Thrombolysis benefits elderly stroke patients

Finding a cure for HIV

Beijing ready for regional cardiology congress

Common antibiotic for acute undifferentiated fever

More than just tulips in the Netherlands
MIMS Mobile

DRUG INFORMATION On-the-Go

GET INSTANT ACCESS TO:

- Concise Prescribing Information
- Full Prescribing Information
- Drug Interaction Checker

Available on the App Store

Visit http://subscription.mims.com to learn more about MIMS Mobile or scan the QR code now!
Thrombolysis benefits elderly stroke patients

Rajesh Kumar

All patients with stroke, regardless of age, should receive thrombolysis according to findings from two studies.

In one, the third International Stroke Trial (IST-3), researchers determined whether all patients with stroke, irrespective of age, benefited from treatment with the thrombolytic agent alteplase, a recombinant plasminogen activator (rt-PA), when given up to 6 hours following stroke onset. [Lancet 2012;379:2352-2363]

This multicenter, randomized, open treatment trial assessed 3,035 patients (1,515 receiving alteplase and 1,520 in a control group) at 156 hospitals in 12 countries; of these 53 percent were older than 80 years. At 6 months, 554 (37 percent) patients in the alteplase group met the primary end point (ie, were alive and independent) compared with 534 (35 percent) of those in the control group (OR 1·13, 95% CI 0·95-1·35, \( P = 0·181 \)). For every 1,000 patients treated within 6 hours, 14 more were alive and independent.

The effect of alteplase on disability was, thus, not statistically significant. But the odds of surviving with less disability were 27 percent greater for patients treated with alteplase. Among the patients (about 80 percent of them aged >80 years) treated within 3 hours, the benefit was much greater—for every 1,000 treated, 80 more were alive and able to look after themselves at 6 months.

In terms of tolerability, fatal or non-fatal symptomatic hemorrhage within 7 days occurred in 104 (7 percent) of patients in the alteplase group versus 16 (1 percent) in the control group. More deaths occurred within 7 days in the alteplase group (163 [11 percent]) than in the control group (107 [7 percent]).

However, between 7 days and 6 months, there were fewer deaths in the alteplase group than in the control group, so that, by 6 months, similar numbers of patients had died in the two groups in aggregate (408 [27 percent] in the alteplase group vs. 407 [27 percent] in the control group).

“The data add weight to the policy of treating patients as soon as possible, and justify extending treatment to patients older than 80 years of age,” said co-author Professor Peter Sandercock of the University of Edinburgh and Western General Hospital, Edinburgh, UK.

“[The findings] do not support any restriction of treatment on the basis of stroke severity or the presence of early ischemic change on the baseline brain scan.”

The second paper reported an analysis of pooled data from 12 trials, including the IST-3
trial results, involving a total of 7,012 patients. [Lancet 2012;379:2364-2372]

This meta-analysis showed that for every 1,000 patients allocated to intravenous alteplase up to 6 hours after stroke, 42 more patients were alive and independent, and 55 more had the better outcome of being alive with a favorable outcome at the end of follow-up. This benefit occurred despite an increase in the number of early symptomatic intracranial hemorrhages and early deaths associated with thrombolysis.

Among the 1,711 patients older than 80 years, the absolute benefits from alteplase were at least as large as for the younger patients, especially with early treatment (for those over 80 treated within 3 hours, 96 patients more per 1,000 treated were alive and independent).

Although net benefit from thrombolysis clearly declines with increasing delay to treatment, the data suggest that the benefit probably extends beyond 4.5 hours, possibly as late as 6 hours in some patients, although the time probably varies with key individual or combined patients’ characteristics, which were not possible to identify from this analysis, said the authors.

“If small gains in functional ability by 3 months translate into greater long-term survival free of disability, this is likely to reduce health-care costs and increase quality of life and cost effectiveness.”

The key message of IST-3 and the updated meta-analysis is that many eligible patients from subgroups excluded by the European license should now be given alteplase, said Drs Didier Leys and Charlotte Cordonnier of the department of neurology (stroke unit) at the Roger Salengro Hospital in Lille, France, while commenting on the study findings’ clinical relevance. [Lancet 2012; DOI:10.1016/S0140-6736(12)60822-8]

When asked about their relevance for Asia, Professor Sandercock explained that as life expectancy increases in Asia, the proportion of very elderly people in the population, and hence the number of older stroke patients, will continue to rise over the coming decades.

“The finding that thrombolysis benefits the very elderly as much as younger patients is, therefore, very important,” he said.

In many Asian countries where traffic delays in reaching hospital quickly are a big problem, he said that thrombolysis with an expensive drug like rt-PA within 3 hours is only relevant to the very small number of wealthier individuals who can afford to pay for the treatment.

“The population health benefits will come from making sure all acute stroke patients are cared for in well-organized stroke units, not by thrombolysing the few.”
Regulators affirm dabigatran efficacy, safety

Yen Yen Yip

The superiority of the direct thrombin inhibitor dabigatran (Pradaxa®, Boehringer Ingelheim) over warfarin in preventing ischemic and hemorrhagic strokes has now been affirmed by the US Food and Drug Administration.

This latest update, reflected in the prescribing information of dabigatran 150 mg twice daily, was based on results from the Randomized Evaluation of Long-Term Anticoagulation Therapy (RE-LY) trial, which established that dabigatran 150 mg reduced the risk of stroke and systemic embolism by 35 percent compared with well-controlled warfarin. In the study, investigators also showed that dabigatran 110 mg twice daily was as effective as warfarin in preventing stroke. [N Engl J Med 2009;361:1139-1151]

RE-LY was a prospective, randomized, open-label trial with blinded end point evaluation, conducted in more than 18,000 patients with non-valvular atrial fibrillation (NVAF).

Dabigatran also received a nod from a European regulatory agency for its safety profile. Concerns had previously been raised about bleeding events associated with use of the drug.

The European Medicines Agency (EMA) recently acknowledged that the frequency of reported fatal bleedings with dabigatran was significantly lower than levels reported in clinical trials. The EMA arrived at this conclusion following a review of available data from clinical trials and post-marketing surveillance reports on the risk of serious or fatal bleeding with dabigatran.

“The latest available data are consistent with the known risk of bleeding and that the risk profile of dabigatran is unchanged,” the EMA stated.

The EMA Committee for Medicinal Products for Human Use (CHMP) pointed out dabigatran’s importance as an alternative to other blood-thinning agents. However, given that the risk of bleeding is a common complication of all anticoagulants, CHMP has also recommended more specific guidance on patient management, when dabigatran should not be used, and how dabigatran’s anticoagulant effect can be reversed if bleeding occurs.
Finding a cure for HIV: The need for science, collaboration and advocacy

Excerpts from a plenary lecture delivered by Professor Sharon R. Lewin, director of the Infectious Diseases Unit, Alfred Hospital, and professor, Department of Infectious Diseases, Monash University, in Melbourne, Australia, during the 15th International Congress on Infectious Diseases held recently in Bangkok, Thailand.

Combination antiretroviral therapy (cART) has led to major reductions in HIV-related mortality and morbidity, but still HIV cannot be cured. Current paradigms of treatment are not sufficient. With increasing numbers of infected people, emerging new toxicities secondary to cART and the need for life-long treatment, there is now a real urgency to find a cure for HIV.

Currently, there are multiple barriers to curing HIV. The most significant is the establishment of a latent or “silent” infection in resting CD4+ T-cells as the virus is able to integrate into the host cell genome, but does not proceed to active replication. Reactivation of latently infected resting CD4+ T-cells can then re-establish infection once cART is stopped.

Other significant barriers to cure include residual viral replication in patients receiving cART. In addition, HIV can be sequestered in long-lived cells such as macrophages and astrocytes in anatomical reservoirs, such as the brain, gastrointestinal tract and lymphoid tissue. Achieving either a functional cure (long-term control of HIV in the absence of cART) or a sterilizing cure (elimination of all HIV-infected cells) remains a major challenge.

Several studies have demonstrated that treatment intensification with additional antiretrovirals (ARVs) appears to have little impact on latent reservoirs. One potential approach to eliminate latently infected cells is to promote viral production in these cells. If this is done in a patient in cART, subsequent rounds of viral replication will be inhibited and the infected cell will die. Drugs such as histone deacetylase inhibitors and methylation inhibitors, cytokines such as IL-7, or other activating agents including prostratin and anti-PD-1 show promising results in reversing latency in vitro when used alone or in combination.

In addition, gene therapy has been shown to effectively reduce expression of the HIV co-receptor CCR5 in both animal models and ex vivo human studies. Clinical trials using these approaches are underway. Recent new initiatives to fund collaborative private-public partnerships, enhance community engagement and define a scientific road map for cure research are also likely to significantly accelerate advances in the elusive path to finding a cure.

However, there are also a number of scientific challenges in HIV cure. We certainly need better in vitro and animal models to
evaluate new strategies, especially if we are to consider combination approaches to activating latent HIV, with or without boosting immunity. There should be standardized, non-invasive assays to quantify viral reservoirs in vivo particularly when we move into multi-site clinical trials. There is also a need for more drug development to increase specificity for latently infected cells and/or enhanced tissue delivery and finally, better understanding of the immune system in controlling low-level viremia and latent infection.

