

Look for Rheumatic Disease in ILD Patients

BY SHERRY BOSCHERT

SAN FRANCISCO — Clinicians detected underlying rheumatic disease in 17 of 28 patients referred to a multidisciplinary clinic for interstitial lung disease.

The evaluations changed the diagnosis in 11 of the 28 patients, including 4 of 15 who had been referred for idiopathic interstitial lung disease and 7 of 13 who had been referred for rheumatic disease related to interstitial lung disease. As a result, clinicians changed therapy for 14 (50%) of the patients, Dr. Flavia V. Castellino and her associates reported at the annual meeting of the American College of Rheumatology.

All patients with interstitial lung disease should be evaluated by a rheumatologist, said Dr. Castellino of Massachusetts General Hospital, Boston.

Distinguishing between interstitial lung disease that is idiopathic versus related to rheumatic disease is important because the former carries a worse prognosis, and the response to treatment may differ, Dr. Castellino said.

A separate retrospective study of 362 cases of interstitial lung disease found 5-year survival rates of approximately 40% with idiopathic disease and approximately 70% with cases that were associated with rheumatic disease (Am. J. Resp. Crit. Care Med. 2007;175:705-11).

The difference in prognosis is thought to be related to the major lung histopathology, previous data suggest. Nonspecific interstitial pneumonia was present in 4

(9%) of 47 patients with idiopathic interstitial lung disease and in 23 (83%) of 28 patients with undifferentiated connective tissue disease and interstitial lung disease in one study (Am. J. Resp. Crit. Care Med. 2007;176:691-7).

A separate previous study of 39 cases of interstitial lung disease found that community physicians were more likely to diagnose it as idiopathic disease, compared with retrospective diagnoses from a multidisciplinary academic team review by pulmonologists, radiologists, and pathologists (Am. J. Resp. Crit. Care Med. 2007;175:1054-60).

In the current prospective study of patients referred by

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DR. CASTELLINO

pulmonologists over an 8-month period to a new multidisciplinary clinic at Brigham and Women's Hospital, Boston, all patients were evaluated by a pulmonologist and a rheumatologist, who took a complete history and physical examination (including capillary microscopy) and reviewed laboratory and serologic data. They reviewed available imaging and pathologic specimens in consultation with a dedicated radiologist and a pathologist experienced in interstitial lung disease.

Additional serologic tests, imaging, or biopsies were performed at the discretion of the clinic physicians. They initiated or changed therapy in collaboration with the referring physician.



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Clinicians detected underlying rheumatic disease in 61% of patients who were referred for interstitial lung disease.

Evaluations by a rheumatologist significantly affected diagnoses because of additional serologic testing (such as a myositis panel) and because the rheumatologist was able to elicit subtle clues that are suggestive of a rheumatologic diagnosis. Recognition of "mechanic's hands," periungual erythema, abnormal capillary microscopy, and inflammatory arthritis led to new diagnoses including antisynthetase syndrome, systemic sclerosis, rheumatoid arthritis-associated interstitial lung disease, mixed connective tissue disease, dermatomyositis, and undifferentiated connective tissue disease.

The cohort was half female, with a median age of 63 years and a history of smoking in 23 patients (82%).

The investigators reported having no potential conflicts of interest related to this study. ■



Expert Offers Natural Ways to Treat Respiratory Diseases

BY DOUG BRUNK

SAN DIEGO — Taking an integrative holistic medical approach to treating respiratory disease requires addressing the patient's environment, immune system balance, and emotional health.

At a meeting sponsored by the Scripps Center for Integrative Medicine and the American Board of Integrative Holistic Medicine, Dr. Robert S. Ivker described four steps to achieve this goal:

► **Heal the mucous membrane by reducing and/or eliminating inflammation.** Striving for optimal air quality is key, said Dr. Ivker, cofounder and past president of the American Board of Holistic Medicine. He defined this as air that is free from pollutants and has a humidity level between 35% and 55%, a temperature between 65° and 85° F, 100% oxygen saturation, and a negative ion content between 3,000 and 6,000 0.001-mcm ions/cm³.

