

Lebanese Society of Family Medicine

8th Annual Conference

Travel medicine in the Era of Globalization

Oct 23-25th, 2009

Abstract Book

Saturday Oct 24th

Extent of adherence to Evidence based Medicine and guidelines

Dr. Basem Saab
Professor of Clinical Family Medicine

Objectives

- 1- Define Evidence based medicine and guidelines
- 2- Discuss the approach to the guidelines application in clinical context

Abstract

Adherence to medical guidelines is a worldwide problem. For instance, studies from the US and Lebanon revealed that a minority of physicians start a hypertensive patient on hydrochlorothiazide; 25% in the States and 3% in Lebanon. The figure from Lebanon was reported from a leading academic institution. This is alarming. This breakfast discussion will address several questions:

1. Is it lack of awareness of clinical guidelines that makes physicians prescribe a non cost-effective treatment?
2. Do opinion leaders promote evidence based practice? Is there a systemic way to affect sound practice of medicine?

Overseas workers – screening and repatriation of the ill

Dr. Ummaya Musharrafieh
Associate Professor of Clinical Family Medicine

Objectives

1. List the required pre-travel or pre-employment risk assessment and management (screening)
2. Discuss the health related legal rights and responsibilities
3. Learn the indications for emergency repatriation

Immuno-suppressed and oncology patient preparation for travel

Dr. Lana El-Osta

Objectives

- 1- Identify the main risks oncology patient may experience in travel.
- 2- identify contraindications to travel for oncology patients
- 3- Prepare oncology patient for travel by giving appropriate advice and adjusting treatment
- 4- Help oncology patient prepare medications to keep in his/ her bag when traveling

Abstract

Immunodepressed and particularly oncology patients have increased susceptibility to the risks encountered in travel in general. Nevertheless, the good news is that many cancer patients are able to travel comfortably and safely as long as they take proper precautions and use common sense.

Primary care physicians are more likely to face requests by patients to advise them on travel plans. This presentation looks at the practical issues facing cancer patients who intend to travel overseas (deep vein thrombosis, lymphadema, diarrhea and vomiting, insect bites, etc.), and offers practical advice on considerations that need to be made including adjustment and preparation of medications that should be taken abroad. Moreover, the presentation will tackle the contraindications to travel for advanced cancer patients.

Malaria prophylaxis and prevention

Dr. Ghassan Awar
Lecturer- Infectious diseases

Objectives

1. List the areas of high risk of malaria
2. Describe the measures to decrease the bites of mosquitoes
3. Learn the different chemoprophylaxis options
4. Cite management options if traveler has contraindication for chemoprophylaxis medications

Common complaints and medical problems in Hajj to Makkeh

Dr. Ibrahim Omari
Clinical Associate of Family Medicine

Objectives

- 1- Know the environmental changes in Hajj area
- 2- List the most common medical problems such as fatigue, dehydration, etc.
- 3- Discuss the pre travel assessment especially in people with chronic illnesses

Abstract

Hajj is an annual pilgrimage to Mecca which is performed by Muslims who can afford it. It starts from the 1st Dhul Hajjah and culminates on the 10th Dhul Hajjah, the day of Eid. Annually around 2.5 million people from all over the world visit the cities of Mecca and Medina around this period. The season of Hajj varies every year as it follows the lunar Islamic calendar. Therefore the diseases too vary depending on the temperature in these two holy cities.

The huge ocean of humanity constitutes males and females of all age groups. Medical illnesses are therefore not uncommon. We are going to discuss the various categories of common problems seen in Hajj.

COPD traveler

Dr. Salah Zeineddine
Assistant Professor- Pulmonary and Critical Care Allergy and Immunology

Objectives

- 1- State the effects of hypoxia and altitude on passengers
- 2- Discuss the preflight evaluation of COPD and asthma patients

- 3- List the indications for usage of in-flight oxygen therapy
- 4- Explore the management of patients with acute respiratory infections planning to travel.