This area of endeavor also raises a whole range of ethical considerations. What are the acceptable risks and toxicities of interventions in a population doing quite well on stable cART? The perspective on this issue is very different amongst clinicians, patients and regulatory bodies and we therefore need far more open discussions about these issues. What surrogate markers of viral persistence will ultimately justify treatment interruptions as a clinical endpoint in subsequent clinical trials? We are now very well aware of the risk of treatment interruption, so when will we know that it will be safe to test whether an intervention has worked by stopping ART? Expectations of study participants in early “proof of concept” studies are also very important. Patients who participate in these studies are exposed to potential risks and will not get any benefit themselves but are contributing to future research. Finally, any work on HIV cure should never get in the way of universal access to ART for all patients infected with HIV.

In the last few years, we have seen a real increase in funding for research towards HIV cure, including some various significant investments in grant funding from both the National Institute of Health and the American Foundation for AIDS Research. Advocacy also remains a key component in achieving a cure. The International AIDS Society is leading this with the development of a global scientific strategy for HIV cure which will be launched in Washington in July.

In conclusion, there are multiple barriers to curing HIV. This will not be easy. A combination approach will almost certainly be needed. But we do know that sterilizing and functional cure is possible and we need to find a way to achieve this in more patients. There are multiple strategies being tested with most being early proof of concept, small and non-randomized studies – including activating latency, gene therapy and vaccination with or without intensification. Results from several of these studies should be available in the coming year. Engagement of the community, regulatory bodies and pharmaceutical companies will be very critical to advance the field, given the many ethical issues concerned.

Finally, the very significant and additional challenge to whatever we do is that some day we should identify a strategy for cure. This must ultimately be cheap, scalable and widely available to patients who need it.
Diabetes and cardiac dysfunction linked

Dr. James Salisi

Diabetes doubles early myocardial infarction mortality in the ICU despite advances in cardiac care,” said Dr. Mary Anne Lin-Abrahan as she explained the link between diabetes and cardiomyocyte dysfunction.

Cardiomyocyte dysfunction in diabetic patients is brought about by hyperglycemia and insulin resistance that leads to impairment of downward insulin signaling making glucose unavailable to the heart, discussed Lin-Abrahan. In addition, formation of advanced glycosylation end products results in glucotoxicity, fibrosis and lipotoxicity that contribute to cardiac dysfunction.

In obese and metabolic syndrome patients, fat around the epicardium contributes to endothelial dysfunction – an alteration of myocardial homeostasis – and coronary artery disease (CAD). Fat volume of greater than 300 cm³ strongly increases the risk of atherosclerotic plaques.

Infiltration of fat into the myocardium also leads to myocardial stiffness and diastolic dysfunction, and it also increases plaque information.

Type 2 diabetes mellitus independently increases risk of developing heart failure two-fold in men and three- to five-fold in women, while insulin resistance independently confers an additional 1.5-time increase in the risk in both sexes. Both conditions interact synergistically with other risk factors especially hypertension and coronary artery disease.

When heart disease in diabetic patients cannot be attributed to vascular disease, this condition is called diabetic cardiomyopathy. Citing the CARE study, Lin-Abrahan said that diabetes is a major predictor of late congestive heart failure (CHF) and death in survivors of myocardial infarction (MI). The mechanisms of diabetic heart disease include abnormal load due to arterial disease, metabolic effects due to free fatty acid, insulin resistance, myocardial fibrosis and extra-cellular matrix changes, reduced perfusion due to small vessel disease, and autonomic dysfunction due to reduced heart rate.

Insulin resistance can be associated with hypertension, diabetes with metabolic inflexibility, increasing coupling and uncoupling of proteins, and the alteration of free fatty acid-glucose metabolic ratio that leads to decrease in energy production and utilization in the heart and consequently heart failure.

Diastolic dysfunction is the most frequently identified abnormality with normal systolic function in diabetic patients. Patients typically complain of dyspnea and limited exercise capacity. Lin-Abrahan advised to watch out for these symptoms as they are usually wrongly attributed to deconditioning and not recognized as symptoms of diabetic cardiomyopathy.

The stiffness of the myocardium is posited as a result of accumulated advanced glycosyl-
ation end products interacting with glyco-
gen material that leads to increased collagen
thickness and increase in collagen content
in the myocardial tissue.

Evidence points to lipotoxicity as the
more likely etiology of diabetic cardiomy-
opathy than glucotoxicity, but the two in-
teract and contribute to cardiomyocyte dys-
function.

Visceral fat has been associated with
increase in epicardial fat that leads to
myocardial fat infiltration and endothelial
dysfunction. With the increased prevalence
in obesity, Lin-Abrahan said that diabetic
cardiomyopathy “is a global threat waiting
to happen.”

Pre-op trimetazidine shows promise
in myocardial protection

Dr. Yves St. James Aquino

A meta-analysis by Dr. Rodolfo Mag-
banua et al., showed myocardial
protection of pre-operative treat-
ment with trimetazidine (TMZ) in patients
undergoing coronary artery bypass graft-
ing. The study done in the Hearth Institute
in St. Luke’s Medical Center, Quezon City
collected two randomized, double-blind,
placebo-controlled clinical trials using TMZ
as intervention for decreasing post-operative
creatinine kinase-MB (CK-MB) levels among
patients who underwent coronary artery by-
pass grafting.

The first study involved 60 patients
divided in two groups (trimetazidine versus
placebo) at a dose of 20 mg TID, starting from
12 to 15 days after pre-operative period up to
5 to 8 days after post-operative period [Arq
Bras Cardiol 2011;97(3):209-216]). The second
much older study involved 30 patients
randomized to receive either trimetazidine
or placebo, with treatment starting 3 weeks
preoperatively [Ann Thorac Surg. 1999
Dec;68(6):2173-6.]

Intervention in the studies involved oral
dosing regimens, considering the duration
of pre-operative treatment of TMZ. Control
groups were to receive placebo. The outcome
measurement included CK-MB levels in the peri-
operative period in both groups. CK-MB levels
are indicated in persons who complain of chest
pain to determine possibility of cardiac etiology
of pain. The test helps to distinguish whether
the increase in CK is due to damage to the heart
or other muscles. CK-MB is also monitored in
cardiac patients receiving medications such as
antiplatelet drugs.

Results of meta-analysis of the studies
favored trimetazidine over placebo with -7.24
(-9.10,-5.38; 95% CI) mean difference. The two
randomized controlled trials showed that pre-
operative treatment seemed to yield lower post-
CABG CK-MB levels, suggesting myocardial
protection.

Myocardial injury has been noted to occur
during cardiac operations, causing serious
arrhythmias, myovascular damage, new
necrosis, mechanical stunning and low cardiac
output syndrome post-op, according to the
study authors.
TMZ, an anti-ischemic drug that modifies metabolic function, has been thought to optimize cardiac metabolism by decreasing fatty acid oxidation through the selective inhibition of mitochondrial 3-ketoacyl CoA thiolase. TMZ also buffers against oxidative stress associated with free fatty acid, lessens oxygen demand by decreasing oxygen consumption, and improves mitochondrial metabolism and cardiac performance during ischemia, the authors discussed.

According to the study, the lower CK-MB levels in the TMZ group suggested myocardial protection, but the relatively small number of population in both studies may render the results insignificant and cannot be completely taken as a myocardial protective effect. Study authors recommend more studies are needed to find out if pre-operative TMZ would translate to cardioprotective benefits in large populations.

Heart expert reports updates on statin use for heart failure

Gabriel Angelo Sembrano, RN

Known for lowering cholesterol levels by inhibiting the enzyme HMG-CoA reductase, statins have pleiotropic effect and have been commonly used for patients with coronary artery diseases, according to Dr. Koji Hasegawa, Governor of Japan International Society of Cardiovascular Pharmacotherapy. “These pleiotropic effects include inhibition of inflammation and fibrosis,” he added.

Hasegawa pointed out that “statins may be useful in treating chronic heart diseases” but roles of different types of statins have yet to be clarified. “Effects of statins on heart failure may be distinct among different types of statin agents,” he added.

The Subanalysis of Scandinavian Simvastatin Survival Study of Dr. John Kjekshus et al., involving 4,444 patients with coronary heart disease but without evidence of heart failure showed that the simvastatin group presented 21 percent higher in the proportion of patients that did not experience heart failure compared to the placebo group [Diabetes Care. 1997;20: 614-20].

A similar result was also shown by Dr. Koichi Node et al., in a study entitled Short-term Statin Therapy Improves Cardiac Function and Symptoms in Patients With Idiopathic Dilated Cardiomyopathy. This study demonstrated that patients treated with simvastatin had a lower (p<0.01) New York Heart Association functional class compared with patients receiving placebo. This corresponded to improved left ventricular ejection fraction in the simvastatin group (p<0.05) but not in the placebo group [Circulation. 2003; 108: 839-843].

Hasegawa stressed that “while simvastatin appeared to ameliorate heart failure,” some studies demonstrated no beneficial effects of rosuvasstatin.

