Clinical Briefs in Primary Care

Evidence-based updates in primary care medicine

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Online Supplement to *Clinical Cardiology Alert, Critical Care Alert, Infectious Disease Alert, Integrative Medicine Alert, Neurology Alert, OB/GYN Clinical Alert, Primary Care Reports*

Volume 23, Number 2 February 2018

An Overlooked Disability Burden

SOURCE: Cunningham LL, Tucci DL. *N Engl J Med* 2017;377;25:2465-2475.

The burden of hearing loss in later life may surprise some. According to Cunningham and Tucci, half of persons 60-69 years of age and 80% of those ≥ 85 years of age suffer sufficiently severe hearing loss that affects daily communication. Age-related hearing loss (presbycusis) generally is bilateral and typified by high-frequency (> 2,000 Hz) sound deficits. Causes include death of cochlear sensory hair cells with aging (termed "sensory presbycusis") and "metabolic presbycusis," which is characterized by impaired function of the stria vascularis (vascular ligament to the cochlear duct).

In addition to straightforward causes of hearing loss (e.g., external canal occlusion with cerumen, noise-induced hearing loss, trauma, ototoxic meds), there are strong associations between cardiovascular risk factors (smoking, diabetes mellitus, obesity) and hearing loss, although the mechanisms by which these associations might be causative are not clear.

The sudden loss of hearing (defined as onset within ≤ 72 hours) is considered an otologic emergency, requiring prompt evaluation. Only a few patients with identified hearing loss take advantage of hearing aids (< 15%), perhaps daunted by issues like cost (> $1,000), potential stigma associated with wearing a hearing-assistive device, or comfort. Disconcertingly, in contrast to most developed nations, the U.S. government does not provide economic subsidies for hearing aids. In Denmark, which provides assistance, approximately half of affected persons use hearing aids. ■

Educating Patients About 'Ugly Duckling Sign'

SOURCE: Ilyas M, et al. *J Am Acad Dermatol* 2017;77:1088-1095.

Patients or their partners detect most malignant melanomas first. Enhancing public awareness of malignant melanomas and enabling patients' ability to promptly and accurately identify at-risk lesions is important.

The ABCDE rule (Asymmetry, Border irregularity, Color variegation, Diameter > 6 mm, and Evolution) has gained widespread utility among health professionals as well as the lay public since its introduction in 1985; however, there are limitations to the rule. Ilyas et al suggested that adding an additional tool to patient self-identification of lesions could be helpful: the Ugly Duckling Sign (UDS).

The UDS simply asks that the examiner identify whether a lesion in question is distinctly different from other skin lesions on his or her body. Ilyas et al performed a randomized, controlled trial to compare the accuracy of malignant melanoma identification in two groups of subjects: one educated in the ABCDE method and one in the UDS method. After brief instruction in only one method, participants (n = 101) were shown photographs of skin lesions. Although both methods of identification proved to be highly accurate, the UDS demonstrated a statistically significant advantage over ABCDE. The authors encouraged more widespread sharing of the UDS as a method to help patients self-identify risky lesions. ■

Statins for COPD?

SOURCE: Zhang W, et al. *Chest* 2017;152:1159-1168.

Depending on what one reads, COPD is now the third or fourth leading cause of death in the United States. Unfortunately, even though numerous pharmacologic treatments are available to mollify symptoms, none of the currently available treatments can be classified as "disease-modifying." That is, mortality and disease progression do not appear to be altered by pharmacologic treatment. Why someone thought that statins might be beneficial for patients with COPD escapes me, although certainly it is not surprising that the same commonplace toxin that leads to COPD (smoking) also commonly leads to concomitant cardiovascular consequences in COPD patients.

At any rate, Zhang et al performed a systematic review of clinical trials in COPD patients in which comparison groups of statins vs. placebo were reported (n = 1,471). They found statistically significant benefits for exercise capacity, lung function, and St. George's Respiratory Questionnaire (a 51-item questionnaire specific to how pulmonary function affects the patient's life). In contrast, the 2014 STATCOPE trial of simvastatin (n = 884) in COPD patients did not demonstrate improvements in outcomes. Putative benefits from statins in COPD are attributed to the "pleotropic actions" of statins, including decreases

in C-reactive proteins and inflammation. Since the population that showed the most benefit in the Zhang et al study were those with pre-existing cardiovascular disease, hyperlipidemia, and elevated C-reactive proteins at baseline, it seems reasonable to ensure that such patients receive appropriate statin treatment so they might enjoy both the expected cardiovascular risk reduction as well as possible pulmonary quality of life improvements. ■

Updated Hypertension Guidelines

SOURCE: Goldfarb IT. *JAMA* 2017;318: 2075-2076.

