Weekly Calendar

2/27: Residency Olympics
2/28: Residency Olympics
3/1: Grand rounds: Kelli Williams, MD: “Pre Exposure Prophylaxis and HIV Diagnostics” (MSB 5051)
3/2: AHD: Toxicology; Senior prep: None
3/3: Residency Olympics

I heard that Nabeela pulled the fire alarm...but her plan failed and the Monday team meeting continued on anyway!

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://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback
Clinic Corner

This week in the Long Block Team meeting, it was discussed that patients in whom you are concerned for dementia should receive a full cognitive evaluation. Keep in mind to also review the medications of your patients with dementia or mild cognitive impairment, and also in patients in the older population. A study of medication expenditures in the US revealed that 23% of patients with dementia over the age of 65 were being prescribed medications that had clinically significant anticholinergic activity, which of course can further impair the cognitive abilities of these patients. A VA study of over 75k patients with dementia corroborated these results, showing that 44% of patients were prescribed at least one medication with high anticholinergic activity, particularly for patients who received care from multiple providers, as is the case for many of our older patients who see multiple subspecialists, in addition to their PCP. A medication reconciliation is incredibly important for our patients, as well as discussion of what OTC medications to avoid, as many of these medications are...

<table>
<thead>
<tr>
<th>Class</th>
<th>Drugs</th>
<th>Relative anticholinergic potency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antihistamines</td>
<td>H1 receptor antagonists (1st generation, eg, brompheniramine, cetirizine, diphenhydramine)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Diphenhydramine, desipramine, doxepin, hydroxyzine, promethazine, others</td>
<td>Low</td>
</tr>
<tr>
<td>Antiparkinson</td>
<td>Benzphetamine, trihexyphenidyl</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Levodopa, bromocriptine, metoclopramide</td>
<td>Low</td>
</tr>
<tr>
<td>Analgesics</td>
<td>Oxycodone (eg, oxycodone, hydrocodone, fentanyl), isomorphine, methadone, morphine, oxycodone, tramadol, others</td>
<td>Low</td>
</tr>
<tr>
<td>Antispasmodics</td>
<td>Oxybutynin, pentolamine, furosemide, oxybutynin, valproic acid, tolterodine, trospium</td>
<td>High</td>
</tr>
<tr>
<td>Anticoagulants</td>
<td>Aspirin, hydroxyurea, antiplatelet agents</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Acetylsalicylic acid, clopidogrel, dipyridamole, etonogestrel, ticlopidine</td>
<td>Low</td>
</tr>
<tr>
<td>Antihypertensives</td>
<td>Amlodipine, atenolol, clonidine, hydrochlorothiazide, metoprolol</td>
<td>High (local effect)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Digoxin, furosemide, metoprolol</td>
<td>High (local effect)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Antiemetics (eg, hydromorphone, medetomidine, ondansetron, zolendronate)</td>
<td>Also refer to 2nd generation antihistamines above</td>
</tr>
<tr>
<td></td>
<td>Dexamethasone, loperamide, metoclopramide</td>
<td>High</td>
</tr>
<tr>
<td>Muscle relaxants</td>
<td>Aminobenzoic acid, dantrolene, d-tubocurarine</td>
<td>Low</td>
</tr>
<tr>
<td>Psychotropic</td>
<td>Antipsychotics 1st generation: chlorpromazine, fluphenazine, loxapine, methotrimeprazine (levomepromazine), thioridazine, trifluoperazine</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Antipsychotics 2nd generation: haloperidol, perphenazine, others</td>
<td>Low</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>3rd generation: risperidone, ziprasidone</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Antipsychotics 4th generation: aripiprazole, olanzapine, quetiapine, others</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Benzodiazepine: chlordiazepoxide, clonazepam, diazepam, temazepam, triazolam</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Selective serotonin reuptake inhibitors (SSRI) antidepressants: citalopram, fluoxetine, fluvoxamine, paroxetine</td>
<td>Low</td>
</tr>
<tr>
<td>Other neurotics</td>
<td>Tricyclic antidepressants (eg, amitriptyline, clomipramine, doxepin, imipramine, nortripyline, others)</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Cephalosporins, flucloxacillin, erythromycin, metronidazole, trovafloxacin</td>
<td>Low</td>
</tr>
</tbody>
</table>

7NW Interdisciplinary Improvement Team Huddle

Come be part of improving patient care through interdisciplinary teamwork!
EVERY Tuesday at 2pm Location: UH 7104 (NRR)

GLOBAL HEALTH! Categorical and Med Peds PGY1s—
If you are interested in going abroad in 2018, please contact Caroline Lee at: leecn@ucmail.uc.edu.

Resident Advisory Committee:
Tuesday, February 28, 2017 • 4:00 pm to 5:00 pm • FCC 104
Noon Report Round-up!

Purple team presented a case of a patient presenting with abdominal pain and receiving a diagnosis of pancreatic neuroendocrine tumor. Let’s talk about it!

