

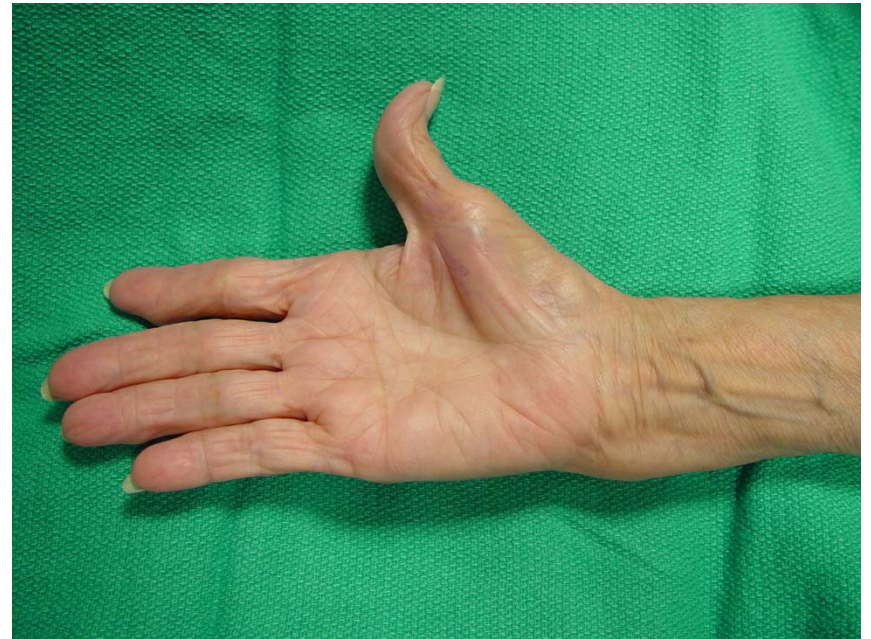
Ambulatory Morning Report

March 28, 2008

A decorative graphic consisting of several horizontal lines of varying lengths and colors (teal, light blue, white) extending from the right side of the slide towards the center.

Were you at AM report?

- Question: What happened to this dude?
- Answer: Really bad carpal tunnel!



Were you at AM report?



- Question: What condition is the examiner trying to confirm?
- Answer: Lateral epicondylitis
 - Pain in elbow with wrist extension against resistance

Question of the day

- 48 y/o AAM comes to you in clinic
- Feels fine
- BP 150 / 90 mmHg despite compliance with 2 medications
- Labs:

138	97	10	87
3.2	30	0.7	

Thoughts?

HTN, hypokalemia, Met alkalosis

- Highly suspicious for mineralocorticoid excess
 - i.e. hyperaldosteronism
- Primary hyperaldosteronism due to:
 - Adrenal hyperplasia
 - Adrenal adenoma
- Other things to think about
 - Secondary hyperaldo (renovascular)
 - Surreptitious diuretic use
 - Licorice ingestion

Approach

- Plasma renin and aldosterone levels
- Confirmation
 - Salt suppression
 - Salt load
 - Check aldosterone levels

Treatment

- Distinguish hyperplasia from adenoma
 - CT scan
 - Adrenal vein sampling
- Lifestyle changes
 - Salt restriction
- Medications
 - Spironolactone
 - Triamterene