In a separate study by Kjekshus et al.,
entitled Controlled Rosuvastatin Multinational Study in Heart Failure (CORONA), the rosuvastatin group demonstrated ($p=0.12$) no statistically significant difference in the number of deaths from cardiovascular causes, nonfatal myocardial infarctions and nonfatal strokes as compared with the placebo group [N Engl J Med 2007;357:2248-2261].

The same result was found in the randomized, double-blind, placebo-controlled trial on the effects of rosuvastatin in patients with chronic heart failure by GISSI-HF investigators. The researchers concluded that there was no significant difference in the time of death – to all causes – between those who were taking rosuvastatin and those under placebo ($p=0.094$) [The Lancet 2008 Aug 29].

According to Hasegawa, the main causes of heart failure are hypertensive heart diseases, old myocardial infarction, valvular heart diseases and cardiomyopathy.

“Especially the hypertensive heart diseases and old myocardial infarction, these two disease states are associated with common enlarged heart diseases; so the frequency of these disease states are increasing not only in Asia but also all over the world,” said Hasegawa.

---

**Elevated IL-10 predicts long-term adverse outcomes**

**Dr. James Salisi**

Elevated interleukin-10 (IL-10) levels predict long-term adverse events such as deaths and non-myocardial events but are not significantly associated with composite outcomes, Dr. Julien Ann Jeciel and Dr. Philip Chua concluded in a meta-analysis they conducted in Cardinal Santos Medical Center.

IL-10 is an important molecular mediator that regulates inflammation. Elevated serum levels of IL-10 mark systemic inflammatory response and thus has been explored as a marker for acute coronary syndrome. Past studies measuring serum levels of IL-10 in patients with acute coronary syndrome (ACS) showed that elevated IL-10 levels were independently associated with increased risk of death and non-fatal MI in patients with acute coronary syndrome.

So, the investigators set out to determine whether elevated serum IL-10 is associated with risk of cardiovascular events by analyzing these past studies and comparing their results.
Studies with patients having symptoms of ischemia that could be verified by ECG and increased biomarkers or chest pain within the next 48 hours and patients admitted with a diagnosis of acute myocardial infarction (STEMI, NSTEMI), unstable angina and stable angina were included. While studies with patients having incomplete follow up and widely varying baseline characteristics were excluded.

Three studies fulfilled the inclusion criteria and reported death and non-MI as outcomes on follow up. The primary endpoints in the studies included had significant heterogeneity with p=0.09, and upon analysis using the random effect model showed that the overall relative risk is 1.06 with 95% confidence interval of 0.57 to 1.96. However, an association between the composite outcomes and IL-10 levels was not significant.

This study further describes the role of IL-10 in the etiology of ACS as an immunoregulatory and anti-inflammatory cytokine that down-regulates and limits inflammation, which is a major component in the progression of atherosclerosis and acute thrombotic events.

---

**PATCHED profiles ACHD patients**

**Gabriel Angelo Sembrano, RN**

Patients with adult congenital heart diseases (ACHD) seen at the Philippine General Hospital Adult Congenital Heart Disease (PATCHED) outpatient clinic are mostly in their third decade, females, acyanotic and with simple lesions (eg, ASD, VSD and PDA), according to a cross-sectional survey by Dr. Angelo Dave Javier et al. His team also found out that there are only a few number of patients who underwent prior corrective surgery.

The study aimed to describe the clinical profile of ACHD patients aged 16 years and above who were managed at the PATCHED clinic from August 2011 to April 2012. Using standard data collection forms, demographic and clinical data were obtained. Means were then taken for continuous data and percentages for nominal-level data.

From the inclusion criteria of the study, a total of 60 patients – pertaining to 118 ACHD outpatient consults in 9 months – were observed. The latter figure presented 2.8 percent of the 4,173 adult cardiology consults.

“The results showed that the average age of patients is 35.4 years old with a male to female ratio of 1 to 2.7. Most of the patients (92%) have unrepaired shunt lesions and around 25 percent of the total patient population has cyanotic CHD, of which 40 percent are primary CHDs while 60 percent are due to Eisenmenger physiology. Also present are atherosclerotic risk factors like essential hypertension, diabetes mellitus and dyslipidemia.”
Researchers have found that the most common diagnosis in the unit is atrial septal defect (ASD) at 48 percent. This is followed by patent ductus arteriosus (PDA) at 20 percent and ventricular septal defect (VSD) at 17 percent. In terms of the medication given to ACHD patients, digoxin is the most commonly used drug at 43 percent. This is followed by angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at 33 percent, diuretics at 23 percent and beta-blockers at 13 percent.

The study also pointed out that for those patients diagnosed with ASD, the average defect size is 1.66 cm with an average Qp:Qs of 2.71 and a pulmonary arterial pressure (PAP) of 74.29 mmHg. Patients diagnosed with VSD have an average defect size of 1.18 cm, Qp:Qs of 2.86 and PAP of 77.80 mmHg. For those who were diagnosed with PDA, the average defect size is 0.75 cm, Qp:Qs of 1.86 and a PAP 34.50 mmHg.

Survival rates increase among CHD patients to adulthood thanks to progress in pediatric cardiology and cardiac surgery. There are approximately 1 million ACHD patients in North America, and this number rises by 5 percent annually. A definite figure pertaining to the number of ACHD patients in the Philippines is not available, but extrapolated data provide an estimate of around 200,000.

Established in August 2011, the PATCHED out-patient clinic is “unique because it is situated in a resource-limited, tertiary, government-run, university hospital manned by both adult and pediatric cardiology fellows and sees not only adult patients but also those of the grown-up, late-adolescent age group,” study author stated.
Screening for cardiac problems in athletes

Dr. Yves St. James Aquino

With the increasing popularity of outdoor sports in the Philippines, there is a growing need for physicians to be familiar with common medical problems encountered by athletes. During the 43rd Annual Convention of the Philippine Heart Association, Dr. Marcellus Francis Ramirez, cardiac electrophysiologist with the University of Santo Tomas Hospital, discussed strategies for risk stratification, preparticipation screening and recommendations that could guide physicians when dealing with athletes.

Ramirez differentiated competitive sports from recreational activities, stating that the former are organized sports with high premium on athletic excellence and are often associated with systematic training and regular competition that usually extends to high levels of effort for long periods of time. Recreational activities, on the other hand, do not require regular or systematic training nor have the same level of pressure to excel.

"Because of the rigorous training that athletes endure during competitions, these are involved changes within the structural framework of the heart. And most of this develop physiologic form of hypertrophy because of the benign adaptation to systematic training," said Ramirez.

Table 1: Classification of sports

<table>
<thead>
<tr>
<th>Increasing static component</th>
<th>Gymnastics, martial arts, sailing, sport climbing, water skiing, weight lifting, windsurfing</th>
<th>Body building, downhill skiing, skateboarding, snowboarding, wrestling</th>
<th>Boxing, canoeing/kayaking, decathlon, rowing, speed-skating, triathlon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing dynamic component</td>
<td>Archery, auto racing, diving, equestrian, motorcycling</td>
<td>American football, field events (jumping), figure skating, rugby, sprint running, surfing</td>
<td>Basketball, ice hockey, cross-country skiing, lacrosse, mid-distance running, swimming</td>
</tr>
<tr>
<td>I.Low (&lt;20% MVC)</td>
<td>Billiards, bowling, cricket, curling, golf, riflery</td>
<td>Baseball/softball, fencing, table tennis, volleyball</td>
<td>Badminton, field hockey, race walking, squash, long-distance running, soccer, tennis</td>
</tr>
<tr>
<td>A.Low (&lt;50% MVC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.Moderate (20-50% MVC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. High (&gt;70% max O2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MVC = maximal voluntary contraction

Adapted from Mitchell et al. *J Am Coll Cardiol* 45:1364, 2005
Usually, there is increase in cardiac mass and structural remodeling seen in predominantly endurance sports or isometric sports. Some of the manifestations include enlargement of ventricular chambers, increased left ventricular (LV) wall thickness and increased size of left atrium (LA). Despite such changes, the systolic and diastolic functions are preserved.

The magnitude of physiologic changes varies according to the sport (see Table 1 for the sport classification), body surface area or lean body mass, and gender, with changes more pronounced in male athletes. According to Ramirez, abnormal ECG patterns are seen in about 40 to 50 percent of these cases, and there are limited studies that show genetic involvement.

“There is a great overlap between the athletes’ heart and certain forms of cardiomyopathies like myocarditis or arrhythmogenic right ventricular dysplasia. And it is very important that even with the diagnosis of an athlete’s heart, you need to follow up on these patients. Some of them may just have the early stages of hypertrophic cardiomyopathy,” said Ramirez.

Common arrhythmias in athletes may occur in normal heart or in the presence of cardiovascular disease, and the main prognostic marker is the presence of structural heart problems, explained Ramirez.

Evaluation of the patient should include history taking, electrocardiography (ECG), exercise testing, Holter monitor, miscellaneous lab tests (eg, complete blood count and electrolytes) and electrophysiologic studies.