The most recent American Heart Association/American College of Cardiology (AHA/ACC) hypertension guidelines have created a literature stir, although there remain many clinicians who are not wholly on board with the updated recommendations. Since 1977, when the first National Heart, Lung, and Blood Institute-directed guidance on hypertension was issued, periodic updates have occurred. In 2013, responsibility for cardiovascular disease clinical practice guidelines was transferred to the AHA/ACC, which subsequently released this lengthy and detailed 2017 document.

Perhaps the most novel innovation is the recategorization of systolic blood pressure 130-139 mmHg or diastolic blood pressure 80-89 mmHg as stage 1 hypertension. Previously, this blood pressure zone was labeled prehypertension. The rationale for the new designation is, in part, that previous data indicated as much as a two-fold increase in cardiovascular disease risk when stage 1 hypertension is compared to blood pressure < 120/80 mmHg, coupled with convincing results from recent trials (e.g., SPRINT) that indicate systolic blood pressure levels < 120 mmHg are not only achievable — and, for the most part, safe — but also improve cardiovascular outcomes. Not all major agencies are advocates. For instance, the American Academy of Family Physicians (AAFP) has not endorsed the new guidelines, but instead advocates for the JNC 8 document, which the AAFP suggests provides a more robust evidence base. ■

Addressing Insomnia

SOURCE: Buysse DJ, et al. *JAMA* 2017;318:1973-1974.

Everyone likely experiences transient sleeplessness sometimes. However, when sustained for at least three nights/week for at least three months (in the absence of factors that predictably would preclude normal sleep, such as excessive stimulants, illicit drugs, load ambient noise, prominent ambient light, restless legs syndrome), the condition merits the diagnosis of insomnia.

The potential consequences of insomnia are obvious even to those who experience an occasional transient sleep disruption: daytime fatigue and difficulty concentrating.

The American College of Physicians recommends cognitive behavioral therapy as preferred initial treatment for insomnia. When insomnia is a major component of depression, there is some advocacy for inclusion of soporific agents (e.g., zolpidem, zaleplon, eszopiclone) as "bridging" sleep agents during the initial titration of antidepressants, with discontinuation once antidepressants have established efficacy (assuming depression-related insomnia is resolving appropriately). Despite the entrenched habits of clinicians and patients for chronic use of sleep agents, evidence supporting this practice is weak. Clinical trials on which currently available sleep agents have been approved generally are short-term. The absence of long-term safety data is a cause for concern. It is suggested that when using soporific agents, short-acting agents are preferred (e.g., temazepam, zolpidem). If possible, intermittent use (three to four nights/week) also is preferred, with intention to taper and discontinue medications after three to four weeks. Ultimately, if cognitive behavioral therapy is insufficient to remedy insomnia, sedative-hypnotic agents must be added sometimes. Consultation with a sleep expert for refractory cases, or for cases requiring more sustained use of medications, is fully appropriate. ■

The Sticky Wicket of Androgen Receptor Modulators

SOURCE: Van Wagoner RM, et al. *JAMA* 2017;318:2004-2010.

For those of British or British Colonial heritage, "sticky wicket" probably needs no explanation, referring to the game of cricket as it does. In the United States, the term generally refers to croquet, so stated when a wicket is particularly difficult to pass through.

Enhancement of androgens in the United States is big business. But can consumers rely on internet-advertised products as safe, effective, and containing the stated constituents without adulterants? Van Wagoner et al obtained product samples (44 different products) of androgen receptor modulators sold online and analyzed their contents using the rigorous methods approved by the World Anti-Doping Agency.

Less than half the products tested contained the amount of active product claimed on the label. Almost 20% of the products contained none of the claimed active component. Some products contained substances banned by the World Anti-Doping Agency, and some contained growth hormone secretagogues.

Because many of these products are sold as dietary supplements, they are not subject to the same FDA regulations and surveillance as proprietary pharmaceutical drugs. Since many of the supplements contain substances that either have not been studied in humans or feature little safety data, clinicians should inform potential users about the limitations of such products. ■

CLINICAL BRIEFS IN PRIMARY CARE™
is published monthly by AHC Media, a Relias Learning company.

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