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
ITE Roundup w/the Co-chief: Ankylosing Spondylitis

We recently received a full performance report on the ITE. From that report we can see the entire program’s performance on each ITE objective, broken down by national percentile. Throughout the year in the Stethoscoop we will emphasize ITE objectives in which our performance was below the 50th percentile. We will be using the trivia questions as a jumping point. Today, let’s focus on how to “treat ankylosing spondylitis.”

Ankylosing spondylitis is a chronic inflammatory rheumatic disease primarily involving the sacroiliac joints and spine. The peak age of onset is 15-35 years, with 80% developing first symptoms before age 30 years, and male-predominant prevalence. Consider the diagnosis in patient with ≥2 features listed in the table. Diagnosis is based on the presence of either bilateral sacroiliitis ≥ grade 2 or unilateral sacroiliitis ≥ grade 3 on x-ray, plus ≥ 1 of the following: 1) inflammatory low back pain for ≥ 3 months that improves with exercise and does not improve with rest, 2) limited lumbar spine motion in sagittal and frontal planes (use modified Schober test), 3) decreased chest expansion for age and sex. A positive HLA-B27 test supports the diagnosis as the gene is present in > 90% of patients with AS (compared to < 10% in general population). Note that only 5% of individuals with HLA-B27 develop ankylosing spondylitis. Treatment goals for AS include reducing symptoms, improving and maintaining spinal flexibility and normal posture, reducing functional limitations, and decreasing the complications associated with the disease (osteoporosis, spinal fracture, and cauda equine syndrome). Non-pharmacologic treatment includes patient education and regular exercise, including PT. NSAIDs are considered the first-line drug treatment for patients with pain and stiffness. TNF inhibitors (eg – adalimumab, etanercept, or infliximab) are recommended for patients with persistently high disease activity despite conventional treatment. TNF inhibitor treatment is dosed for induction and maintenance therapy. According to NEJM, disease progression can be monitored using clinical scoring systems, such as the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), and lab tests, imaging.

**VA Spotlight**

Shout out to the VA—a new Ultrasound was recently approved for purchase and is on its way!

Danny Peters, a UC grad and current VA Attending, recently participated in the National Point of Care Ultrasound Course!

**Flu Shot and TB Test**

Please make sure to get your flu shot and TB test BEFORE November 24. Call the Associate Health Center at 585-6600 to check for availability!

**Community Health Advocacy**

**PATHWAY**

**CHA Dinner**

When: Tuesday, 11/21 at 5:30 pm

Where: Mark Brown Library MSB

**Medical Trivia**

First correct answer wins a $5 Starbucks gift card!

Your clinic patient presents with ear fullness for 2wks after a mild URI. His TM is shown here. What is your diagnosis? Treatment?

Congrats to Nedhi Patel and Erin Espinoza for being the quickest to identify bamboo spine seen in this Xray in a patient with ankylosing spondylitis. First line therapy is NSAIDS and PT, while 2nd line treatment involves anti-TNF agents. Read more about the treatment on page 2! Joanna Marco, Max Cruz, Amar Doshi, Julie Gomez, and Chris Wood were just a few minutes behind!
**Weekend To-Do!**

**Friday:** The Adventures of Tom Sawyer, 7:30 p.m. Friday-Saturday, Cincinnati Shakespeare Company, 1195 Elm St., Over-the-Rhine. Mark Twain's American classic comes to life on stage as classic characters such as Tom, Huck, and Aunt Polly take part in wild ride of adventures in fictional town of St. Peters, Missouri. Through Dec. 9. 513-381-2273; www.cineyshakes.com.


**Saturday:** PNC Festival of Lights, 5-10 p.m. Saturday, 5-9 p.m. Sunday, Cincinnati Zoo and Botanical Garden, 3400 Vine St., Avondale. Holiday lights strung throughout the Zoo, Madcap Puppets in black-light, New Wild Lights Show on Swan Lake, train rides, themed areas and more. Through Jan. 1. $18, $12 online ($13 gate) ages 2-12 and ages 62 and up ($16 and $11 online); free under age 2; parking not included. 513-281-4700; www.cincinnatizoo.org.

A Madcap Christmas Carol, 1-4 p.m. Saturday-Sunday, Cincinnati Art Museum, Eden Park. Fath Auditorium. Madcap turns Christmas ghost story into fantastically funny tale, bringing Dickens characters to life with giant puppets and exciting new twists. Performances at 1 and 3 p.m. $8. 513-921-5965; madcappuppets.com.


**Sunday:** The O.F.F. Market, 10 a.m.-4 p.m., MadTree Brewing 2.0, 3301 Madison Road, Oakley. Food trucks, artists, bakers, chefs, scavengers, mobile boutiques and more at indoor market. Free. 513-520-4635; www.theoffmarket.org.


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**SHOUT OUTS!!!**

- **To Brendan Collins** for quickly bonding with his patients!
- **To Scott Merriman** and **Michael Jerkins** for presenting super cool NR cases this week!
- **To Ashley Cattran** and **Jeffrey Miller** for helping out with coverage without batting an eyelash!
- **To Rachel John** for organizing a Secret Santa event amongst the R2 class!
- **To DanIEL Tim** for allowing some of the Chiefs to butcher his name for more than 2yrs.
- **To Nedhi Patel** for keeping her stuff together while caring for some very ill patients.