### Table 2: Evaluation and recommendations for arrhythmogenic conditions

<table>
<thead>
<tr>
<th>Lesion</th>
<th>Evaluation</th>
<th>Criteria for eligibility</th>
<th>Recommendations</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCM: definite</td>
<td>History, physical exam, ECG, echo</td>
<td>No SCD in relatives, no symptoms, mild LVH, normal BP response to exercise, no ventricular arrhythmias</td>
<td>No competitive sports</td>
<td></td>
</tr>
<tr>
<td>HCM: low risk</td>
<td></td>
<td></td>
<td>Low-dynamic, low-static sports (ie, golf, bowling)</td>
<td>Yearly</td>
</tr>
<tr>
<td>ARVC</td>
<td>History, physical exam, ECG, echo</td>
<td></td>
<td>No competitive sports</td>
<td></td>
</tr>
<tr>
<td>LQTS</td>
<td>History, ECG, Holter, genetic testing</td>
<td>Positive LQTS</td>
<td>No competitive sports</td>
<td></td>
</tr>
<tr>
<td>Brugada syndrome</td>
<td>History, ECG, drug challenge</td>
<td>Positive Brugada</td>
<td>No competitive sports</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from European Heart Journal (2005) 26, 1422-1445
**Sudden cardiac death in athletes**

Sudden cardiac death (SCD) is an uncommon but devastating event, occurring in 0.5 to 2.3 of 100,000 athletes every year, explained Ramirez. Cases have been reported in all types of sports, although US studies have said it to be more common in basketball and football, while other countries have claimed incidence in running and cycling races. It rarely occurs in the absence of structural heart disease, which is often undiagnosed in asymptomatic athletes.

“Most of these patients, if they survive sudden cardiac death, you need to prohibit them from competitive sports,” advised Ramirez.

The most common causes of sudden death in young athletes include hypertrophic cardiomyopathy and congenital coronary artery anomaly. Less common causes include myocarditis and aortic rupture (Marfan syndrome). Uncommon causes include arrhythmogenic right ventricular cardiomyopathy, atherosclerotic coronary artery disease, conduction system abnormalities and aortic stenosis [European Heart Journal (2005) 26,516-524].

Studies have shown that up to 90 percent of SCDs in young athletes occur during training or competition, while in non-athletes, it may occur during recreational or even sedentary activities [N Engl J Med 2003;349:1064-75].

**Managing arrhythmogenic conditions**

When dealing with arrhythmogenic condition in athletes, physicians have to determine the risk of sudden death if the athlete continues to participate and whether risk is reduced upon cessation of training and competition. This means that physicians should be familiar with the criteria for eligibility or disqualification of athletes who are planning to participate in competitions.

Ramirez identified some of the important types of arrhythmogenic conditions including the following (see Table 2 for summary):

- Hypertrophic cardiomyopathy remains to be the single most common cause of SCD in athletes, with genetic cardiac disease occurring in 1 in 500 cases. Structural changes usually involve asymmetric LV hypertrophy and non-dilated LV. ECG would show pathologic Q waves and ST-T abnormalities [Circulation (2006) 114;1633]. Patients with this condition must be restricted from competitive sports; low-risk patients may be allowed low-dynamic, low-static sports.

- Arrhythmogenic RV cardiomyopathy/dysplasia (ARVC) is the number one cause of sudden cardiac deaths in athletes in most European countries. It presents with abnormal ECG in 50 percent of cases, with ventricular tachycardia-left bundle branch block morphology. Arrhythmias in ARVC are usually triggered by exercise. Patients with ARVC are prohibited from participating in competitive sports.

- Long QT syndrome (LQTS) may have acquired or unknown causes and should be referred to electrophysiologic studies for evaluation. Bethesda Guidelines recommend prohibition from athletic activities for symptomatic patients and asymptomatic patients who have corrected QT interval of >470 ms in males or >480 ms in females. The European Society of Cardiology Guidelines prohibits sports for all patients diagnosed with LQTS regardless of presence or absence of symptoms [European Heart Journal (2006) 27,2099-2140].

- Brugada Syndrome usually presents with a structurally normal heart, with ventricular tachycardia or fibrillation often occurring at rest or during sleep. The increase
Gabriel Angelo Sembrano, RN

Cavite Representative Joseph Emilio Abaya filed House Bill 6336 to standardize telehealth practice in the Philippines. The bill, with the proposed title “Telehealth Act of 2012,” will ensure the safety of patients and resolve issues on patient information management.

The bill aims to strengthen the Department of Health’s (DoH) telehealth services in at least 606 poor municipalities in the country. It will also help in aligning plans “for attaining efficiency by using ICTs in all aspects of health care,” one of health policy directions described in Health Secretary Enrique Ona’s Universal Health Care agenda. One of the bill’s salient features is the formation of a national telehealth board mandated for policy-creation, and a national telehealth reference center for implementation.

The bill would also help break down barriers to healthcare by connecting patients and doctors for medical consultation. This is essential in a country where it is costly to make healthcare physically accessible in remote communities, and where there is a dwindling number of healthcare professionals practicing locally.

The bill is based from the 14-year telehealth experience of the National Telehealth Center (NTHC). NTHC has provided telereferrals to doctors in remote communities, hosted video conferencing of educational sessions for local health workers, and implemented Community Health Information Tracking System (CHITS) – a recognized electronic medical record-keeping facility for government health units.

“Telehealth in the Philippines has grown significantly in the recent past. We see a slow but steady increase in the use of information-communication technology for health in the country,” says Dr. Gene Nisperos, NTHC co-
ordinator for telehealth bill advocacy. More healthcare providers are using electronic patient record management and are offering teleconsultations. “These revolutionize activities for patient care,” he adds.

Despite this, there is a lack of legal, social and ethical guidelines covering telehealth. The deficiency of such standards challenge the dynamics of doctor-to-patient liability in telehealth practice, putting patients at risk, which, according to NTHC director Dr. Portia Fernandez-Marcelo, is a long-standing issue that prompts field practitioners to contribute their expertise in coming up with the implementing rules and regulations of HB 6336.

“We’ll use all our resources to push this through,” Fernandez-Marcelo says.

A leader in the ICT4Health in the Philippines, NTHC and Congressman Abaya have been advocating for the passage of the bill.

Melissa Pedreña, NTHC telehealth nurse says that while the bill has not yet been passed, practitioners are “advised to conform to existing de facto guidelines to protect the practice.” Pedreña takes charge of telereferrals from doctors taking the certificate course on eHealth and Telemedicine – a component of the 30 million National Telehealth Service Program of DoH. The program assists the DoH’s “Doctors to the Barrios” in managing challenging medical cases through telereferrals to PGH telemedicine area specialists.

The National Telehealth Center is a leading research unit under the National Institutes of Health-UP Manila committed to improve health care through information and communications technology (ICT). It has research cum service activities aimed in developing ICT solutions to help solve problems of the health care system brought by the exodus of health professionals, and the lack of medicines and facilities in remote communities in the country.
NOTES ON LEADERSHIP

Inspiring others to action

Dr. Melinda Atienza, a pediatric endocrinologist with the University of Santo Tomas Hospital, aims to continue the tradition of leaders who inspire future leaders as she heads the Philippine Pediatric Society, “a more cohesive Society that is recognized nationally and internationally as leader in Philippine pediatric education and child advocacy.”

What are the challenges you face as a medical society?

“The challenge is to get everyone committed. Maybe that would be impossible because we have 4,500 members. But maybe majority of them could be committed. What I feel is that after members are inducted, they go about their private practice forgetting that they are members of a society which has vision and mission. You’re there not only to practice, but you have to train, you have to do researches, you also have to have administrative functions, as well as always think of the welfare of the child.

“I would like to get the commitment of majority, if not all, of the members to help in any of our many projects where they think their talents are most suited.”

... and the challenges in your practice?

“In this era of very sophisticated [technology], we have to practice with a lot of ancillary diagnostic tests, and not all pediatricians can gain access to these diagnostics. The challenge is practicing with limited resources – in spite of limited resources – while knowing how to render the best possible care for the Filipino children who are sick.”

... what about your patients?

“They say that pediatrics is a nice area of specialty because sabi nga nila, pwedeng tis in ng adult ang sakit niya, pero pag nagkaron ng ubo osipon ang bata, [parents] look for a doctor or a health provider or go to the health center right away. So in that sense, maganda. But sometimes the problem is there’s not enough doctors in all areas of the Philippines, so may mga areas pa rin kami na walang specialist na pediatrician. Maybe that’s one concern we have to address. Most of us kasi are in Metro Manila.

“Pero ngayon with the subspecialty program, we train subspecialists with the commitment that they are not going to practice in Metro Manila and they have to go to the different provinces or regions, para sa isang region, may isang subspecialist.”

And what are the achievements you are most proud of?

“Our society just celebrated our diamond anniversary, therefore we have been in existence for 65 years since 1947. And now we have a new home (in Diliman, Quezon City).

“We have also tried our best to really
maintain the highest possible standard of training for our residents. We maintain that by doing our accreditation of the different training hospitals. We accredit hospitals according to different levels, from level 1 to level 4, which is the highest. So we have accomplished that and we have standardized our accreditation.

“We have already conducted teleconferences. So meaning, we now share information so that even the people in the provinces can listen to the speakers here.