Home-based methods for achieving optimal air quality include using a negative-ion generator that does not emit ozone, an electrostatic or pleated furnace filter, and keeping the furnace, air ducts, and carpets clean, without the use of harsh chemical-based cleaning agents.

Dr. Ivker recommends the use of a warm-mist room humidifier in bedrooms and offices, especially during the winter months. Certain plants can also assist in cleaning the air, including those that remove formaldehyde (Boston fern,

chrysanthemums, striped Dracaena, and the dwarf date palm) and carbon monoxide (spider plant).

Other strategies for healing mucous membranes include getting proper hydration with good-quality water (0.5 ounces per pound of body weight per day), using a saline nasal spray with aloe vera or other anti-inflammatory herbs every 2-3 hours, using a steam inhaler for 15-20 minutes 2-3 times per day, inhaling medicinal eucalyptus oil frequently, and swabbing peppermint oil outside of both nostrils following use of saline nose spray.

Nasal irrigation has also been found to alleviate sinonasal symptoms (Otolaryngol. Head Neck Surg. 2001;125:44-8). Options include the SinuPulse, a pulsatile irrigation device that removes biofilm covering the mucous membrane. This is "the most effective and most expensive option at around \$100," Dr. Ivker said. Other methods include using a neti pot or SinuCleanse, or squeeze bottle sinus rinses such as that available from NeilMed Pharmaceuticals.

► **Strengthen and/or restore balance to the immune system.** Inflammation increases free radicals, so emphasize organic fruits and vegetables, whole grains, fiber, and protein, said Dr. Ivker, of the

department of otolaryngology at the University of Colorado, Denver.

Exercise helps. He recommends 20-30 minutes of aerobic exercise at least three times a week, plus stretching and strengthening exercises. If patients have no exercise regimen, "start very gradually," he said. "Patients with chronic and fungal sinusitis have a weakened immune function, so you don't want to recommend strenuous exercise right off the bat."

Dr. Ivker also recommends "emotional exercises," including "safe" anger-release techniques such as pounding one's fists on a pillow or punching bag, screaming, laughing, crying,

DR. IVKER

and writing in a journal. In a randomized study of asthma patients, writing about stressful experiences had a favorable effect on symptoms (JAMA 1999;281:1304-9).

The growth of laughter yoga (www.laughteryoga.org) shows that the idea of not taking life too seriously is catching on. "There are laughter yoga clubs starting up all over the country," he said. "It's a great immune strengthener, a blood pressure, blood sugar, and cortisol reducer."

He emphasized that getting at least 7 hours of sleep per night "is possibly the most overlooked key to overall well-being and a strong immune system. A lack

of sleep is one of the most common causes of colds and sinus infections."

► **Mitigate fungus/candida, if applicable.** Patients with suspected fungal sinusitis or *candida*/yeast overgrowth—typically the most severe cases of chronic sinusitis—often have food allergies and sensitivities and should avoid sugar, milk and other dairy products, fruits, vinegar, mushrooms, alcohol, and bread and other foods that contain yeast or wheat. After 3 weeks, "you can start to introduce nongluten grains such as brown rice, quinoa, millet, and so on," he said.

In a study, Dr. Ivker and his colleagues showed the effectiveness of a holistic combination of fluconazole and a restrictive diet for chronic fungal sinusitis (Altern. Ther. Health Med. 2009;15:36-43).

"We still don't have a consistently reliable diagnostic test for fungal sinusitis. Genova [Diagnostics'] Comprehensive Digestive Stool Analysis is currently the best test we have, but it's not consistent. There are still too many false negatives. I use the patient's history, clinical picture, and Dr. William Crook's Candida Questionnaire and Score Sheet," he said.

One antifungal supplement he routinely recommends is 100% pure allicin as found in the products Allimax and Allimed from AlliMax International Ltd. He begins with 720-900 mg t.i.d. and gradually decreases the dose to 180-450 mg every day over the course of 3-4 months.

Dr. Ivker had no conflicts of interest to disclose. ■



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