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EDITORIAL

Tobacco is the second major cause of death in the world. It is currently responsible for the death of about 5 million deaths each year. The theme for this year's world no tobacco day (May 31st) was the *role of health professionals on tobacco control* and the slogan was '*health professionals against tobacco - action and answers*'. Health professionals reach a high percentage of the population and have the opportunity to help people change their behavior and they can give advice, guidance and answers to questions related to the consequences of tobacco use, they can help patients to stop smoking. Studies have shown that even brief counseling by health professionals on the dangers of smoking and the importance of quitting is one of the most cost-effective methods of reducing smoking. Health professionals can also be very instrumental with preventive measures, forewarn children and adolescents of the dangers of tobacco. Let's spread the message and work for a tobacco free society!

Are you joining us for the outstation CME in nephrology and urology at Petron resort (near Nagothane) on the 11th and 12th of June? Only a few seats left for grabs. Contact the core group members or INCHES office today!

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Obstructive sleep apnoea (OSA)

Definitions

- Apnoea refers to cessation of airflow for more than 10 seconds with continuous chest and abdominal effort
- In hypopnoea, there is a reduced amount of air breathed with a decrease of at least 3 %

Incidence

- Incidence of OSA- 2-10%
- Significant OSA is seen in 4 % of the population

Apnoea-hypopnea index

- Normal- less than 5 events/hour
- Mild-5-15 events/hour
- Moderate-16-30 events /hour
- Moderately severe- 3-39 events/hour
- Severe- more than 40 events/hour

Oxygen saturation

- Normal oxygen saturation - more than 90%
- Oxygen saturation in mild OSA- 85-90%
- Oxygen saturation in moderate OSA -80-84%
- Oxygen saturation in severe OSA is less than 80%

Aetiological factors for OSA

- Retruded mandible drives the tongue back into the throat and can block the airway
- A retruded tongue can also elevate the soft palate which in turn can block the airway and Eustachian tubes
- The jaw and tongue are forward while awake
- During sleep, there is a relaxation of the muscles, as a result of gravity, the tongue drops back
- Breast feeding reduces risk of OSA- (adaptation of mouth)
- Increased prevalence of OSA
 - Obesity
 - Hypertension
 - Following myocardial infarction, stroke

Symptoms

- Heavy snoring
- Patient stops breathing while sleeping followed by a snort
- Excessive day time sleepiness
- Hypertension
- Morning headache
- Restless sleep
- Depression

- Severe anxiety
- Increased incidence of accidents while driving
- Cognitive functions like memory, calculation may be affected, intelligence deficit
- less alert at work, poor job performance
- Temperamental behavior

In children the symptoms include snoring, hyperactivity, developmental delay, poor concentration, bedwetting, nightmares, night terrors, restless sleep, obesity, lethargy, noisy breathing, chronic running nose, frequent URTI, ear aches, ADHD

Approach to the patient

- Proper ENT examination
 - Micrognathia, chin is inside
 - Large tongue, tongue tie
 - Highly inflamed tonsils, long uvula, elongated palate, high arched palate
- Height, weight
 - BMI- < 25 ideal, 25-30 = overweight, >30 = obesity

Diagnosis

- Questionnaire
 - Do you snore when you are asleep?
 - History from the partner of the patient
 - Simple snoring stops after the person changes sides while sleeping
- Epworth's sleepiness scale score >10 is suggestive of excessive day time sleepiness
- Polysomnography monitoring of EEG, EOG (eye movements), chest muscles, air flow, pulse oximetry
 - In central apnoea, there is no abdominal thoracic movement during the apnoeic episode
- Pulse oxymetry at bedside/home
- Limited sleep study at bedside/home
- Split night sleep study

All snorers do not have OSA

All patients with OSA do not snore

Treatment of OSA

- General measures
 - Weight reduction
 - Sleeping on the side, not on the back
 - Avoiding heavy meals within 5 hours of sleeping
 - Avoiding alcohol in the evening
 - Avoiding smoking
 - Sedative effects of tranquilizers, sleeping pills, antihistaminics can have an impact on OSA
 - Elevation of the head of the bed
 - Going to bed exhausted increases the risk of OSA episode
- Nasal ventilation therapy
 - CPAP (Rs. 40-50,000)
 - nCPAP (newer CPAP), AutoCPAP- adjust requirements (Rs. 70-75000) nBiPAP- inspiratory, expiratory pressures are

separate, non invasive patient triggered ventilator (Rs. 1 lakh)

- Oral devices in mouth to keep the mouth open may be tried in mild OSA
- Vests preventing supine position
- Surgical
 - These have a success rate of 65%, and are mainly for patients with mild OSA
 - Nose- septoplasty
 - Soft palate- uvula-pharyngo-palatoplasty
 - Tonsillectomy
 - Radiofrequency, laser for obstruction at the base of the tongue
 - Implants- Teflon implants in palate
 - Drugs: modaphenil prevents sleep

(Based on a talk by Dr. Prahlad Prabhudesai, Consultant Pulmonologist, Lilavati, Gurunanak hospitals, at the outstation update, Lonavla, 12th. March 2005)

Bronchial asthma – Part 2

Treatment of asthma

Curable asthma

This includes

- Drug induced asthma
- Single avoidable allergen induced asthma (e.g. Pets)
- Occupational/work place related asthma

Guidelines for management of asthma

Goals

- Education of the patient and his family
- Optimum control of symptoms by optimizing therapy
- Normal life style, exercise tolerance and gainful occupation
- Minimizing effects and toxicity of drugs

