

Susan Wolfsthal - Morning Report Recap

From: Scott Katzen
To: All Medicine Residents; Anita Ung; Chiefs 05-06; Susan Wolfsthal
Date: 9/9/2005 11:35:42 AM
Subject: Morning Report Recap

Good Morning Everyone.

I hope you enjoyed the Preventive Medicine and Screening MR today. It is a very large topic and there are many things to cover, so I hope the Interactive-Jeopardy format was useful and that you learned something from this morning.

Since there is a lot to remember about Prevention and Screening, here are some highlights and key pointers to take home:

HTN:

- Formally dx HTN with repeated elevated BP on 3 separate occasions or single reading of >200/120
- Start screening pts for HTN at 18 y/o and then q2 yrs and @ every office visit
- BP goal for diabetics = 130/80
- BP goal for CKD pts = 130/80
- BP goal for all other pts = 140/90
- Most effective 1st line tx for HTN = Lifestyle Modifications
- ALLHAT Study (HTN-Arm) tells us to use Thiazide Diuretics as 1st line tx for HTN (if no indications for other drug tx, i.e. ACE-I for diabetics)

DIABETES:

- 3 methods to formally diagnose DM:
 - 2 Fasting gluc > 126 mg/dl
 - Random gluc > 200 mg/dl (with sx)
 - Gluc > 200 mg/dl s/p 2 hr-gluc load
- Adults with HTN, Hyperlipidemia, or at increased risk for CVD (i.e. tobacco, PVD) should be screened for DM
- Randomly screen for DM q3 years (shorter intervals for high risk pts)
- ALL diabetics need to have annual Foot Exams, Eye Exams, and screen for Microalbuminuria
- A1C Goal for Diabetics depends on life expectancy, co-morbidities, and microvascular complications (None of these 3: A1C < 7, All of these: A1C < 9)

OSTEOPOROSIS:

- Single Best Predictor of Low BMD: Lower Body Weight (< 70 kg)
- T Score compares BMD results to nl young healthy bone
- T of 1 to 2.5 = Osteopenia
- T < 2.5 = Osteoporosis
- Screen all women > 65 and women > 60 with increased risk for osteoporotic fxrs with DEXA scan
- Screen at minimum of q2 years

VACCINES:

- Influenza:** Should be given after age 50 and yearly to high-risk pts and their household contacts. Also recommended for health-care workers
- Pneumovax:**
 - Pts > 2 yrs old with asplenia, SS
 - Pts with any chronic medical illness (CHF, COPD, DM, Cirrhosis, HIV, Leukemia)
 - Pts > 65 y/o
 - Repeat with booster ONCE in 5 years
- Hepatitis C pts **MUST** receive Hepatitis A and Hepatitis B vaccines
- ALL ADOLESCENTS** should receive Hepatitis B vaccine
- Vaccines which are **CONTRAINDICATED** during Pregnancy include the Attenuated Live Vaccines
 - MMR

- Oral Polio
- Yellow Fever
- Typhoid
- Nasal Influenza
- BCG

HYPERLIPIDEMIA:

- Screen avg risk M > 35 and F > 45
- Screen high risk (DM, FH of familial HL, Tob, HTN) M And F > 20
- Monitor lipid panels q5 years (if normal)
- Monitor lipid panels q6-12 wks while on tx/adjusting meds, then q4-6 mos
- LDL goal < 100 (Known CAD, DM, PVD, AAA, Symptomatic Carotid Dz)
- LDL goal < 130 (if a pt has 2+ CHD Risk Factors): Cigarettes, HTN, HDL < 40, M > 45, F > 55, FH of M > 55, F > 65
- LDL goal < 160 (if pt has 0-1 CHD Risk Factor)

CERVICAL CANCER:

- Risk Factors
 - Sexually Active
 - H/o Cervical Neoplasm
 - H/o other STDs/HIV
 - Multiple Sexual Partners
 - Lower Socioeconomic Status
 - HPV 16/18 Infxn
- Start screening pts 3 years after sexual activity begins or after 18 y/o (whichever comes 1st)
- Screen annually until 3 consecutive Negative PAPS. Then, screen q3 years
- STOP* screening in women > 65 or in women s/p Hysterectomy for benign dz (i.e. NO h/o neoplasia)

PROSTATE CANCER:

- Risk Factors
 - Age > 50
 - Race (AA>Caucasians>Asians)
 - Family Hx
- USPSTF does not recommend screening based on currently available evidence
- Per ACP and ACS, the recommendations are:
 - Screen with annual DRE: > 40
 - Screen with annual DRE & PSA: > 50
 - Screening should be done q1-2 years
 - STOP* Screening generally at age 70 b/c Life expectancy is < 10 yrs and are unlikely to benefit from screening
- You **MUST** discuss Risk/Benefits of screening PRIOR to checking a PSA level in ALL of your male pts

BREAST CANCER:

- 200,000 new dx's/year
- 46,000 deaths/year
- Risk Factors
 - Older Age (***THE MOST SIGNIFICANT RISK FACTOR***)
 - FH of Breast CA in 1st degree relative
 - H/o atypical hyperplasia on breast bx
 - Race
 - Early Menarche
 - Nulliparity or 1st childbirth after 30
- Screen annually with Clinical Breast Exam at age 40 (per USPSTF guidelines)
- Screen annually with Mammography at age 50 (per USPSTF guidelines), and then q1-2 years
- If strong FH or other RF, should start earlier

COLORECTAL CANCER:

- The 4 recommended strategies for screening and the screening interval for each:
 - FOBT + DRE: Annually
 - Flex Sig: q3-5 years
 - Air Contrast B.E.: q3-5 years

- Colonoscopy: q10 years
- Start screening avg risk pts > 50
- Start screening higher risk pts (+FH in 1st degree relative) 10 years before index case
- STOP* screening at age 80
- If a Hyperplastic Polyp is found, proceed to screen at normal intervals b/c these are BENIGN
- It's the Adenomatous Polyps which you need to follow more closely
- The risk of CRC in Ulcerative Colitis pts is high (0.5% per yr or 10% per 20 yrs). Pts with U.C. Dx x 10 yrs must undergo Colonoscopy and Bx. Then, repeat Colonoscopy q1-3 yrs

OTHER CANCERS:

- ABCDs of Melanoma
 - A: Asymmetry
 - B: Border (irreg)
 - C: Color
 - D: Diameter: > 6 mm
- INTERMITTENT INTENSE* Sun Exposure puts pts at the greatest risk for developing Melanoma
- There is **NO** evidence to screen pts with CXR/CT for Lung CA, CA-125/Ultrasound for Ovarian CA, or CA 19-9 for Pancreatic CA
- We do **NOT** screen asymptomatic adult males for testicular CA b/c of low dz incidence and favorable tx outcomes in absence of screening

GOT ALL THAT??? :)

Lastly, I also want to tell you that there are other things you should be screening for in your clinic patients, including Depression, Tobacco Use, Substance Abuse, Obesity, etc. Unfortunately, we couldn't cover it all today, so if you have further questions, the following website should be helpful: It is the Guide to Clinical Practice Services, 2005 U.S. Preventive Services Task Force (USPSTF) Website, and can be found at <http://www.ahrq.gov/clinic/pocketgd.pdf> . There is a version you can download all of this great information to your Palms as well.

Hope this was helpful. Have a great weekend and GO RAVENS on Sunday Night.

-Scott

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