WILLIAM G. WILKOFF, M.D.

LETTERS FROM MAINE

Sleeping on the Job

How do you sleep when you're on call? To those of you who are hospital-based physicians or part of a very large and busy call group, this sounds like a silly question. Your answer will be that you are so busy that anything more than a 5-minute catnap while you are waiting for an x-ray is not an option. But, for those of us who may only get one or two calls after midnight – or some nights never have a call – getting sleep can present an awkward dilemma.

On one hand, we must be prepared to respond to a real, or usually just perceived, emergency. We must be able to speak intelligently (and intelligibly), think rationally, and perform fine motor tasks accurately after being aroused from any REM or non-REM state. On the other hand, we will be expected to show up at the office the next morning apparently well rested and prepared to make a few dozen clinical decisions in a thoughtful and compassionate manner. Can you do it? How do you do it?

I recently met with two physicians whom I hadn't seen in a while. Whenever aging physicians get together, the conversation eventually touches on the burden of taking call. One said he really could never sleep when he was on call, and the other said that he sleeps very poorly when it is his night in the barrel.

Strategies for a Good Night's Sleep

These revelations surprised me a bit coming from two physicians with a combined experience of nearly 60 years. I often hear from my partners who are 25 years younger that they can't sleep when they are on call. I try to reassure them that, as they did for me, things will get better, and they will learn or assimilate strategies that will allow them to get enough restorative sleep on the nights when they have drawn the short straw.

For example, I never let a patient leave the office until I am comfortable that I've have done everything I should (not could) in this clinical situation. If I think of something after we've all gone home, I'm not embarrassed to call to recheck the situation or tell them to go to the hospital lab for the lab work I've forgotten. Or tell them I will meet them in the ER so that I can have one more look before I go to bed. Shakespeare may have believed that sleep "knits up the raveled sleeves of care." But if you go to bed with too many loose ends, you'll never get to sleep.

Experience should teach us to give better and better anticipatory guidance. The more questions and bumps in the road a physician can head off with a few preemptive and reassuring words when he/she is face to face with the parent, the more sleep everyone will get.

When I go to bed, I turn off my beeper and tell the answering service to have the parents call my home phone whose ringer has been muted with duct tape so it doesn't disturb Marilyn. This means no fumbling for a light or a pen. It eliminates those embarrassing misdialed numbers at 2 a.m. that begin, "This is Doctor Wilkoff." It also makes parents consider one more time whether their question is worth waking me at home.

But, there is only so much we pediatricians can do to improve our chances of getting a good night's sleep. The most frustrating calls come from someone on the obstetrics floor who just wants to give me a "heads up" about some meconium-stained fluid or an expected preterm delivery. Unless the situation is so unusual I am going to need to hunt for some special equipment or consultant, I'm not sure how this information is going to help matters. Maybe it's just one of those "misery loves company" deals. But, I can guarantee one thing: It's certainly going to ruin my night's sleep. ■

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IMPORTANT
CORRECTION OF DRUG INFORMATION

The US Food and Drug Administration (FDA) Division of Drug Marketing, Advertising, and Communications (DDMAC) has requested that GSK issue a corrective statement regarding information contained in a previous advertisement for ALTABAX® (retapamulin ointment), 1%, which you may have seen in a previous issue of this journal.

DDMAC has determined that a professional promotional piece contained misleading information in that it broadened the indication of ALTABAX® (retapamulin ointment), 1%, made unsubstantiated superiority claims to mupirocin, and omitted and minimized important risk information associated with the use of ALTABAX.

According to the FDA-approved Prescribing Information, ALTABAX is indicated for use in adults and pediatric patients aged 9 months and older for the topical treatment of impetigo (up to 100 cm^2 in total area in adults or 2% total body surface area in pediatric patients aged 9 months or older) due to *Staphylococcus aureus* (methicillin-susceptible isolates only) or *Streptococcus pyogenes*. To reduce the development of drug-resistant bacteria and maintain the effectiveness of ALTABAX and other antibacterial drugs, ALTABAX should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

We wish to call your attention to the following corrective important information for ALTABAX:

- ALTABAX is not approved to treat impetigo caused by methicillin-resistant isolates of *Staphylococcus aureus* (MRSA).
- ALTABAX is also not approved to treat impetigo caused by *Staphylococcus aureus* strains that are resistant to mupirocin.
- ALTABAX is not approved to treat any uncomplicated skin and skin structure infections other than impetigo.
- There are no clinical trials to indicate that ALTABAX is superior to mupirocin or any other therapeutic agent for the treatment of impetigo.
- In vitro activity, which was used in the professional slim jim, does not necessarily correlate with clinical efficacy. The FDA is unaware of any data or substantial evidence demonstrating the superior efficacy of ALTABAX to mupirocin with regard to the development of resistance, potency, post-antibiotic effect, or mechanism of action.
- In the event of sensitization or severe local irritation from ALTABAX, usage should be discontinued, the ointment wiped off, and appropriate alternative therapy for infection instituted.
- ALTABAX is not intended for ingestion or for oral, intranasal, ophthalmic, or intravaginal use. ALTABAX has not been evaluated for use on mucosal surfaces.
- The use of antibiotics may promote the selection of nonsusceptible organisms. Should superinfection occur during therapy, appropriate measures should be taken.
- Prescribing ALTABAX in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.
- The most common drug-related adverse reactions associated with the use of ALTABAX is application site irritation (1.4% of patients).

Please see brief summary of Prescribing Information on the adjacent page.

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