“We have also published clinical practice guidelines (CPG) on common problems, which the PhilHealth and the PMA (Philippine Medical Association) are using as their reference when they assess clinical cases for terms of case-payment schemes. We have formed CPGs for common diseases. We have some publications for our doctor members; and publications for the lay, which we share so they can use them for everyday common problems.”

What inspired you to become a pediatrician?

“Basically may mga taong ayaw ng bata. But ever since I was a teenager, I really love children. I don’t get irritated, and I like to babysit. Then dumating sa time of my calling to become a doctor; then finally, it just came.

“And of course, I have some role models, like Dr. Fe del Mundo. And some of my professors in medical school … sila ang nagplant ng seed to go to pediatrics. Dr. Fe del Mundo was a big influence in my life.”

What motivated you to become a leader?

“I have been with the PPS board since 2000. And through the years, you also have some personal dreams that you would like the society to have; some concerns that you think the society should be concerned about but you think is not being paid attention.

“Remember we are being molded as a five-star physician. I think just fulfilling one of them to become a leader and a social mobilizer, and a medical society can be a venue where you can pursue advocacy projects and community projects.

“Also, as a teacher, it is important to train or help improve training of residents by being part of the specialty board and the hospital accreditation.”

How do you feel about training residents?

“It’s very gratifying. Alam mo ang pagiging teacher hindi masyadong financially rewarding compared to medical practice. ... But in UST, where I teach, our compensation is the best, so I’m not complaining. The satisfaction that you get is when you have the chance to share with [residents] yung knowledge mo. You feel that gratifying feeling, at least you were able to impart and influence other doctors to become pediatricians.

“A good way of determining how we are faring is that we’re getting a number of foreign graduates who would like to train in the Philippines. That’s a good sign that they are recognizing our training program for our pediatric residents.”

Finally, what is a leader?

“A leader is someone who can inspire a person to act and to share the best and be the best of himself.”
WHO foresees rapid increase in dementia

Gabriel Angelo Sembrano, RN

The World Health Organization (WHO) expects that the number of cases of dementia would double in 2030 and triple in 2050 from the present estimation of 35.6 million. Approximately 58 percent of people living with dementia are living in low- and middle-income countries. By 2050, WHO anticipates that the number will rise to more than 70 percent.

WHO describes dementia as “a syndrome, usually of a chronic nature, caused by a variety of brain illnesses that affect memory, thinking, behavior and ability to perform everyday activities.” The most widespread cause of dementia is Alzheimer’s disease – accounting for about 70 percent of cases.

WHO recognizes the challenge in diagnosing dementia. In developed countries, only around one-fifth to one-half of the cases are routinely recognized, and most of the time, the disease would have already reached its late stage once the diagnosis is made. At present, there are only eight countries in the world that have national programs that aim to combat dementia. Interestingly, 58 percent of dementia cases occur in low- and middle-income countries.

According to WHO, the world costs for treating and caring for people living with dementia is estimated to be more than US$604 billion, including “the cost of providing health and social care as well as the reduction or loss of income of people with dementia and their caregivers.”

In a report published by WHO and the Alzheimer’s Disease International entitled Dementia: a Public Health Priority, it is recommended that programs “focus on improving early diagnosis; raising public awareness about the disease and reducing stigma; and providing better care and more support to caregivers.”

It is also essential to strengthen care since most patients worldwide are nursed by informal caregivers such as spouses, adult children, family members and friends. The report notes that caregivers of dementia patients are frequently in poor physical condition, and are also at risk for mental disorders like anxiety and depression. Financial struggles could also occur in informal caregivers since they may be forced to sacrifice their jobs or decrease workloads in order to effectively care for a relative or friend with dementia.

Dr. Oleg Chestnov, assistant director-general of the Non-communicable Diseases and Mental Health, WHO, highlights the need to increase the capacity of healthcare workers for early detection of dementia and the provision of the appropriate health and social care.

Similarly, Marc Wortmann, executive director with Alzheimer’s Disease International raises an important socio-cultural issue surrounding dementia.

“Public awareness about dementia, its symptoms, the importance of getting a diagnosis, and the help available for those with the condition is very limited. It is now vital to tackle the poor levels of public awareness and understanding, and to drastically reduce the stigma associated with dementia,” said Wortmann.
PhilHealth launches primary care benefit for 4Ps, OFWs, POs

Dr. James Salisi

PhilHealth launched the primary care benefit package 1 (PCB1) in Sto. Domingo, Albay and Bislig City, Surigao del Sur in support of the Aquino Health Agenda to provide universal health care for all Filipinos.

“In implementing the Primary Care Benefit 1, the improved PhilHealth OPB package, Bislig CHO is preparing to provide services to PhilHealth members entitled to PCB1, including 5,710 Sponsored Program, members under the National Housing Targeting System; 6,414 Sponsored members enrolled by the LGU; 2,296 Overseas Worker Program members; and, two organized groups with 80 members. The qualified dependents of these members are likewise entitled to primary care benefits,” explained Dr. Liezel Lagrada, head of the executive staff of PhilHealth and PCB1 team leader, in a statement sent via email.

“Bawat Pilipino, miyembro. The obvious message is that we exclude no one, that we are all entitled to the care of the nation,” PhilHealth President Dr. Eduardo Banzon wrote in his column in BusinessMirror.

In Bislig City, Banzon emphasized the importance of partnership between the local government units (LGUs), primary health care providers and PhilHealth in order to ensure that every Filipino benefits from universal health care.

PCB1 aims to expand the number of services included in the Primary Health Care benefits for PhilHealth members. The benefit package now includes primary care services, basic diagnostic examinations, and drugs and medicines. Primary care services include consultation, visual inspection with acetic acid wash, regular blood pressure measurement, breastfeeding education, counselling for lifestyle modification and smoking cessation, body measurements and digital rectal examination.

Patients assigned to primary care providers can now avail of diagnostic examinations such as complete blood count, urinalysis, fecalysis, sputum microscopy, fasting blood sugar, lipid profile and chest x-ray. PCB1 also covers medicines and drugs for asthma with nebulisation services, acute gastroenteritis with no or mild dehydration, upper respiratory tract illness, pneumonia (minimal and low risk), and urinary tract infection.

Services covered by PCB1 are initially available at government health centres throughout the country.

“One of the goals of PCB 1 is to increase the quality of our government facilities and we will do this by having closer monitoring of our facilities and providing proactive support for them. We will also provide incentives for facilities which are able to give quality care,” wrote Lagrada.

The other paying members of PhilHealth are expected to be covered in the next two years as the PhilHealth expands its benefit programs.
Health department urges updated reporting of HFMD

Dr. Yves St. James Aquino

The Department of Health recently released a statement regarding updated reporting of suspected cases of HFMD in hospitals around the country. This is part of DoH efforts to detect severe disease caused by Enterovirus-71 (EV-71).

Secretary Enrique Ona of the Department of Health instructed the Bureau of Quarantine to further increase the screening of all arriving travelers to prevent the spread of the respiratory-neurological syndrome that have killed at least 60 children in Cambodia since April this year.

“In recent years, HFMD has caused outbreaks in several countries in the Asian region and has become an emerging threat following the almost complete eradication of polio. In contrast to polio, there are no available vaccines against EV-71 infections,” said the DOH statement released last July.

Southeast Asian countries, and the rest of the world, were alerted by the “mystery disease” that resulted in deaths of children in Cambodia. The mystery virus was eventually identified by the World Health Organization (WHO) and Cambodia’s Ministry of Health as EV-71, which was present in samples collected from patients.

EV-71 has been associated with the deadly form of hand, foot and mouth disease (HFMD). The health department cautions members of the community not to confuse HFMD with foot and mouth disease in animals, which affect cloven-hoofed animals, such as sheep, goats and pigs.

According to US Centers for Disease Control and Prevention, HFMD is a viral illness affecting infants and children, and sometimes adults, caused by Enteroviruses, which include polioviruses, coxsackieviruses, echoviruses and enteroviruses. In infected persons, the viruses are found in the nose and throat secretions, fluid in blisters and stools. It is transmitted from person to person by direct contact.

The local health department explained that HFMD commonly affects young children, and may present with mild illness characterized by a few days of fever with skin rashes or lesions around the mouth, hands and feet. In addition, severe infections may cause neurological diseases. Patients and caretakers are instructed to watch out for warning signs such as muscle twitching, paralysis and/or impaired consciousness, which would most probably entail hospital admission.

There are still no vaccinations, and efforts are focused on preventing the disease. DoH recommends proper hygiene and frequent hand washing to avoid transmission of the virus. Shared toys or teaching tools in school or daycare should also be wiped clean or disinfected regularly.

At present, throat specimens are sent to the Research Institute of Tropical Medicine to confirm the presence of the virus. Hospitals are asked to submit reports of cases to the National Epidemiology Center, which is tasked to collect data as part of the Disease Surveillance System, according to the statement.
Dr. Yves St. James Aquino

The Department of Health (DoH) and the Food and Drug Administration have announced recalls of certain drugs. The following companies and their products were included in recent advisories.