Medications in the news

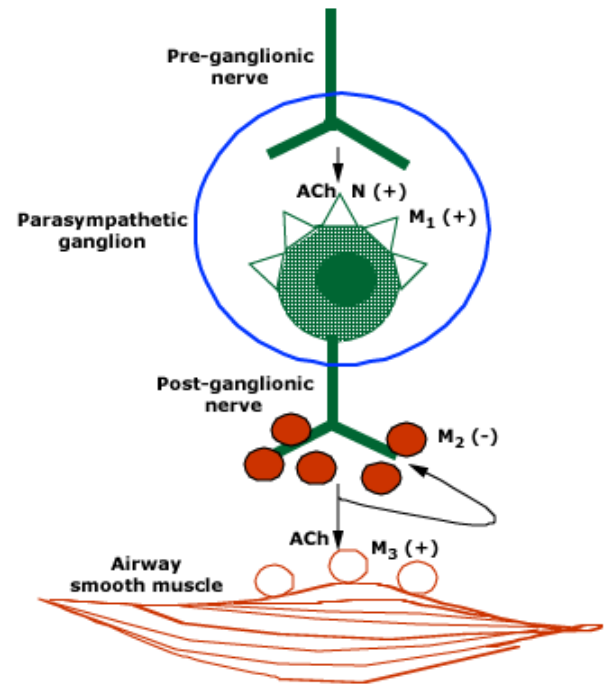
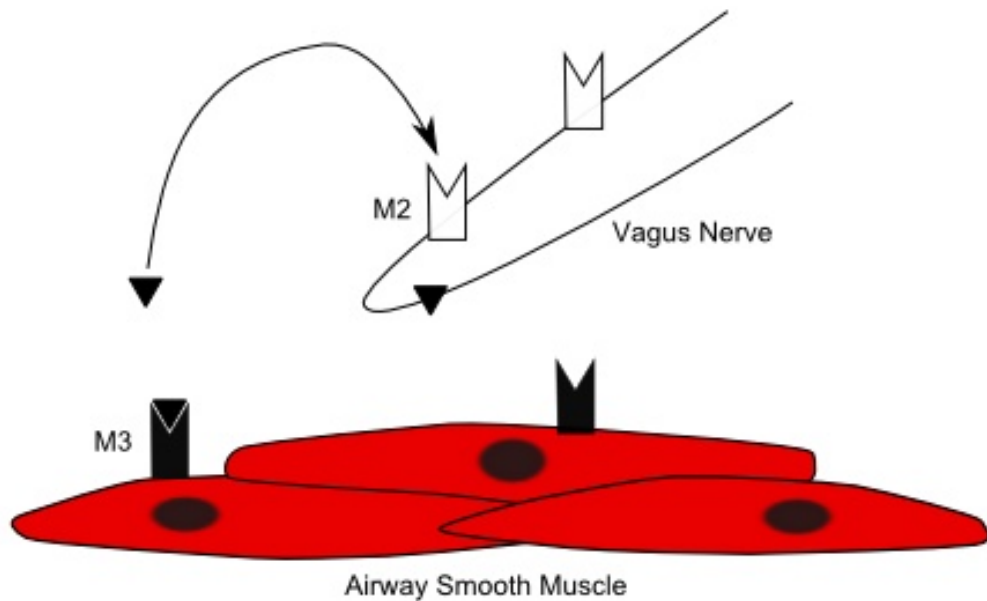


Tiotropium

- A.K.A. Spiriva
- Used in COPD
- Long acting, anti muscarinic bronchodilator



Parasympathetic airway innervation



Muscarinic receptors and airways

Receptor	Action	Ipratropium	Tiotropium
M1	Bronchoconstrict	Inhibit	Inhibit
M2	Bronchodilate	Inhibit	NO EFFECT
M3	Bronchoconstrict	Inhibit	Inhibit

Who should get Tiotropium?

Stage	Characteristics	Therapy
I: Mild	FEV ₁ /FVC <70% FEV ₁ > 80% predicted Minimal symptoms	Short acting bronchodilator PRN
II: Moderate	FEV ₁ 50-80% predicted DOE +/- cough	Add long acting bronchodilator
III: Severe	FEV ₁ 30-50% predicted Repeated exacerbation	Add inhaled steroid
IV: Very severe	FEV ₁ <30% predicted Resp failure	Add O ₂

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Tiotropium and strokes?

- March 18, 2008 – Boehringer Ingelheim reports to FDA higher incidence of stroke in patients
- Pooled data from 29 placebo controlled trials
 - 13,500 COPD patients followed over 1 year
- Preliminary estimates:
 - 8 / 1000 patients in Spiriva treated patients
 - 6 / 1000 patients in placebo patients

Public response?

