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WITH DR. NAZIR

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All That Glitters is not Cellulitis!

In the "teachable moment" section in its February 2018 edition, JAMA Internal Medicine focuses on a key dilemma that clinicians face—the diagnosis of true cellulitis. Authors alert us that misdiagnosis of stasis dermatitis changes in bilateral lower extremities as bilateral cellulitis is very common and leads to more than $200 million wasted. It's not just a monetary loss but also leads to antibiotic-related adverse issues such as antibiotic resistance (super bugs issue) and C Diff cases.

Bilateral cellulitis is infrequent and when patients present with symmetric findings of skin changes that may include redness, warmth, ulceration etc. one has to rely on high quality history taking and examination skills to make the best decisions. Most commonly, obese patients with chronic edema have chronic skin changes due to venous, valvular incompetence and chronic dermal inflammation. Asymmetrical presentation, along with fever and classic symptoms of calor, rubor, tumor and dolor (pain) are the most diagnostic for true cellulitis. Cellulitis is a common diagnosis that results from infections by Staph Aureus or beta-hemolytic Streptococci. It can cause significant distress, pain and also sepsis, if not diagnosed in a timely fashion. Unfortunately, there are no high yield tests available and reliance on history and exam has to be made. Other than venous stasis, differential diagnosis includes thrombophlebitis, acute lipodermasclerosis, eczematous dermatitis, DVT, lymphedema etc.

The American Academy of Dermatology is using the Choosing Wisely Campaign to remind us that we need to be careful not to misdiagnose venous stasis as cellulitis, and recommend to only use antibiotics after high-quality history and examination confirm true cellulitis. With emergence of superbugs and real risk of running out of antibacterial options, we all have to commit to careful diagnosis and management of skin infections.

Yek C, Hendren NS, Dominguez AR. Edema and Ulceration of the Lower Extremities —All That's Red Is Not InfectionA Teachable Moment. JAMA Intern Med. 2018;178(2):277–278.

Mild Cognitive Impairment; Thinking it Through

Recently new guidelines were released around the diagnosis and management of mild cognitive impairment (MCI). MCI is defined by cognitive impairment along with minimal changes in instrumental activities of daily living. The prevalence increases with age e.g. from 6.7% at ages 60-64 to 25% at ages 80-84 years. Lower educational level also increase the prevalence.

The major recommendations include that clinicians should access for MCI using validated tools, evaluate patients for modifiable factors and for functional impairments. Clinicians may choose not to offer cholinesterase inhibitors but if they do prescribe them, they should clearly inform the patients and their families about the lack of strong evidence on effectiveness to prevent future dementia. On the other hand, regular exercise and cognitive training may be recommended to minimize risk of future dementia progression.

Guidelines also strongly recommend that clinicians should discuss diagnosis, prognosis, long-term planning, and biomarker research with patients. Guidelines refute benefits of supplements such as Vitamin E and vitamin C for improving cognition. Finally, these guidelines emphasize the focus on de-prescribing all unnecessary medications that may be contributing to impaired cognition as a key step in managing MCI.

MCI is a key diagnosis as a significant proportion will advance to dementia. MCI diagnosis offers an opportunity to interject to slow the progression and also to prepare patient and family for future medical and psychosocial issues. It is critical that physicians take the lead and with help of an interdisciplinary team not only utilize the available evidence-based therapies, but also shield patients from non-beneficial therapies that may lead to added medico-social and cost burdens.

Peterson R, Lopez O, Armstrong M. etc al. Practice guideline update summary: Mild cognitive impairment. Neurology Dec 2017Pterson R, Lopez O, Armstrong M. etc al. Practice 2017

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Use of Gabapentinoids; Need to Hold our Horses

A recent analysis in JAMA Internal Medicine brings to our attention the significant rise in the use of Gabapentinoids i.e. pregabalin and gabapentin; the use actually has tripled since 2002!

Gabapentinoids are approved for managing various neurological and neuropathic conditions including diabetic neuropathy and fibromyalgia, but the rise in their off-label is a major concern. The benefits of the off-label uses for various unapproved conditions are unknown and lack strong evidence in the literature.

The authors used a national health database of more than 350,000 patients from 2002-2015 and found that rate of use increased form 1.2% to 3.9% of all the participants. This increase was prominent among diabetics and older patients, and was more impressive in patients with >4 chronic conditions, and those who were taking opioids and/ or benzodiazepines.

Given that polypharmacy continues to rise among older community and frail nursing home patients, this study puts in perspective the increase in the use of one of the important categories of medications. Gabapentinoids have many side effects including depression, dizziness, drowsiness, fatigue, edema, nausea etc. and also interact with many other classes of medications. It is important that we, as responsible physicians, question the need of gabapentinoids in older, frail patients. If we fail to discern benefit we should take the opportunity to discontinue them.

Johansen ME. Gabapentinoid Use in the United States 2002 Through 2015. JAMA Intern Med. 2018;178(2):292–294. doi:10.1001/jamainternmed.2017.7856

You Allergic to Eggs? Who cares, just get the Flu shot!

A recent paper in Annals of Allergy Asthma and Immunology provided key recommendations on use of flu vaccinations among patients with egg allergies. Historically, it has been instructed that patients with egg allergies should avoid flu vaccines as the possible presence of egg albumin in the vaccine may cause anaphylactic shock in allergic patients.

The updated practice parameters published in the paper recommend not to inquire about patients' egg-allergy status anymore. The authors recommend that all available allergy vaccines, both injectable and intranasal were safe for patents with egg allergies.

This guidance should help in improving the proportion of patients who get flu vaccines every year. Flu viruses cause both health-related and financial havoc in nursing home patients and it is critical that we take down any unnecessary barriers that may prevent patients from accepting the vaccine. This clear recommendation will go a long way in simplifying the consenting processes for the vaccine and to improve the rates of vaccination.

Greenhawt M et al. Administration of influenza vaccines to egg allergic recipients: A practice parameter update 2017. Ann Allergy Asthma Immunol 2018 Jan; 120:49. (http://dx.doi.org/10.1016/j.anai.2017.10.020)

Dr. Arif Nazir
Chief Medical Officer

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