Pfizer Consumer Healthcare voluntarily recalled its Robitussin DM product containing dextromethorphan HBr 15 mg and guaifenesin 100 mg per 5 ml due to error in labeling. The dosage label, which should have indicated 1/2 teaspoonful equivalence to 2.5 mL, indicates 1 teaspoonful.

The Cathay Drug Company informed FDA that it voluntarily recalled Profurex 750 mg sterile powder for injection (IM/IV) product with Lot No. P116069 due to manufacturing deficiencies. The product is manufactured by Biolab Co., LTd of Thailand. According to the advisory, a report has noted that a broken glass was found inside a vial of the profurex 750 mg sterile powder for injection.

Novartis Healthcare Philippines, Inc. recalled its Varemoid Forte 200 mg product SCT Batch 1201 due to “presumed contamination with Pseudomonas aeruginosa and Burkholderia cepacia.” According to the advisory, root cause analysis showed that the problem was caused by the new lot of Narogel used which was initially negative, but upon the conduct of confirmatory tests already appeared to be positive for the said bacteria.

The advisory warns that these products may present health risk to the consuming sector of the public, and anyone who may have bought the affected products are advised to stop using the products and coordinate with the mentioned establishments.

Lastly, GlaxoSmithKline Philippines, Inc. has informed FDA as it recalled Valda Lemon Pastilles due to mislabeling. The affected products were wrongly packed with a Valda Menthol tin base instead of a Valda Lemon tin lid, said the advisory. The affected batches include batch 220212M and batch 220212L, both manufactured last February 22, 2012 in Malaysia. Individuals who have bought the affected products are advised to coordinate with the mentioned establishment.

DoH and FDA report product recalls
August

10th Surgical Forum, Philippine Society of General Surgeons
August 1-4, 2012
Info: Philippine Society of General Surgeons
Theme: “Redefining General Surgery”
Telephone: (02) 456 8411
Email: psgs_secretariat@yahoo.com.ph
Website: http://www.psgs.org.ph
Venue: SMX Convention Center

Philippine College of Chest Physicians Midyear Convention 2012
August 2-4, 2012
Info: Philippine College of Chest Physicians
Telephone: (02) 924 9204
Email: pccp@skybroadband.com.ph
Website: http://www.philchest.org
Venue: Legend Hotel, Puerto Princesa, Palawan

Psychological Association of the Philippines
49th Annual Convention
Hosted by University of San Carlos
August 15-17, 2012
Info: Psychological Association of the Philippines
Telephone: (02) 453 8257
Email: pap_1962_08@yahoo.com
Website: http://www.pap.org.ph
Venue: Waterfront Hotel, Cebu City

19th Philippine Coalition Against Tuberculosis (PhilCAT) Annual Convention
August 16-17, 2012
Info: Philippine Coalition Against Tuberculosis
Theme: TB-Free Philippines: A Continuing Challenge from Childhood to Adulthood
Telephone: (02) 749 8990; 781 9535
Email: pcat@pldtdsl.net
Website: http://www.philcat.org/
Venue: Crowne Plaza Galleria, Ortigas Center, Quezon City

13th Philippine Society of Allergy, Asthma and Immunology Biennial Convention
September 3-4, 2012
Info: Philippine Society of Allergy, Asthma and Immunology
Telephone: (02) 712 9432
Email: pasaai_1972@yahoo.com
Venue: Sofitel Philippine Plaza, Pasay City
MARKET WATCH

**Benadryl for allergic rhinitis**

Allergic rhinitis, also known as hay fever, is a form of allergy that produces bothersome symptoms. The immune system overreacts to particles in the air, causing symptoms such as repeated episodes of sneezing, runny nose, itchy and watery eyes, nasal congestion and impaired sense of smell and taste.

The first step in the management of allergic rhinitis is identifying the cause of the allergies and reducing exposure to that cause. In the event that the cause cannot be identified, allergic rhinitis can be managed by:

- Avoiding areas where there is heavy dust, house dust mites, pollens and molds
- Avoiding furry pets at home
- Making sure that surroundings are always clean

Benadryl One (Cetirizine HCl) is indicated for symptomatic relief of allergic conditions including rhinitis and chronic urticaria. It contains cetirizine hydrochloride, considered as a long-acting, non-sedating antihistamine with some mast-cell stabilizing activity. Benadryl one is available in blister strips of 100’s tablets.

**IBS relief with Spasmomen**

For irritable bowel syndrome that presents with symptoms such as abdominal pain, bloatedness, changes in bowel movement, among others, Spasmomen (Otilonium Bromide) can offer relief. It is indicated for treatment of irritable bowel syndrome and painful spastic states of distal enteric tract. Each film-coated pill contains 40 mg of otilonium bromide, which is endowed with a marked spasmolytic action on the smooth muscle of the large intestine.

Product should be used with caution in subjects with glaucoma, prostatic hypertrophy and pyloric stenosis. It contains lactose and is therefore not suitable for subjects with lactase deficiency, galactosemia, or glucose/galactose malabsorption syndrome.

Spasmomen is the only triple-acting spasmolytic that effectively reduces IBS symptoms, offering protection against relapse, with an excellent safety profile with less anticholinergic or atropine-like effects.

Available in drug stores nationwide, Spasmomen is sold in boxes of 30 film-coated tablets with PVC and aluminum blisters.
Androgenetic alopecia (AGA) or male pattern hair loss is a treatable medical condition and not simply an inevitable part of aging. Surprisingly, an Asia-wide survey revealed that only 2 percent of Filipino men were likely to visit a medical institution and seek help for hair loss. This problematic behavior may be associated with lack of information available to Filipino men. Close to 20 percent of the surveyed Filipino men feel that they do not appear attractive, or not as attractive as they were before they started to lose hair.

To address the issue and educate men about their condition, MSD Philippines created the savethehair.com.ph, a website that contains useful information about AGA and hair loss.

“Having this one website that Filipino men can visit to get the right information can help alleviate their concerns about hair loss and hopefully, their self-esteem issues,” said Dr. Evan Payawal, MSD Philippines medical advisor. Visit www.savethehair.com.ph for more information.

Centrum for eye and bone health

Aging is associated with physiological changes that occur in the eyes, presenting as reduced peripheral vision, clouding of the lens and degeneration of eye muscles. Decline in bone mass is also seen in older adults, increasing the risk for fractures and postural changes.

Centrum Silver helps provide vitamin D and calcium for bone health, and vitamins A, C and E and zinc to support eye health for adults aged 50 and up.

Vitamin A is important for normal vision, while vitamins C and E are antioxidants that prevent oxidative damage to the eye. Zinc is an important element found in the retinal pigment epithelium.

Calcium strengthens bones, while vitamin D promotes intestinal calcium absorption and bone matrix mineralization. Calcium and vitamin D are two important nutrients that can ensure bone health in older adults.

Centrum Silver for Adults 50+ is a dietary supplement complete from A to zinc. Available in drug stores and supermarkets nationwide.
Roflumilast (Daxas®) is indicated for maintenance treatment of severe chronic obstructive pulmonary disease (COPD) associated with chronic bronchitis in adult patients with a history of frequent exacerbations as add on to bronchodilator treatment.

Each tablet contains roflumilast, a PDE4 inhibitor, a non-steroid anti-inflammatory agent designed to target both the systemic and pulmonary inflammation associated with COPD.

Roflumilast is not indicated for the relief of bronchospasms. Medication should stop if unexplained weight loss occurs. The medication is not recommended for immunocompromised patients and patients with history of depression with associated suicidal ideation or behavior.

A yellow, d-shaped film-coated tablet, Roflumilast (Daxas®) is manufactured by Nycomed and is available in boxes of 10’s and 30’s. The drug cannot be dispensed without prescription.

Bayer recently launched the first oral contraceptive to treat heavy menstrual bleeding or HMB.

“Heavy menstrual bleeding is a common problem that can have a significant negative impact on a woman’s everyday activities. New analyses confirm that estradiol valerate/dienogest is an attractive treatment option for women with heavy menstrual bleeding,” said Dr. Ian Milsom, professor of Obstetrics and Gynecology from Sahlgrenska University Hospital in Sweden.

Estradiol valerate/dienogest (Qlaira®) provides women with a non-invasive, short-acting treatment that preserves their reproductive health. It is also the first in a new class of oral contraceptives to deliver estradiol, the same estrogen produced by a woman’s body.

Clinical trials show that estradiol valerate/dienogest (Qlaira®) reduces menstrual bleeding by 88 percent after six months of treatment versus baseline.

Qlaira® uses a 26/2 dynamic dosing regimen designed to deliver precise levels of estradiol and dienogest to achieve reliable contraception and good cycle control.
Patients with a fever lasting more than 2 weeks where there is no sign of localized infection should be treated with the common antimicrobial agent doxycycline, according to an expert.

“Empirical treatment with doxycycline is the most cost-effective strategy for the management of patients with acute undifferentiated fever in Asia,” said Professor Yupin Suputtamongkol, from the Faculty of Medicine, Siriraj Hospital, Mahidol University in Bangkok, Thailand. “This sub-group of patients has a very good prognosis and clinical response is dramatic with appropriate antimicrobial therapy.”

For severe cases, a combination treatment with either ceftriaxone or penicillin G is recommended, she added.