Often when we think of pancreatic malignancy, we only think of pancreatic adenocarcinoma and forget about pancreatic neuroendocrine tumors (PNETs). Well, turns out, that’s probably because PNETs are rather rare and occur in less than 1 patients per 100k per year and are only 1-2% of pancreatic tumors. There has been a noted increase in the US over the last two decades, which is most likely attributable to increased detection of these tumors.

These tumors may occur in the setting of a hereditary endocrinopathy, however they can occur sporadically, most often in the fourth to sixth decades of life (which sounds old until you turn 30 and realize that you are in your fourth decade of life).

These tumors are most likely non-functional hormonally (between 50 and 75 percent), though other types can cause many types of clinical syndromes, based on the hormone they secrete.

Insulinomas present with episodes of hypoglycemia (may present in the many subtle ways that hypoglycemia presents, including amnesia, behavioral changes, palpitations, tremors, etc.) Gastrinomas present with peptic ulcer disease and may also have diarrhea symptoms. Patients with glucagonomas (as the patient Purple presented likely had) will present with anorexia, weight loss, diarrhea, and diabetes.

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Associated clinical features</th>
<th>Pancreatic neuroendocrine tumor type</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEN1</td>
<td>Primary hyperparathyroidism, Pituitary tumors, Less commonly</td>
<td>Nonfunctional, Gastrina, Insulina, Various</td>
</tr>
<tr>
<td>Von Hippel-Lindau disease (VHL)</td>
<td>Pheochromocytoma (often bilateral), Renal and cerebellar</td>
<td>Nonfunctional, Various, including cystic tumors</td>
</tr>
<tr>
<td>Neurofibromatosis 1 (von Recklinghausen disease)</td>
<td>Neurofibromas, Café au lait spots Pheochromocytoma</td>
<td></td>
</tr>
<tr>
<td>Tuberous sclerosis</td>
<td>Cardiac rhabdomyomas, Renal cysts Angiomyelopomas</td>
<td></td>
</tr>
</tbody>
</table>

BOARD REVIEW WITH THE CHIEFS:

Q. A 67 year old male is hospitalized after a mechanical mitral valve replacement and you are evaluating him on hospital day 4 for hyperkalemia on his labs. The sample was not hemolyzed and repeat measurements have shown a similar elevated potassium. He complains of nausea and fatigue. Physical therapy has been unable to work with him out of bed due to lightheadedness. His inpatient medications include a heparin drip, oxycodone PRN, and docusate. On exam, he is afebrile, his BP is 80/50 mmHg, HR 112 bpm, and respirations are 16/min with normal O2 saturations on room air. Exam reveals a fatigued male with a supratherapeutic PTT, which sounds old until you turn 30 and realize that you are in your fourth decade of life.

A. Hypopituitarism C. Bilateral adrenal hemorrhage

B. Opiate-related adrenal insufficiency D. Addison’s disease

A. The correct answer is C, bilateral adrenal hemorrhage. This patient is exhibiting signs and symptoms of adrenal insufficiency, with orthostasis, hyponatremia, and hyperkalemia. This is more suggestive of primary adrenal insufficiency given that mineralcorticoids appear to be affected as well, with the presence of hyperkalemia. In central (pituitary or hypothalamic) hypocortisolism, the zona glomerulosa of the adrenal gland, which is responsible for mineralcorticoid production, should not be affected (it is under the RAS system and not the HPA system), and therefore it is less likely to have the presence of hyperkalemia. Additionally, for opiates to be the culprit, you would expect longterm use to be present. Addison’s disease/autoimmune adrenalitis is the most common cause of adrenal insufficiency in the US, however it is much more likely to present as a chronic problem than acutely (this patient was fine until they weren’t, suggesting something more sudden in onset). Given the acuity and presence of primary adrenal failure in the setting of anticoagulation and a supratherapeutic PTT, this patient likely has bilateral adrenal hemorrhage resulting in adrenal insufficiency and hypocortisolism.
Blue Barracudas

Monique Jindal
Danielle Clark
Cameron Ditty
Michael Jerkins
Dorothy Jung
Cody Lee
Michael Northcutt
Sarma Singam
Erin Connolly
Joe Cooley
Marc Guerini
Betsy Larder
Joanna Marco
Eric Niespodzany
Nedhi Patel
Tarun Aurora
Katy Beaulieu
Tyler Derr
Connie Fu
Reza Ghoorkhanian
Alan Hyslop
Sean Maloney
Cathy Nguyen
Akshita Sharma
Anuj Shukla
Jason Wei

Orange Iguanas

Jess Fuller
Lauryn Benninger
Steve Cosgrove
Sarah Ehrman
Brian May
Beverly Srinivasan
Mike Saba
Kantha Medepalli
Eric Cohen
Amar Doshi
Nikki Levin
Jane Neihaisel
Greg Wigger
Nikhil Shukla
Casey Philippsborn
Syeda Ahmed
Scott Call
Brendan Collins
Weixia Guo
Ashwin Jain
Jen Leddon
Gene Novikov
Amelia Owens
Saagar Sanghvi
Steven Thebaud
Brian Shaw

