

ACP Report: Support Family Caregivers

BY DENISE NAPOLI

The 37 million “family caregivers” who care for chronically ill patients in the United States have become “an integral part of the health care system” and deserve recognition from physicians for that role, according to a position paper issued by the American College of Physicians.

Family caregivers—defined broadly as

relatives, partners, friends, and neighbors—provide care for 90% of dependent community-dwelling patients with acute and chronic physical illnesses, cognitive impairment, and/or mental health conditions, according to the authors (J. Gen. Intern. Med. 2010 Jan. 12 [Epub doi:10.1007/s11606-009-1206-3]).

“Coping with physical, emotional, spiritual and financial challenges affects caregiver health and quality of life as well

as patients’ health and quality of life,” they wrote.

Rheumatologist Robert G. Lahita, chairman of the department of medicine at Newark (N.J.) Beth Israel Medical Center, agreed. “Diseases like systemic lupus erythematosus, rheumatoid arthritis, and other illnesses like polymyositis can be included in those illnesses addressed by this important paper,” he commented in an interview.

Indeed, “ambulatory care is the norm in our specialty,” added Dr. Lahita, and “the rheumatologist provides care outside the medical center in most cases.”

According to the report, “physician accessibility and excellent communication are fundamental to supporting the patient and family caregiver”—a potentially difficult mandate, given the current climate of rushed office visits and time constrictions. ■

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consistent with liver disease develop, or if systemic manifestations occur, FLECTOR® Patch should be discontinued immediately.

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NSAIDs, including FLECTOR® Patch, can cause serious skin adverse events without warning such as exfoliative dermatitis, Stevens-Johnson Syndrome, and toxic epidermal necrolysis, which can be fatal. Patients should be informed about the signs and symptoms of serious skin manifestations, and use of the drug should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity.

Overall, the most common adverse events associated with FLECTOR® Patch were skin reactions (pruritus, dermatitis, burning, etc) at the site of treatment, GI disorders (nausea, dysgeusia, dyspepsia, etc), and

nervous system disorders (headache, paresthesia, somnolence, etc).

In late pregnancy, as with other NSAIDs, FLECTOR® Patch should be avoided because it may cause premature closure of the ductus arteriosus. FLECTOR® Patch is in Pregnancy Category C. Safety and effectiveness in pediatric patients have not been established.

Please see Brief Summary of full Prescribing Information, including boxed warning, on adjacent page.

References: 1. Data on file. King Pharmaceuticals®, Inc. 2. Jenoure PJ, Rostan A, Gremion G, et al. Multicenter, double-blind, controlled clinical study on diclofenac Tisugel plaster in patients with epicondylitis [in Italian]. *Med Sport*. 1997;50(3):285-292. 3. Rovati S, Garavani A. Research and development of a pharmaceutical technique allowing for improvement in clinical efficacy and simplicity of use of known drugs [in French]. *Tribuna Medica Ticinese*. 1996;61:204-207. 4. Fini A, Fazio G, Rapaport I. Diclofenac/N-(2-hydroxyethyl)pyrrolidine: a new salt for an old drug. *Drugs Exp Clin Res*. 1993;19(3):81-88. 5. Flector Patch [package insert]. Bristol, TN: King Pharmaceuticals, Inc; 2009.



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