The diagnosis of acute undifferentiated febrile illness has been a challenge for physicians in Southeast Asia. “Acute undifferentiated fever is very common in this region but its specific etiology is often unknown, making accurate diagnosis and effective treatment difficult,” Suputtamongkol said.

The majority of patients present with non-specific symptoms such as fever, headache, chills, nausea, muscle ache and vomiting that mimic clinical manifestations of secondary sepsis caused by different circulating pathogens. “Physicians should be aware that malaria, dengue infection, rickettsial infections, and leptospirosis are major causes of acute undifferentiated fever in Asia. Travelers to endemic areas are also at risk.”

Currently, there is no single rapid test that would differentiate one disease from the other. Even when dengue fever and leptospirosis are suspected, available rapid serologic tests cannot reliably detect IgM antibodies until at least the sixth day of clinical illness. Rapid serologic testing was able to identify only half of the cases of leptospirosis in Thailand during an outbreak between 1999 and 2003.

“It’s not practical to request for a serial diagnostic test for dengue, leptospirosis or scrub typhus because most of the time it’s only about 50 percent accurate. We need a test that can detect these three infectious diseases in one go,” Suputtamongkol said.

“We came up with clinical practice guidelines in the management of acute febrile illness after conducting a series of clinical trials on patients in various hospitals in Thailand during an outbreak of leptospirosis in 1999. The guideline has four components - investigations, severity assessment, empirical therapy and follow-up,” she said.

“This is diagnosis by exclusion. Exclude malaria and dengue first. Then consider rickettsial infection or leptospirosis. If scrub typhus is the cause of fever, the patient will improve in 48 hours following doxycycline therapy. If there’s no clinical response and the patient remains febrile, then the cycle of strategy has to be repeated.”

Patients with severe leptospirosis could die of lung hemorrhage. As for scrub typhus, the important cause of death is acute respiratory disease syndrome so respiratory support is also very important, Suputtamongkol added.

“Early diagnosis of the cause of acute fever is important to guide appropriate antimicrobial therapy. Empirical treatment is necessary because rapid, sensitive and affordable diagnostic tests for scrub typhus, leptospirosis and murine typhus are not available,” she concluded.
Hepatitis B e antigen (HBeAg) seroconversion is an inadequate end-point in hepatitis B management because it does not indicate or guarantee long-term remission and virus inactivity, according to a leading hepatologist.

“While hepatitis B surface antigen (HBsAg) seroconversion comes as a near ‘cure’ for chronic hepatitis B (CHB), it is only achievable in 10 percent of patients with all current therapies,” said Dr. Ching-Lung Lai, chair professor of hepatology and medicine, and chief of the Gastroenterology and Hepatology Division, Department of Medicine, University of Hong Kong. “It is also genotype-dependent, and rarely achieved in patients with genotypes B and C, which are the common genotypes in Asia.”

In a study in Hong Kong, 60 percent of 85 HBeAg-positive patients had HBeAg seroconversion following pegylated interferon therapy at year 5, however only 11 percent had undetectable HBV DNA (≤400 copies/mL). About 2.4 percent of patients achieved HBsAg seroclearance at 2.6 and 84 months post-treatment. [Hepatology 2010; 51:1945-1953]

“HBeAg seroconversion to anti-HBe is thus only a half-way process in the natural history of CHB in patients who acquire the disease during early childhood,” said Lai.

In another study, more than 60 percent of patients had no significant decline in HBsAg levels following 2 years of treatment with entecavir, a mononucleos(t)ide analogue agent. Early decline in HBsAg levels at weeks 12 and 24 was not associated with HBV DNA suppression or HBeAg seroconversion. [Am J Gastroenterol 2011;106:1766-1773]

“HBeAg seroconversion in patients with chronic hepatitis B is only meaningful when accompanied with permanently low and undetectable HBV DNA,” said Lai. “This is very important if we are to reduce the risk of the disease developing into cirrhosis and hepatocarcinoma.”

Sustained virologic suppression is critical to CHB therapy. “Five-year treatment with tenofovir and entecavir has resulted in a continuing HBV DNA suppression of up to <3-400 copies/mL in more than 90 percent of patients. This is associated with histologic improvement, including reversal of severe fibrosis.”

Entecavir and tenofovir are potent, safe and associated with little or no resistance, Lai added.
The talk on HIV today, which tackled new areas we need to look into in terms of development and cure for HIV, was so revealing. Another interesting lecture was on global biosurveillance. But coming from Nigeria, we have so many limitations. They are going too high when we haven’t even reached where they are now. We are lagging behind [and] we need their support. Africa is famous for malaria, TB and intestinal helminths. If they could help research in our country, then that would be great.”

– Dr. Chinenyi Afonne, field epidemiologist, Department of Epidemiology and Medical Statistics, College of Medicine, University of Ibadan, Ibadan, Nigeria

All the lectures I’ve been to have been great. It’s good to have an Asian perspective. There’s a lot of data on emerging infections and a lot of epidemiology that we don’t necessarily get to hear about unless we come to conferences like this.”

– Dr. Sanchia Warren, Royal Hobart Hospital, Hobart, Tasmania, Australia

One of the ICID highlights to me was looking at all the new diagnostic tools that are available for infectious diseases. It’s very interesting to think about diagnostic testing in the clinic and being able to give patients the results immediately. That is one of the major strides that we are making. By using point-of-care diagnostics, we could treat millions of people who mostly live in low-resource settings.”

– Dr. Ruanne Barnabas, post-doctoral research fellow, Fred Hutchinson Cancer Research Center, Seattle, Washington, US.
Shanghai set for regional respiratory forum

Elvira Manzano

The 8th International Symposium on Respiratory Diseases (ISRD) and American Thoracic Society (ATS) in China Forum to be held in Shanghai from 9-11 this November is expected to attract delegates and leaders in pulmonary and respiratory medicine from all over the world.

The 4-day conference at the Shanghai International Convention Center will consist of plenary and state-of-the-art lectures, oral presentations and satellite symposia, including a session on translational respiratory medicine. Some of the main highlights in the scientific program include latest trends in the diagnosis and management of COPD and lung cancer, as well as updates on sleep medicine and mechanical ventilation.

Conference president Professor Chunxue Bai, chairman of the Shanghai Respiratory Research Institute (SRRI), which is hosting the event, and chairman of the Respiratory Department of Zhongshan Hospital and Fudan University, Shanghai, China, said 2012 marks a significant milestone for the ISRD, with its inaugural joint scientific sessions with the ATS.

 “[The] ATS in China Forum reinforces our ‘east meets west’ approach where renowned speakers from the US, Europe, Asia Pacific and China will share their insights, knowledge and experiences in respiratory research and clinical practice for better disease management outcome.”

Bai expects around 1,500 delegates, 80 percent of which are from China, to attend the conference. He said the event will provide a forum for clinical and scientific researchers with complementary experience and expertise to debate and foster collaboration towards prevention and management of respiratory diseases and its complications.

“It is our hope that, with the support and contribution from delegates, speakers and industrial companies, ISRD will grow to become an international academic brand attracting more respireologists as well as clinical and translational researches,” Bai said.
Beijing ready for regional cardiology congress

Elvira Manzano

The 23rd Great Wall International Congress of Cardiology (GW-ICC) Asia Pacific Heart Congress (APHC) 2012 in Beijing, China from 11-14 October will showcase the latest research and clinical advances in cardiology in the Asia Pacific. This year’s congress will be held in over 30 venues, with around 13,000 delegates anticipated to participate in 400 academic exchanges, thematic sessions, training presentations and exhibitions.

Congress president Professor Dayi Hu, chief of the Cardiology Division, Peking University’s People’s Hospital, Beijing, China, said participants can also look forward to keynote lectures, post-graduate courses, workshops and 17 joint symposia with leading international societies including the American College of Cardiology (ACC), European Society of Cardiology (ESC) and World Heart Federation.

Discussions will focus on opportunities and challenges in cardiovascular care in the US and China, advances in the management of heart failure and acute coronary syndromes, cardiac and stroke rehabilitation care, updates in cardiovascular imaging, cardiac catheterization and revascularization, new approaches to AF ablation and latest recommendations in pharmacotherapy, among other topics. Both English and Chinese sessions will be provided.

“We hope this congress will be an exciting and productive gathering of cardiologists from all over the world and provide [them] an opportunity to share knowledge, experience and views on current cardiology topics,” said Hu.

Over the years, the GW-ICC APHC has brought together leading cardiologists and researchers to discuss developments in cardiovascular research and practice. The congress has been attracting participation from a number of international academic organizations annually.

This year’s theme is “Emphasis on Rehabilitation and Secondary Prevention, from hospital back to home.”

The GW-ICC and APHC is organized by the GWICC congress committee together with 23 leading international academic societies.
HIMSS AsiaPac12 will link people and information in new ways that increase patient care and safety, reduce healthcare costs and improve quality of care across the continuum of care in Asia Pacific.

FOUR HEALTHCARE IT CONFERENCES IN ONE
- HIT X.0
- mHIMSS (Mobile Health)
- Care in the Community
- Standards and Interoperability

SYMPOSIA PROGRAM
- Clinicians IT Leadership Symposium
- Nursing Informatics Symposium

LINKING PEOPLE, POTENTIAL AND PROGRESS

Register today and you stand a chance to win Formula 1 tickets!* Please visit himssasiapac.org/12 for more information. *Terms and conditions apply.

