

Family Practice News

CELEBRATING 40 YEARS

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WHAT'S NEWS

Daily, long-term use of **low-dose aspirin cut the risk of death** from several types of cancer, according to a meta-analysis. **2**

Seniors' gait speed correlated with expected years of life remaining, with increased walking speed predicting longer life expectancy. **6**



Nearly 9 out of 10 people with at least six clinical markers of chronic kidney disease **weren't even aware that they had the condition.** **21**



Regular use of sunscreen **reduced the incidence of new primary melanomas**

up to 10 years later. **36**

Approximately 20% of cases of **chronic low back pain in younger adults** seen in primary care settings might be caused by spondyloarthritis. **38**

Opioids were associated with more risks than were NSAIDs or coxibs in elderly patients taking the drugs for arthritis pain. **44**

An estimated **32 million adults in the United States may have hyperuricemia,** which often precedes gout. **46**

The anticoagulants that would be king: Rivaroxaban and dabigatran are set to end warfarin's long reign – but which contender deserves to take its therapeutic throne? **50**

Implementing Health Reform: Starting this month, primary care physicians are **eligible for 10% Medicare incentives.** **61**

Atrial Fibrillation Research Spurs Updates to Treatment Guidelines

Higher resting heart rates and clopidogrel/aspirin options adopted.

BY HEIDI SPLETE

FROM CIRCULATION

Strict heart rate control has no benefit over more lenient control in patients with atrial fibrillation, experts stated in an update of treatment guidelines.

The previous guidelines advised keeping the heart rate of an atrial fibrillation patient at less than 80 beats/min at rest and less than 110 beats/min during a 6-minute walk. The updated guidelines advise keeping a resting heart rate of less than 110 beats/min in patients with persistent atrial fibrillation who also have stable ventricular function and have no symptoms, or symptoms deemed ac-

ceptable, related to their arrhythmia.

The 2011 Focused Update on the Management of Patients With Atrial Fibrillation (Updating the 2006 Guideline) is a joint effort of the American College of Cardiology Foundation, the American Heart Association, and the Heart Rhythm Society. The guideline writing committee reviewed data from late-breaking clinical trials presented at scientific sessions of the AHA, ACC, and European Society of Cardiology in 2009, and other data published through April 2010 (Circulation 2010 Dec. 20 [doi:10.1161/CIR.0b013e3181fa3cf4]; Circulation 2011;123:104-23).

Another key update is the recommendation that a combination of clopidogrel

and aspirin might be an option for atrial fibrillation patients who are poor candidates for warfarin. The recommendation is based on recent studies including the ACTIVE-A trial (Effect of Clopidogrel Added to Aspirin in Patients with Atrial Fibrillation). In this study, significantly fewer major vascular events occurred in patients randomized to receive clopidogrel plus aspirin, compared with those who received aspirin plus placebo.

"The clopidogrel/aspirin option is going to be of limited utility in most cases," commented Dr. Anne B. Curtis, who was a member of the writing group, in an interview. The new thrombin inhibitors such as dabigatran will be used instead, she said. Because dabigatran was not approved by the Food and Drug Administration, she said. See **Atrial Fibrillation** page 55

Pain Management Program Cut Narcotics Rx Diversion

BY M. ALEXANDER OTTO

EXPERT ANALYSIS FROM THE SOCIETY OF TEACHERS OF FAMILY MEDICINE CONFERENCE ON PRACTICE IMPROVEMENT

SAN ANTONIO – A primary care initiative combining patient pledges with random pill counts and urine screens significantly reduced prescription narcotics diversion in North Carolina's rural Caldwell County.

As part of the program, most primary care patients with chronic, nonmalignant pain sign a contract agreeing to those measures – and pledging not to doctor-shop for narcotics – prior to receiving their prescriptions, explained Dr. Ed Bujold, a family physician in the Caldwell County town of Granite Falls who helped spearhead the initiative.

Physicians in the western North Carolina county began to use the contracts in 2007, which coincided with a 300% drop in prescription narcotics seizures by county law enforcement between 2005 and the end of that year.