Silver Snakes

Alicia Caldwell
Anna Yan
Kristine Dematta
Yasmin Hassoun
Kelly Laipply
John Murithi
Ned Palmer
Rita Schlanger
Patricio Alzamora
Medhavi Bole
Wes Dutton
Jon Janiczek
Dan Tim
Geoff Motz
Emerlee Andersen
Julie Broderick-Gomez
Ashley Cattran
Harika Gorti
Kyle Hines
Jackie Janecek
Alex Niu
Andrea Portocarrero
Kory Schrom
Jack Shen
Chelsea Zale

Green Monkeys

Tim Lee
Devon Carr
Javy Baez
Avantti Jakatdar
Suchin Khanna
Josh NeCamp
Danny Peters
Emily Neaville
Megan Caroway
Deepika Chona
Grace Escamilla
Elyse Harris
Greg Mott
Elliott Welford
Emerson Andersen
Julie Broderick-Gomez
Ashley Cattran
Harika Gorti
Kyle Hines
Jackie Janecek
Alex Niu
Andrea Portocarrero
Kory Schrom
Jack Shen
Chelsea Zale

Red Jaguars

Hilary Miller
Leila Borders
Joel Gabre
Merranda Holmes
Matt Kotlove
Matt Newcomb
Tim Reed
Leslie Applegate
Bo Franklin
Kelly Grannan
Matt Lambert
Parm Mavi
Aditi Mulgund
Don Quimby
Caitlyn Kenny
Matt Doers
Alison Stickles
Matt Cortese
Andrew Hartshorn
Rachel John
Eejung Kim
Henry Lin
Bri Rizik
Ben Shearer
David Young

MONDAY
27 Surgical
Amphitheater Junior
Mint Toss

28 Speed Walking
Trivia Night: Growler
House, 7-9 pm

1 12p: Grand Rounds
Baking Competition

2 No Wesley prep
AHD: Tassels
Dress like your
favorite attending!

3 Ward Orientation
Chubby Bunny

4 Bowling tournament:
Stones Lanes, 4pm

TUESDAY
6 Heads up

7 Broken Pager curing

8 12p: Grand Rounds
Art Competition +
"Make a meme" /
"caption this" due

9 Pentathlon

10 Closing Ceremony
Karaoke Celebration
at Tostada’s

11

THU AND SAT

THE STETHOSCOPE
**Weekend to-do!**

**Friday:** Bockfest Precipitation Retaliation Happy Hour, 5:30-10 p.m., Milton's Prospect Hill Tavern, 301 Milton St., Mount Auburn. Drink specials. Snowman-burning at 7 p.m. in response to 2008 Bockfest Parade snow cancellation. www.bockfest.com.

MainStrasse Village Mardi Gras, 8 p.m. Friday-Saturday, MainStrasse Village, Main Street, Covington. New Orleans-style party. Grande Parade on Saturday at 8 p.m. All ages welcome at parade; 21 and up for bars. Free admission.www.mainstrasse.org.

**Saturday:** Whiskey Trail Festival, 7 p.m., Jungle Jim's International Market, 5440 Dixie Highway, Fairfield. Oscar Event Center. Sample from over 40 different top-shelf whiskies and bourbons. Ticket includes 8 samples and 1 custom cocktail. Master distillers and whiskey-themed foods. Ages 21 and up. $53.25. Reservations required. bit.ly/2lfQLhF.

**Sunday:** Xavier Men's Basketball, 3:30 p.m., Cintas Center, Xavier University. vs. Butler. $35.

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**SHOUT OUTS!!!**

- **To Kristine Dematta,** for helping an intern with “the sickest admission of my life” and still being like, “Cool, dude” through it all. Thank you Kristine for your constant “cool dude” attitude under pressure! And thanks **Bri Rizik** for the perfect description of one of our rockstar R3s.

- **To Elyse Harris, Rachel John, Tyle Derr,** and **Matt Doers** for admitting like crazy on a high volume call day! Also to AOD **Michael Jerkins** for helping out. We appreciate the work you do!

- **To everyone who provided coverage this week for intern retreat:** Joanna Marco, Javy Baez, Josh NeCamp, Nikhil Shukla, Greg Wigger, Eric Niespodzany, Parm Mavi, Bo Franklin, Matt Lambert, Aditi Mulgund, Scott Merriman, Danielle Clark, Grace Escamilla, Geoff Motz, Kristine Dematta, Jess Fuller, Elyse Harris, Tim Reed, Dorothy Jung, Jon Janiczek, Yasmin Hassoun, Joel Gabre, John Muriithi, Sarma Singam, Leila Borders, Kantha Medepalli, Kelly Laipply, Matt Kotlove, Michael Northcutt, Emily Neaville, Suchin Khanna, and **Casey Philipsborn.** Thank you all so much for working intern-less to make sure that our interns could attend their retreat!

- **To our very own fearless leader, Dr. Warm,** for being honored as a finalist for the 2017 Health Care Hero Award. Thank you for all that you do for our residency!

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**TRIVIA**

First correct answer wins a $5 Starbucks gift card!

Your patient comes to clinic complaining of eye irritation. What is this and what do you do?

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Congrats to Eejung Kim who noted a false lumen on this ascending aorta and diagnosed a dissection! She wanted to control BP and call CT surgery!

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**THE STETHOSCOPE**