Abstract

In this Era of Globalization, a large number of air passengers move across the globe. It is imperative to understand the high altitude related physiologic changes involving the respiratory system.

The decrease in the oxygen pressure leads to a hypoxic state. On the other hand, the increase in the inspired volume induces a relative hyperinflation with a transmitted pressure to the upper airway involving the sinuses.

Patients with an Obstructive Lung Disease are at higher risk of developing life threatening hypoxia. Different methods exist for pre-travel assessment in order to evaluate the need for in-flight oxygen supplementation.

Patients with acute respiratory infections should be counseled in order to protect them from the effect of high altitude travel as well as to limit infectious exposure to other passengers.

Travel Immunizations

Dr. Madeline Akel
Clinical Associate- Family Medicine

Objectives

- 1- Identify the most common travel related illnesses that are vaccine preventable
- 2- Identify few website that provide up-to-date information regarding vaccination for the traveler

Abstract

Vaccination is a highly effective method of preventing certain infectious diseases. Travel is a good opportunity for the health care provider to review the immunization status of infants, children, adolescents and adults. It is an effective way of avoiding a number of dangerous diseases that may be encountered abroad. In addition, immunized travelers will also be less likely to contaminate other travelers or local population with a number of potentially serious diseases.

The non-immunized or incompletely immunized traveler should be offered to update the routine vaccinations recommended in the national immunization schedules, in addition to those needed for travel.

Vaccines for travelers include: (1) Update of the routine vaccinations recommended in the national immunization schedules, particularly but not only in children; (2) others that may be advised before travel to disease-endemic countries based on travel destination and patient risk; (3) those that are mandatory for travel to certain countries.

Cardiac traveler

Dr. Samir Arnaout
Associate Professor- Cardiology

Objectives

- 1-State the general advices given for cardiac traveler
- 2-List the indications for travel post myocardial infarction; heart failure
- 3-Discuss the travel of patient with pacemaker

Abstract

Cardiovascular disease (CVD) is by far the leading cause of death among international travelers. It accounts for 50% of the deaths among travelers from the United States who are 60 years of age and older. Moreover, CVD is by far the leading cause of in-flight death worldwide, causing 56% of such deaths on U.S. airlines. It can be argued that many of these deaths may have occurred if travelers had stayed home, but it is also true that travel is stressful, and exposes people to cardiac risk factors that they would not necessarily experience at home - prolonged sitting, hypoxia aboard aircraft and at higher altitudes, hot and cold environments, and sudden spurts of physical activity (carrying heavy luggage for prolonged distances, for example).

A patient with heart disease should still be able to enjoy travel knowing his/her limits and what to do when symptoms exist. A patient with congestive heart failure or a history of arrhythmias can travel as long as the condition is controlled with medication.

Diabetes and heart disease can be a little more complicated; therefore, we recommend that all diabetics consult with a cardiologist to determine their fitness to travel.

H1N1: Are we ready for a pandemic?

Dr. Souha Kanj-Shararah
Professor, Head, Division of Infectious Diseases

Objectives

- 1-State the characteristics of the current 2009 H1N1 pandemic and future trends
- 2-List the indications for diagnostic tests
- 3-Discuss the management issues of patients with H1N1
- 4-Explore potential measures to prevent H1N1

Abstract

Pandemic flu is typically caused by a virulent new strain of human flu that causes a global outbreak of serious illness. Because there is little natural immunity, the disease can easily spread from person to person. Three pandemics have occurred during the 20th century.

The current H1N1 flu pandemic started in Mexico in March 2009 and has spread to involve many countries including Lebanon. It is thought to be a quadruple reassortment of influenza viruses from pigs, avian and human species. In May 2009 several cases were seen in Lebanon, the majority of which started abroad but later most cases were acquired locally.

There are rapid tests that can identify influenza viruses, but not the specific strain. Other more sophisticated tests include viral culture, PCR, rapid antigen testing, or immunofluorescence. At the beginning of the pandemic, every patient with suspected disease was being tested. More recently, WHO recommended testing only patients requiring hospitalization, those with co morbid conditions, and pregnant women.

