Weekly Calendar

8/17: Noon Report: **Green Team + Vulnerable Population** Pathway
8/18 Noon Report: **Blue Team + Master Teacher** Pathway
8/19: Grand Rounds: Lawson Wulsin, MD: “Autonomic imbalance and cardiovascular risks
8/20: Weesner Prep: **None**
Academic Half-Day: **Anemia with Courtney**
8/21: **Morbidity, Mortality, and Improvement**

Things are heating up in the Queen City—festivals, football, restaurant week, tennis tournaments— it’s all happening.

Things are rocking and rolling here in IM— get excited for next week’s **Vulnerable Population** and **Master Teacher** Noon Reports

Anonymous Feedback

Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: [http://intmed.uc.edu/education/residency/feedback.aspx](http://intmed.uc.edu/education/residency/feedback.aspx)
Vulnerable Populations Pathway:

1) Great attendance and discussion on managing substance use and chronic pain at the August VP dinner! **They will occur every month on the 2nd Mondays at 5:30 pm in Mark Brown Library.**

As part of their participation in VP, **all PGY-1s will need to complete the following modules from the University of Michigan by the end of the year.** There are only 7 modules and take 10 hours to complete. Sign up at: [https://caringwithcompassion.org/](https://caringwithcompassion.org/)

2) A lovely FYI (from Monique Jindal):

Your patients who have SNAP (i.e. food stamps) can go to Findlay Market to get their produce and they will match up to $10 spent on produce!

[http://www.findlaymarket.org/snap-plus-program](http://www.findlaymarket.org/snap-plus-program)

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**VA Updates from Li’ and Adam**

VA thermostat optimization! The workroom no longer feels like a dystopian failed climate-change experiment. Thanks Li’ and Adam!
**Acute Gouty Arthritis**

**Disease Script:** Acute, mono-oligoarticular, inflammatory, asymmetric arthritis occurring in male adults (puberty-middle aged) or post-menopausal women.

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**TABLE 1**

American College of Rheumatology criteria for the classification of acute gout of primary gout:

1. More than 1 attack of acute arthritis
2. Maximum inflammation develops within 1 day
3. Monoarticular attack
4. Redness over joints
5. First metatarsophalangeal joint painful or swollen
6. Unilateral first metatarsophalangeal joint attack
7. Unilateral tarsal joint attack
8. Tophus (proven or suspected)
9. Hyperuricemia
10. Asymmetric swelling within a joint on radiography
11. Subcuticular cysts without erosions on radiography
12. Monosodium urate monohydrate microcrystals in joint fluid during attack
13. Joint fluid culture negative for organisms during attack

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Table 1. Pharmacologic Management Options for Acute Gout Attacks.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Examples of Regimens from Randomized Clinical Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonsteroidal antiinflammatory drug†</td>
<td>Naproxen 500 mg orally twice daily for 5 days</td>
</tr>
<tr>
<td>Indomethacin</td>
<td>50 mg orally three times daily for 2 days, then 25 mg orally three times daily for 3 days</td>
</tr>
<tr>
<td>Colchicine</td>
<td>1.2 mg orally at first sign of gout flare, followed by 0.6 mg orally 1 hr later</td>
</tr>
</tbody>
</table>

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Don’t forget EBM for upcoming ITE and boards—Remember to draw a 2x2 table as shown and go from there.
Q: A 56-year-old man is evaluated in the emergency department for a 4-week history of progressive fatigue, increased sleepiness, dyspnea on exertion, and chest pain with moderate activity. He also notes an inability to perform all his duties as a construction worker. Family and medical history are noncontributory, and he takes no medications.


What is the diagnosis?

A: The most likely diagnosis is warm autoimmune hemolytic anemia: characterized by insidious symptoms of anemia, jaundice, splenomegaly, and a peripheral blood smear showing spherocytes, which are erythrocytes that have lost their central pallor. In addition, the direct Coombs (antiglobulin) test is frequently strongly positive for IgG and negative or weakly positive for complement. Compare to cold agglutinin disease, the direct Coombs test is negative for IgG and positive for complement, reflecting the properties of the pathogenic IgM antibody. Also compare to Hereditary spherocytosis: a personal or family history of anemia, jaundice, splenomegaly, or gallstones; spherocytes on the peripheral blood smear; and negative direct Coombs test. The peripheral blood smear may be similar in both conditions.

Packman CH. Hemolytic anemia due to warm autoantibodies. Blood Rev. 2008;22(1):17-

Dog Days of Summer got you down?

Cool off with these 5 Seasonal Frozen delights:

1. Graeter's
   Watermelon Sorbett through August and starting this month, Key Lime Pie, graeters.com

2. Aglamesis Brothers
   Peach, Pineapple Pecan, Pistachio, and Red Raspberry Chocolate Chip are currently featured. Oakley Square, 3046 Madison Rd., Oakley

3. Hello Honey
   Balsamic, Peach Lemon, Blackberry Cheesecake, and Coconut Lavender. 633 Vine St., Downtown, Mon–Fri 11 a.m.–6 p.m., Sat 2–6 p.m.

4. Buona Terra
   Strawberry Mango, Passionfruit Chip, Pineapple, and Summer Berry 1028 Delta Ave., Mt. Lookout, bounaterragelato.com

5. Dojo Gelato
   Raspberry Goat Cheese, Peach Ginger, Blueberry Port Sorbetto, Pineapple Basil Sorbetto, Lime Cardamom Sorbetto, The Nutty Professor. Findlay Market, 137 Elder St., OTR, dojogelato.com
Weekend To-Do: Tennis! Restaurants!! Festivals!!!

Aug. 14: Food Truck Rally, 11:30 a.m.-10 p.m., The Square at Union Centre, 9285 Centre Pointe Drive, West Chester Township. Over 30 food trucks, craft beer, wine and music. Free. www.ucbma.com


TRIVIA

1. Name what the blue arrow is pointing toward.
2. Name what the black arrow is pointing toward.

Congratulations to Kristin Burkhalter for identifying both digoxin/foxglove and its mechanism of action.

First correct answer to Stephen wins a $5 Starbucks gift card!

SHOUT OUTS!!! (Let us know who Rocks)

- Michael Sabbah ("Goose") for staying late on his call day and helping me get an arterial line placed - from "Cougar"
- Jessica Huang and Caitlin Richter for doing such a good job as AOD and running things smoothly on night float. Also to Jess thanks for the amazing insomnia cookies!!
- Drs. Mathis, Kelleher, Rowley, and Henning for putting together a great high-yield review before the ITE!