"I believe most of the impact on the 300% decrease

See **Diversion** page 3

The initiative has coincided with a 300% drop in prescription narcotics seizures by police.



Patients pledge to get their narcotics from one physician and one pharmacy, and submit to random pill counts, explained Dr. Ed Bujold.

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Surgeon General: Even One Cigarette Is Harmful

BY ALICIA AULT

WASHINGTON – For the first time, there is evidence of immediate and direct harm done by smoking even one cigarette, according to the 30th annual United States Surgeon General's Office report on smoking, issued Dec. 9.

Surgeon General Regina M. Benjamin said at a press briefing that previous reports from her office honed in on the various diseases that smoking could cause. "This report focuses on how tobacco smoke causes damage to every organ in your body," she said.

When asked why this report could make a difference when so many previous warnings have not convinced all Americans to quit smoking, Dr. Benjamin said that she thinks that the direct evidence of harm will personalize the message.

"I believe it's very important that every American knows what's happening in their bodies, particularly those who are trying to quit." She said it might be helpful for people to know the various biological reasons why quitting is so hard.

Dr. Benjamin said she knew that even President Obama was trying very hard to quit and that she'd told him about the new findings.

The 700-page "Report of the Surgeon General: How Tobacco Smoke Causes Disease: The Biology and Behavioral Ba-

sis for Smoking-Attributable Disease" determined that tobacco smoke contains 7,000 chemicals, hundreds of which are known to be toxic and 70 of which are carcinogenic, she noted.

The report describes multiple insults to the body from those chemicals, including changes in DNA that can lead to cancer; damage to the lining of the lungs; obstructive pulmonary disease and bronchitis; stress on the vasculature and cardiovascular disease; and an increased risk of heart attack, stroke, and aortic aneurysm.

Smoking also interferes with the effectiveness of chemotherapy and the control of blood sugar and leads to fertility problems, including difficulty conceiving, miscarriage, and preterm birth. Just one cigarette can trigger a heart attack or stroke, she said.

In addition, the report examined the effects of secondhand smoke, finding that even brief exposure can cause cardiovascular disease and can also trigger acute cardiac events, such as heart attack. Babies exposed to secondhand smoke are more likely to die

of sudden infant death syndrome.

The report highlights the increasingly addictive properties of today's cigarettes, many of which are designed to enhance nicotine absorption and its crossing of the blood-brain barrier, Dr. Benjamin said. Some cigarettes also allow smokers to inhale more deeply into the lungs, increasing the disease risk.

Department of Health and Human Services Secretary Kathleen Sebelius said at the briefing that the report shows that "there is no safe level of exposure to tobacco smoke," and, she added, "If you're a smoker, the best time to quit is right now."

John R. Seffrin, Ph.D., CEO of the American Cancer Society Cancer Action Network, agreed. "Today's

report makes it clear, once again, that there is no such thing as a safe cigarette and no such thing as a safe level of exposure to secondhand smoke for non-smokers," he said in a statement.

Ms. Sebelius noted that, every day, 4,000 Americans under the age of 18 years try their first cigarette, and that 1,000 of them become daily smokers. Some 1,200 Americans die every day as

a result of tobacco-related causes, she said, and the report is part of the Obama administration's ongoing strategy to completely eliminate tobacco use.

Smoking rates declined until 2003, but since that time the rate has plateaued, with 20% of adults admitting they currently smoke. The administration has launched a multipronged attack, including giving the Food and Drug Administration the power to regulate tobacco and increasing funding to state and local programs for intervention and outreach programs. Medicare and the Federal Employees Health Benefits Program both now offer coverage of tobacco-cessation strategies, Ms. Sebelius said.

Tobacco-related disease is a big reason why America is less healthy than other countries, and that has consequences. "If we're a less healthy nation, we're not competitive in a global economy," she added.

The Surgeon General's report is available at www.surgeongeneral.gov. The office has also created a consumer-friendly version of the report and a printable, one-page fact sheet for physicians to use in discussing the report with their patients.