Opening address by Guest-of-Honour Mr GAN Kim Yong
Minister for Health, Republic of Singapore

Opening Keynote by Dr Blackford MIDDLETON
Corporate Director, Clinical Informatics Research & Development, Partners HealthCare System, Harvard Medical School, Brigham & Women’s Hospital

Closing Keynote by Dr Charles SAWYER MD, FACP
Associate Chief Health Information Officer Geisinger Health System
August

**60th Annual Scientific Meeting of the Cardiac Society of Australia & New Zealand**
16/8/2012 to 19/8/2012
Location: Brisbane, Australia
Info: The Conference Company
Tel: (64) 9-360 1240
Fax: (64) 9-360 1242
Email: csanz@icc.co.nz
Website: www.csanz2012.com/

**11th Asian Congress of Urology of The Urological Association of Asia**
22/8/2012 to 26/8/2012
Location: Pattaya, Thailand
Info: 11th ACU Local Organiser
Tel: (662) 287 3942 to 3
Fax: (662) 677 5868
Email: secretariat@11thacu2012.org
Website: http://www.11thacu2012.org/

**European Society of Cardiology Congress 2012**
25/8/2012 to 29/8/2012
Location: Munich, Germany
Info: European Society of Cardiology
Tel: (33) 4 9294 7600
Fax: (33) 4 9294 7601
E-Mail: ascoregistration@jspargo.com
Website: www.escardio.org/congresses/esc-2012

September

**European Respiratory Society Annual Congress**
1/9/2012 to 5/9/2012
Location: Vienna, Austria
Info: European Respiratory Society
Tel: (41) 21 213 01 01
Fax: (41) 21 213 01 00
E-Mail: ers2012groups@kit-group.org
Website: www.erscongress2012.org/

**14th Congress of the International Society for Peritoneal Dialysis**
9/9/2012 to 12/9/2012
Location: Kuala Lumpur, Malaysia
Info: International Society for Peritoneal Dialysis
Tel: (603) 2162 0566
Fax: (603) 2161 6560
E-Mail: ispd2012@console.com.my
Website: www.ispd2012.org.my

**Hospital Management Asia 2012**
13/9/2012 to 14/9/2012
Location: Hanoi, Vietnam
Info: Ms. Sheila Pepito
Tel: (632) 846 8339
Email: sheilapepito@exedraevents.com
Website: hospitalmanagementasia.com

**London College of Clinical Hypnosis (LCCH-Asia) Certificate in Clinical Hypnosis**
22/9/2012 to 23/9/2012
Location: University of Malaya, Kuala Lumpur, Malaysia
Info: LCCH Secretariat
Tel: (60) 3-7960 6439 / 7960 6449
Email: info@hypnosis-malaysia.com
Website: www.hypnosis-malaysia.com

**Upcoming**

**15th Biennial Meeting of the European Society for Immunodeficiencies (ESID 2012)**
3/10/2012 to 6/10/2012
Location: Florence, Italy
Info: Secretariat Office of GW-ICC & APHC (Shanghai Office)
Tel: (86) 21-6157 3888 Extn: 3861/62/64/65
Fax: (86) 21-6157 3899
Email: secretariat@heartcongress.org
Website: www.heartcongress.org

**23rd Great Wall International Congress of Cardiology (GW-ICC) – Asia Pacific Heart Congress (APHC) 2012**
11/10/2012 to 14/10/2012
Location: Beijing, China
Info: Secretariat Office of GW-ICC & APHC (Shanghai Office)
Tel: (86) 21-6157 3888 Extn: 3861/62/64/65
Fax: (86) 21-6157 3899
Email: secretariat@heartcongress.org
Website: www.heartcongress.org

**42nd Annual Meeting of the International Continence Society**
15/10/2012 to 19/10/2012
Location: Beijing, China
Tel: (41) 22 908 0488
Fax: (41) 22 906 9140
Email: ics@kenes.com
Website: www.kenes.com/ics
August 2012 Calendar

8th International Symposium on Respiratory Diseases & ATS in China Forum 2012
9/11/2012 to 11/11/2012
Location: Shanghai, China
Info: UBM Medica Shanghai Ltd.
Tel: (86) 21-6157 3888 Extn: 3861/62/64/65
Fax: (86) 21-6157 3899
Email: secretariat@isrd.org
Website: www.isrd.org

National Diagnostic Imaging Symposium
2/12/2012 to 6/12/2012
Location: Orlando, Florida, US
Info: World Class CME
Tel: (980) 819 5095
Email: office@worldclaswscme.com

Asian Pacific Digestive Week 2012
5/12/2012 to 8/12/2012
Location: Bangkok, Thailand
Tel: (66) 2 748 7881 ext. 111
Fax: (66) 2 748 7880
E-mail: secretariat@apdw2012.org
Website: www.apdw2012.org

World Allergy Organization International Scientific Conference (WISC 2012)
6/12/2012 to 9/12/2012
Location: Hyderabad, India
Info: World Allergy Organization
Tel: (1) 414 276 1791
Fax: (1) 414 276 3349
E-mail: WISC@worldallergy.org
Website: www.worldallergy.org

JPOG is NOW CME-Accredited...
in Hong Kong, Indonesia, Malaysia and Singapore

For over 35 years, JPOG has been the only regional, peer-reviewed journal of paediatrics, obstetrics and gynaecology in Asia. The bimonthly journal is proud to announce its CME-accreditation in the following Asian countries: HONG KONG, INDONESIA, MALAYSIA and SINGAPORE.

JPOG is from the research bench to your patient’s bedside – JPOG raises the quality of life of women and children in Asia. Pick up a copy today and start earning CME points.
For further details, visit www.jpog.com today.
The sun glistens on the Amstel River, forming a seemingly endless pathway of diamonds, an illusion interrupted only by small boats. The boats, largely ferrying tourists on the edge of their seats attempting to get the best views of the narrow, gabled houses leaning into one another, weave in and out of the canal network, skillfully avoiding docked houseboats. Occasionally, a ‘party boat’ breaks the monotony with a boisterous crowd on board lost in their heady fog of loud music and alcohol.

Amsterdam, touted as ‘the Venice of the North,’ blends history, art and culture seamlessly with hedonism. From the various tourist attractions, parks and pleins (squares) to the bars, clubs and the red-light district which come alive at sundown, this city has something to offer everyone.

With over 60 museums, 50 theaters and 140 art galleries, Amsterdam is a mecca for culture vultures. The aptly named Museumplein alone boasts three very popular Dutch museum institutions, the Rembrandt-heavy Rijksmuseum (Dutch National Museum), which houses an impressive collection of paintings from the Dutch Golden Age, the Van Gogh museum, and the modern art Stedelijk museum.

Malvinderjit Kaur Dhillon explores the city of canals, coffee shops, bicycles and culture.
The Anne Frank Museum, drawing almost a million visitors annually, is a moving experience. The restored cramped, dark secret annexe where two Jewish families hid from persecution by the Nazis, provides a bleak contrast to the optimistic journal entries of Anne.

Various markets selling a hodgepodge of items guarantee you will score a bargain or two. The Albert Cuyp street market sells everything from fruits to clothes, cosmetics and spices. A personal favorite is the Bloemenmarkt, the floating flower market on the Singel canal. Roses, peonies and tulips in full bloom spill from the stalls onto the pavement in an explosion of colors.

Options are a plenty for getting from one place to another in Amsterdam. Arm yourself with a map and you will find that most places are within walking distance through the charming, distinctly European cobbled streets. The city is also serviced by frequent trams, convenient after a long day of sightseeing.

A more favorable option is hiring a bicycle. The number of bicycles in Amsterdam is said to outnumber the population, and this is very apparent with the multi-story bicycle parking lot in the heart of the city, visible as soon as you step out of Amsterdam Central Station.

Stepping out of the flurry of activity in the capital, a visit to the Netherlands is not complete without visiting the Dutch countryside. The immediate scenery change sees breathtaking views of vast farmland dotted by lazily grazing cows. Head to the picturesque village of Zaanse Schans and gape in awe at the six remaining windmills that line the River Zaan. A cheese-making factory close by lets you sample Dutch cheese and take home an assortment of cheeses, chocolates and Delftware (blue pottery).

A ferry ride away, the postcard-worthy fishing villages of Volendam and Marken make for perfect spots to bask in the sun by the waterfront and devour fresh seafood or indulge in an assortment of desserts sold by the harbor front.

The sights and sounds are sure to reel you in and leave you feeling like you’ve left a piece of your heart in the Netherlands.
“As far as I can see, it could be anything!”

“So, your wife had a doctor’s appointment and you couldn’t find a babysitter?”

“Don’t worry, it takes time to get used to progressive lenses!”

“The patient in the next bed is highly contagious. Please Harry, don’t go near him!”

“Lucy, I think we should get a divorce!”

“Darn it Dr. Flask, you shouldn’t have touched that thing!”

“Should I take this medicine orally or in written form?”