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Clinical Review Quarterly Newsletter - Spring 2008

Each year we continue to make advances in diagnosing and treating patients. Through this quarterly newsletter, we wish to share with you some of the factors that make this possible, as well as open communication with your office.

Please let us know if you would like to see a specific topic covered in our next issue. It is our goal to provide as much information as possible to better serve your patients. We appreciate the trust you place in us by allowing us to participate in the care of your patients.

Christopher P. Mathews
PRESIDENT & CEO

weight loss surgery. Their responses were coded into psychological, medical and quality of life categories for analysis. Depression and Quality of Life data was also obtained.

Results showed that descriptive analysis of the data indicated the vast majority (73.4%) of respondents endorsed current medical ailments as their primary reason for seeking weight loss surgery. Patients who responded with a secondary reason for desiring surgery reported primarily psychological and quality of life reasons. Scores on depression and quality of life measures did not impact their endorsed reasons for seeking surgery. *The authors concluded that patients appear motivated for surgery primarily to control current medical problems. However, a significant portion of patients do endorse psychological and quality of life factors as important in their decision to seek weight loss surgery.*

Why Patients Seek Bariatric Surgery: Analysis of Patient Motivation

Munoz DJ, Lal M, et al.
Obes Surg. 2008 Mar 12 (11):1487-91.

Bariatric surgery is becoming a common procedure to control the obesity problem in the United States. However, despite the prevalence of the surgery, little is known regarding the motivation of patients who seek out these procedures. This present study aims to qualitatively and quantitatively examine in a moderate-sized sample of bariatric seeking patients their reported reasons for wanting surgery. One hundred and nine severely obese patients (mean BMI 49.9) seeking either the duodenal switch or gastric bypass surgery between 1999 and 2002 were surveyed as to their motivations for seeking

Impact of Chronic Obstructive Pulmonary Disease on Outcome among Patients with Complicated Peptic Ulcer

Christensen S, Thomsen RW, et al.
Chest. 2008 Mar 13

Chronic obstructive pulmonary disease (COPD) is associated with an increased risk of peptic ulcer disease, but limited data exist on whether COPD influences short-term mortality among patients with bleeding and perforated peptic ulcer. The authors examined the association between COPD and 30-day mortality following bleeding and perforated peptic ulcer. They identified all patients hospitalized with a first-time diagnosis of peptic ulcer perforation (n=2,033) or bleeding (n= 7,486) in between 1991 and 2004. Information on COPD, comorbidities, and filled prescriptions was obtained from medical data-

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Peptic Ulcer...continued

bases. The authors computed cumulative 30-day mortality rates for ulcer patients with COPD and for other ulcer patients and used regression analysis to obtain 30-day mortality rate ratios (MRR), controlling for potential confounding factors.

Results showed that among patients hospitalized with perforated peptic ulcers, 218 (10.7%) had previously been hospitalized with COPD. Thirty-day mortality was 44.0% among perforated ulcer patients with COPD vs. 25.5% among other ulcer patients (adjusted MRR=1.48, 95% CI: 1.18-1.85). Among patients hospitalized with a bleeding peptic ulcer, 759 (10.1%) had previously been admitted with COPD. Thirty-day mortality was 16.5% among bleeding peptic ulcer patients with COPD vs. 10.8% among other ulcer patients. Use of oral glucocorticoids among COPD patients was associated with higher MRRs for both perforated and bleeding peptic ulcers. *The authors concluded that COPD substantially increased 30-day mortality among patients with bleeding and perforated peptic ulcers.*

Obstructive Sleep Apnea: An Update On Mechanisms and Cardiovascular Consequences

Wolf J, Lewicka J, et al.
Nutr Metab Cardiovasc Dis. 2007 Feb 19

There is growing recognition of the widespread incidence and health consequences of obstructive sleep apnea (OSA). This review examines the evidence linking sleep apnea with cardiovascular disease and discusses potential mechanisms underlying this link. The weight of evidence provides increasing support for a causal relationship between OSA and hypertension. Furthermore, OSA may contribute to the initiation and progression of cardiac ischemia, heart failure and stroke. Chronic sympathetic activation appears to be a key mechanism linking OSA to cardiovascular disease. Other potential mechanisms include inflammation, endothelial dysfunction, increased levels of endothelin, hypercoagulability and stimulation of the renin angiotensin system.

OSA, hypertension and obesity often coexist and interact, sharing multiple pathophysiological mechanisms and cardiovascular consequences. Effective treatment of OSA may attenuate neural and humoral abnormalities in circulatory control, improve blood pressure control and conceivably reduce the risk of future cardiovascular events. *The authors concluded that patients with OSA are at increased risk for cardiovascular disease. OSA should be considered in the differential diagnosis of hypertensive patients who are obese. In particular, OSA should be excluded in patients with hypertension resistant to conventional drug therapy.*

Sleep Disorders are Underdiagnosed in Patients on Maintenance Hemodialysis

Jurado-Gamez B, Martin-Malo A, et al.
Nephron Clin Pract. 2007;105(1): 35-42

Sleep apnea-hypopnea syndrome (SAHS) is a cardiovascular risk factor. The purpose of this study was to evaluate sleep disorders using polysomnography on a non-selected population of patients on maintenance hemodialysis. Overnight polysomnography was performed on 32 hemodialysis patients (24 men/8 women, 54 +/- 16 years), and on 19 healthy subjects of similar age, sex and body mass index who were used as controls.

In hemodialysis patients, the most frequent sleep disorder was SAHS in 44% (14/32), followed by insomnia in 41% (13/32). Compared to healthy controls, patients on hemodialysis showed less slow-wave sleep and rapid eye movement sleep (23 vs. 36%), less sleep efficiency (71 vs. 87%) and a higher periodic limb movement index (39.7 vs. 9.1). An increase in apnea-hypopnea index (18.9 vs. 4.3) and dips in the SaO₂ (> or =4%) per hour of sleep (22.6 vs. 6.4) were also significantly greater in hemodialysis patients than controls. 72% of the cases of SAHS were diagnosed solely by means of polysomnography. *The authors concluded from the results of this study that the patients on hemodialysis showed poor sleep quality with a significant increase in the apnea-hypopnea index and in the number of dips in SaO₂. SAHS was underdiagnosed in a large percentage of the hemodialysis patients.*