemodynamics, better survival...but still 20% 3-year mortality



E-Prescribing
Danny Sands, MD, FACP

- Reduces drug-drug interactions
- Improves patient safety
- No lost prescriptions
- You don't forget contraindications
- In place at the VA