Whereas at the beginning of the pandemic most patients were treated with oseltamivir, concerns about emergence of resistance have prevailed. Therefore, it is now recommended that only high risk patients receive treatment (patients with severe symptoms, pregnant females, hospitalized patients with pneumonia, patients with ARDS, or individuals in contact with immunosuppressed patients).

To prevent the spread of H1N1, patients are advised to wear surgical masks when they are symptomatic, practice cough etiquette and hand hygiene.

Interpretation of chest radiological tests

Dr. Mukbil Hourani
Associate Professor, Department of Diagnostic Radiology

Objectives

- 1-Identify cardiothoracic anatomical structures demonstrable on a chest film and CT chest.
- 2-Recognize a normal chest radiograph
- 3-Name the radiographic signs of atelectasis, consolidation, pneumothorax, pleural and pericardial effusions
- 4-List the indications to order a CT of the chest
- 5-Identify the signs of a mass, abscess, pneumonia on a CT chest

Abstract

This workshop will introduce the participants to thoracic anatomy as demonstrated on chest radiographs and CT examinations..

In addition to learning the normal anatomy the participants will be introduced to basic principles of interpreting normal and abnormal radiographs, and will be shown a spectrum of chest diseases and their radiographic appearance both by plain films and CT examinations.

New examinations such as multi-slice CT and its applications in lung and cardiac imaging, and the role of PET and PET/CT in lung cancer will also be discussed.

After attending this workshop, the participants should be able to;

- 1- Recognize a normal CXR.
- 2- Recognize an abnormal CXR.
- 3- Be able to point out different anatomic landmarks on a CT examination of the chest
- 4- Understand the different appearance of a spectrum of lung diseases.
- 5- Be familiar with recent advances in chest imaging.

Sunday Oct 25th, 2009

Role of markers in diagnosis of rheumatologic diseases

Dr. Imad Uthman

Professor of Clinical Medicine, - Acting Head, Division of Rheumatology

Objectives

- 1-Recognize the role of markers/biomarkers as a tool to guide the diagnosis of early RA emphasizing on anti CCP
- 2-List the clinical utility of various markers in connective tissue diseases

Abstract

Serologic tests are important tools for the diagnosis and follow up of patients with connective tissue diseases (CTD). New tests for the diagnosis of rheumatoid arthritis (RA) have been developed recently, namely the anti-cyclic citrullinated peptide antibody (anti-CCP) which proved to be a very specific tests for the diagnosis of early and undifferentiated RA. Antinuclear antibodies remain to be an important screening test for various CTD, namely Systemic Lupus Erythematosus (SLE), and Sjogren's Syndrome. The value of the different specific antibodies tests will be discussed in the context of the various rheumatic diseases.

Why do I need an Electronic Medical Record

Dr. Mona Osman

Clinical Associate of Family Medicine

Objectives

- 1-Define an electronic medical record
- 2-List the benefits of an electronic records system to benefit patient care.
- 3-Introduce the EMR supported by the Lebanese Society of Family Medicine

Abstract

An Electronic Medical Record (EMR) is software that allows the primary care physician to create, store, organize and retrieve the record of the patient on a computer. However EMR is not merely a computerized form of the paper chart. EMR provides the physician with a wide array of tools that assist him/her in the management of the patient such as clinical alerts, decision-support systems etc.

EMR has several advantages over the traditional paper medical records. These advantages include an improvement in communication among the different health care providers (physicians, nurses, laboratory, radiology etc), provision of a better quality of care (drug-interaction, reminders for health maintenance procedures), easy access to the medical records with possibility of remote access and better continuity of care.

Moreover, EMR has an added value mostly in chronic disease management. EMR allows the retrieval of statistics that helps in planning practice services. In few words, EMR saves time and improves the work efficiency.