The report focuses on smoking's effects only on adults. The office is working on another report on adolescents and teenagers, Dr. Benjamin said. ■



The report highlights the increasingly addictive properties of today's cigarettes.

DR. BENJAMIN

Drug-Seeking Curbed

Diversion from page 1

took place in [2007]," Dr. Bujold said.

There's been no evidence the measures keep patients who truly need narcotics from getting them, he added.

In fact, patients "are in complete agreement with this. I have had several say, 'I am so thankful you are doing this. I don't want these drugs to go out to places they are not supposed to be,'" Dr. Bujold said at the meeting.

Dr. Bujold said he is also more confident prescribing Percocet (oxycodone and acetaminophen), OxyContin (oxycodone), Vicodin (hydrocodone and acetaminophen), and other narcotics to the few hundred chronic pain sufferers among his roughly 3,500 patients. A survey found other primary care physicians participating in the initiative are as well.

"I feel very comfortable treating patients now, because I know that I am not dealing with the riffraff," Dr. Bujold said. "This system pretty much takes them out of the picture."

The idea was born in 2006 after a church service, when the Caldwell County sheriff approached Dr. Bujold, a fellow

parishioner. The sheriff confided in him that prescription narcotics threatened to become the county's main drug problem, ahead of methamphetamine and cocaine. Local law enforcement officials recently had found two houses stocked with prescription narcotics for street sale, he added.

A few local physicians had been too trusting, prescribing narcotics "without even thinking some might end up on the street," Dr. Bujold explained.

Over the next year, Dr. Bujold, two county narcotics officers, a pharmacist, a community nurse, and the regional director of Community Care of North Carolina worked on a solution.

The contract was its centerpiece, downloaded from the American Society of Anesthesiologists Web site. Patients who sign it pledge to get their narcotics from one physician and one pharmacy, and submit to random pill counts and urine drug screens.

Once the plan was in place, the nurse visited local primary care practices to explain the diversion problem and contract initiative.

At the same time, North Carolina created an online narcotics registry accessible to doctors and pharmacists.

"It closed the loop for us. If we have somebody who comes in as a new patient, and their story sounds a little fishy, we can go to the narcotics registry," explained Dr. Bujold. "If they're getting prescriptions from 10 physicians and 5 pharmacists, we know right away that this is not somebody we are probably going to work with."

By 2008, narcotics officers reported cocaine and methamphetamine were again the main drug problems in Caldwell County. There were also reports that drug-seeking patients were leaving the county.

Currently, around 90% of local physicians use the contracts, and patients submit to urine screens and pill counts about twice a year when their names come up on a randomly generated list.

Not finding narcotics in the urine of patients prescribed narcotics is a red flag. Marijuana detection is, too, because it's not legal in North Carolina for medical purposes, Dr. Bujold said.

If patients violate their contract, they are cut off from narcotics, something that happens about twice a month in Dr. Bujold's practice, he said. ■

FAMILY PRACTICE NEWS Celebrates 40 Years

Just 2 years after the "birth" of the specialty of family medicine, FAMILY PRACTICE NEWS first appeared on physicians' desks. We promised to focus on news that mattered to this emerging medical specialty and to be balanced and accurate in our reporting. We vowed to keep you up to date by covering medical meetings, regulatory agencies, and news from the journals, and by putting that news in context for the specialty.

Forty years later, FAMILY PRACTICE NEWS is still delivering on our promises to our physician readers. Through it all, we have always strived to be your reliable source of specialty news, and you have rewarded us with your continued readership. Over the next year, we plan to celebrate our 40th anniversary with a series of articles that look at the transcendence of family medicine since we first published.

Admittedly, the demands on family medicine have been magnified over the years by an increasingly complex health care system. Yet family medicine continues its mission to integrate care for patients across the full spectrum of ages within the context of community, and to advocate for the patient in an increasingly complex health care system.

At FAMILY PRACTICE NEWS, we are proud to have chronicled so much of family medicine's history.