- Results must be interpreted with caution
- Does it make sense?
- Is it significant?
- UPLIFT trial – Understanding Potential Long term Impacts on Function with Tiotropium
 - 4 year prospective study evaluating safety
 - Results due June 2008

Tiotropium Review

- Stop the Ipratropium if you use it!
- Very convenient dosing (once daily)
- No acute bronchodilation (no good for acute attack)
- Does it really cause strokes? Stay tuned ...
UPLIFT is coming

Smoking cessation

- Cigarette smoking is bad
 - Implicated in 5 million premature deaths in 2000
- Stopping is good
 - Decreased risk of MI and CAD
 - Reduces decline of FEV₁ in COPD
 - Lowers risk of cancer
- Cessation strategy incorporates behavioral and drug therapies

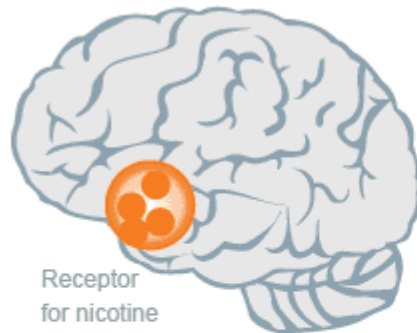
Chantix



- Smoking cessation medication
- Partial agonist of nicotinic Ach receptors
- Start taking medication, stop smoking one week later
- Continue for 12 weeks

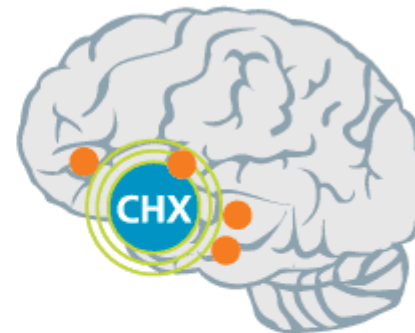
Mechanism of action

WITHOUT CHANTIX



When you smoke, nicotine goes to the receptors in your brain.

WITH CHANTIX



CHANTIX works by activating these receptors, and blocking nicotine from attaching to them.

(Images are for illustrative purposes only.)

Does it work?

STUDY RESULTS



The case of Carter Albrecht

- 34 y/o musician from Dallas
 - Played with Edie Brickell and the New Bohemians
- Physician advised him to stop smoking to preserve voice
- August 2007: Started on Chantix together with his girlfriend



The case of Carter Albrecht

- Immediately after starting drug
 - “Vivid, frightening dreams ...”
- One week later at a cocktail party
 - Albrecht started hallucinating, acting “strange”
 - Began lashing out and attacking girlfriend
 - Ryann Rathbone: “...the things that he was saying did not make any sense. It was like he was in a nightmare”



The case of Carter Albrecht

- Labor Day morning, 2007
 - 911: “He was yelling ... I didn’t know what he was yelling, but I told him to get out of my yard...”
 - Fired a “warning shot” through the door
 - Shot hit Albrecht in the head



Safety concerns

- Omer Jama: TV news editor in Britain
 - Slit his wrists within one week of starting Chantix (“Champix” in Britain)
- Multiple reports of suicidal ideations surfaced



Safety concerns

- November 2007 – Pfizer reports suicidal ideation and behavior in patients on Chantix to FDA within 1-2 weeks of starting medication
 - Is it just smoking cessation and nicotine withdrawal?
 - Is it a reaction with alcohol?

Safety concerns

- Nov to Jan – FDA investigates
- Feb 1, 2008 – FDA releases Public Health Advisory on Chantix
 - High likelihood of association with neuropsychiatric symptoms

Chantix pearls

- Discontinued completely at the VA
- Very real risk of neuropsychiatric symptoms
 - Be VERY careful if you choose this in a patient with psychiatric history
- Public is wary due to sensationalism of higher profile cases
- Smoking cessation clinic referrals can be used

Take home points

- Spiriva is essentially a selective anti cholinergic bronchodilator used for COPD treatment
- Don't use Atrovent if you use Spiriva
- Spiriva may be linked with strokes ...
 - ... but don't hold your breath
- Chantix works well but is definitely linked with going crazy and suicidal – BEWARE in psychiatric patients!