However, there are certain measures that should be always respected. These include the necessity to protect confidentiality through the provision of access privileges, the importance of doing periodic back up and the development of an alternative plan in case of technology failure

In this presentation, we will also introduce the EMR that the Lebanese Society of Family Medicine is establishing for the usage among physicians.

Infertility procedures: what a primary care should know

Dr. Ghina Ghaziri

Assistant Professor- Assisted Reproductive Technologies and Reproductive Medicine

Objectives

1. Discuss the role of the clinician at different levels of care for infertility treatment
2. Identify potential candidates for assisted reproductive technologies
3. Recognize potential treatment side effects and treatment efficacy

Bariatric surgery- the primary care approach

Dr. Bassem Safadi

Associate Professor of Clinical Surgery

Objectives

- 1-Know the proper candidate selection for bariatric surgery
- 2-Identify key patient education items about expectations from the surgery including eating and weight loss
- 3-Discuss short term and long term complications of bariatric surgery and its management

Abstract

Obesity is steadily becoming one of the worst health care problems our society is facing. The consequences of obesity affect almost every organ in the human body manifesting in diseases such as diabetes, hypertension, obstructive sleep apnea, etc... Medical therapy of obesity is frustrating and usually ineffective. Lifestyle and dietary modification in theory offer a cure but in practice almost never maintained. For patients who are morbidly obese and/or have manifestations of metabolic syndrome, even in the category of mild-moderate obesity, bariatric surgery offers an effective and durable treatment option. Bariatric surgical procedures have evolved into safer and less invasive alternatives such as laparoscopic gastric bypass, gastric banding and gastric sleeve resection. These procedures are associated with side effects and risks and should be done within specialized multi-disciplinary programs.

ADHD

Dr. Sami Richa

Assistant Professor of Psychiatry- Head of the Department of Psychiatry at Faculty of Medicine of Saint-Joseph University

Objectives

- 1-Diagnose ADHD in children and adolescents
- 2- Treat ADHD using different non pharmacologic and pharmacologic therapeutic modalities.
- 3- Provide follow-up of patients, adjusting medication doses and assessing response.
- 4- Collaborate in a multidisciplinary approach and identify indications of referral.

Abstract

This presentation will focus on ADHD subtypes and areas of impairments affecting socialization, risk behaviors like smoking, substance abuse and car accidents.

On the other hand, we will try to establish an ADHD therapeutic plan which should be individualized; symptoms targeted and based on periodic follow-ups.

We will discuss different treatment modalities of stimulants: short and long acting Methylphenidate (Ritalin[®] & Concerta[®]), Non-stimulant drugs: Atomoxetine Hydrochloride (Strattera[®]) and others.

We will highlight the importance of adverse side effects of such therapies particularly the risk of abuse associated with stimulants and late medical response associated with non-stimulants in addition to the importance of frequent monitoring and close follow up.

Casting principles and applications

Dr. Said Saghieh

Objectives

- 1- Review the skills for application of splints and casts
- 2- Understand the necessary immobilization techniques necessary for the management of minor soft tissue trauma

A glance at physiotherapy modalities

Ms. Claude Maroun
PT, MPH, Director of Physical Therapy Department

Objectives

- 1-Identify the various modalities of physiotherapy
- 2-List the components of a physiotherapy prescription for back, neck and shoulder pain

Abstract

The purpose of the presentation is to define the physical therapy profession, delineate its scope of service, its role in the rehabilitation process and the patient care process as well. In addition, different modalities of treatment related to mobilization, electrotherapy, thermotherapy and functional rehabilitation techniques will be exposed along with the aim of their use. Patient referral, and physical therapy assessment will be briefly exposed; patient education activities will be highlighted as a significant support for physical therapy treatment and for patient behavioral changes. The presentation will also focus on the importance of direct communication between therapists and physicians which leads to the provision of complementary treatment and the prevention of contradictory information to the patient.

Finally a brief review of the evidence related to the four most common encountered pathologies in Family Medicine and general practice will be presented.