Prevention aspects

- Dust control
- Avoidance of triggers
- Search for triggers and avoid them
- Diet control is neither desirable nor necessary

Immunotherapy

- Has little role in the management of asthma
- In occasional cases who are poorly controlled with optimal preventive and pharmacotherapy and are allergic to single allergen on skin testing, immunotherapy may be offered

Pharmacotherapy

It is the mainstay of treatment

Category	Features	Treatment
Mild intermittent asthma	Intermittent symptoms PEF normal in-between attacks FVC/FEV1 > 80% PEF variability < 20%	SOS bronchodilator
Mild persistent asthma	Frequent symptoms No nocturnal symptoms FVC/FEV1 > 80% PEF variability – 20-30 %	Low dose inhaled corticosteroid with bronchodilator
Moderate persistent asthma	Frequent symptoms Occasional nocturnal symptoms FVC/FEV1 – 60-80% PEF variability > 30 %	High dose inhaled corticosteroid or LA β_2 agonist + low dose ICS + theophyllines
Severe persistent asthma	Daily symptoms Freq. nocturnal symptoms Life style affected FVC/FEV1 < 60% PEF variability > 30 %	High dose inhaled corticosteroid or LA β_2 agonist + low dose ICS + theophyllines + oral corticosteroids + anti leukotrienes

(Based on a talk by Dr. Prahlad Prabhudesai, Consultant Pulmonologist, Lilavati, Gurunanak hospitals, at the outstation update, Lonavla, 12th. March 2005)

UPDATE: INTIMATE FEMININE PROBLEMS

The update on intimate feminine problems at the P.D. Hinduja Hospital on the 1st. May 2005 featured Dr Ashwini Bhalerao, Dr Dulari Vora & Dr Neena Madnani. Here are some of the carry home messages:

Leucorrhoea:

- It is important to distinguish between physiological and pathological discharge
 - Curdy white or coloured discharge with burning, itching, dyspareunia favours pathological discharge.
- Don't forget to treat sexual partner
- Foreign body and helminthiasis is a common cause for vaginal itching & discharge in children
- Going overboard on genital hygiene, use of medicated soaps, synthetic undergarments and deodorants are to be avoided
- Latex {condom} allergy is common

Colposcopy:

- It should be considered as an extension of PS/PV examination
- In few patients detected to have ecto-endocervical pathology, it gives a better delineation of surface pathology and along with staining methods can help detect localization of lesions helping in diagnosis and diagnostic investigations such a site of biopsy

Emergency Contraception:

- OCP pills 2 stat & 2 after 12hrs
- Pill 72 1 stat & 1 after 12hrs
- Any of these should be given as early as possible after intercourse within 72hrs.
- CuT insertion within 5 days

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LAUGH & PONDER

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Of the same kind!

A man walks into a bar and asks for six shots of vodka. The bartender says, "Six shots? What's wrong?" "I found out my older brother is gay," replied the man. The next night, he walked into the bar again and asked for six shots of vodka. "What's now?" asked the bartender. "I found out my younger brother is gay," replied the man. The night after that the man walked in the bar again and asked for six shots of vodka. "Jesus does anybody in your family **like women?**" asked the bartender. The man replied. "Yeah, my wife does."

Method in madness!

"Doctor, it hurts terribly when I bend forward, lift one leg, straighten up, then bend forward again, lift the other leg, straighten and bring my hands to the waist level." "But why on earth should you do such a stupid thing?" "But doctor, I do not know any other way of putting on the trousers!"

P.....

Isn't it a bit unnerving that doctor's call what they do, "practice"?
Committee: A body that keeps minutes and wastes hours.....
What is the penalty for bigamy? Two mother-in-laws.
If you can't say something nice, become a reporter.
Growing old is mandatory.
Growing up is optional.

Since light travels faster than sound, isn't it the reason why some people appear bright until you hear them speak?

NICOTINE POLCRILEX GUMS

Introduction

- It is one form of a drug for nicotine replacement therapy
- It works as temporary aid to help quit tobacco by reducing nicotine withdrawal symptoms

Mechanism of action:

- Stimulates nicotinic receptor in ventral tegmental area of the brain and dopamine release which in turn reduces withdrawal symptoms

Pharmacokinetics:

- 90% of nicotine is released in 20 minutes of intermittent chewing through the lining of the mouth.

Dosage and administration:

- Available in 2mg. and 4mg. strength
- Dose
 - For heavy nicotine dependence 4mg. nicotine gum
 - For moderate nicotine dependence 2mg. nicotine gum
 - 1- 6 weeks one gum / every 1-2 hours
 - 7- 9weeks one gum / every 2-4 hours
 - 10 -12 weeks one gum / every 4-8 hours

End of Treatment:

- Normally after 12 weeks but can be used for longer duration if needed. After stoppage, patient advised to carry a gum to be used in case of craving

Mode of use:

- Chew one piece at a time slowly which will release peppery taste when gum should be parked between gum and cheek
- This process of chewing and parking is repeated till there is no peppery taste

Indications

- An aid to tobacco cessation, for the relief of withdrawal symptoms
- Potentially used to prevent relapse and reduce tobacco intake

Advantages:

- Convenient, flexible dosing and faster delivery of nicotine than the patch
- Improves quit rate by approx. 40-60% over 12 months follow up
- May be used at the same time or in combination with bupropion
- Works best when combined with counseling

Ref.: Product monograph

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Quiz Mania 43

Investigation? Diagnosis?

Patient presented with 10 days fever and cough. There were no localizing signs. X-ray is presented here. What is the diagnosis?



Answer to Quiz Mania 42

X-ray Chest, PA view - Right sided hydropneumothorax