The inside scoop on talking to your doctor

Manasi Kadam Ladrigan, MD

Goals

- Give your providers the information they need to help take care of your child
- Understand how physicians formulate and solve problems
- Make informed decisions about medications
- Search for good, quality information on the internet

Disclaimer

- This talk is only intended for informational purposes
- The accuracy of the information is not guaranteed
- Information contained within this presentation or anecdotes presented are in no way to be considered medical advice and don’t replace medical advice from your physician. Please consult your physician on any questions that may come up regarding diagnosis, therapies or guidance for your child

Physicians vs. Parents

Physicians have a way of thinking

Parents have a way of thinking

A HUGE frustration

- Being interrupted when giving the history
- Previous records haven't been reviewed
- Doctors won't let you tell the story you want to tell…

- …You won't give them the info they need?

Preparing for the Office Visit

When making your appointment

- How long is your appointment?
- Who it will be with?

- Being “fit in” today vs an appointment next week
- Find out if you need a referral

MD vs DO vs NP vs PA

- See who you want to see!

University vs Private Office

Before the visit

- Write down your questions
  - About 3 minutes per question
  - Ask what you are afraid of
  - Ask your last question first
- Organize:
  - Your thoughts
  - Your goal(s)
  - Your medical binder

The Office Visit

Minimize Distractions

- Bring a friend who can help with the kid(s)
- Leave siblings at home
- Come back without your child
- Ask about phone follow-up

How Doctors Think

- ***S***ubjective: What you tell them
- ***O***bjective: What they see, infer from testing and read in previous MD notes
- ***A***ssessment: What they think is going on
- ***P***lan: What they intend on doing

How Doctors Think

- ***Subjective: What you tell them***
- Objective: What they see, infer from testing and read in previous MD notes
- Assessment: What they think is going on
- Plan: What they intend on doing

The History

Subjective


Know how to tell a good story
aos

A true story…

- Sally was at her grandmother's house, playing with her brother in the other room.
- She had just finished lunch.
- I heard crying, so I went to go see what happened. She was just laying on the floor crying so I picked her up.
- I got really worried.
- I asked her brother, "What happened?" and he just said that she was laying on her back and just started crying.
- So I took off her clothes, her shoes seemed a little tight and her feet were sweaty. I started looking all over her.
- I was worried that she may have broken something. They just found out that my niece had a broken bone for a WEEK after she fell!
- I found this little pink bump in the middle of her back. I don't think it was there when I gave her bath last night, but the bathroom is a little dark so I may have just missed it.
- I don't know if she was fussing last night because of it or because she hasn't pooped in 3 days. She has been missing some doses of miralax since she is with her Dad in the mornings and she was just a bear to get to bed last night. I was afraid to give her Tylenol, I just wanted to make sure that it was still here when we came to see you.

Try this instead:

- I found this bump on Sally's back last night.
- I am not sure how long it's been there.
- I don't think that she's had any new exposures or any reason that I can think of that the bump would be there.
- It doesn't seem to bother her.
- I haven't given her anything for it.

Make my job easier

- Try to answer these questions:
  - Duration: How long? Come and go?
  - Frequency: How often? How long does it last?
  - Location: Where?
  - Radiation: Does the pain move anywhere?
  - Quality: Sharp, stabbing, dull, aching, hot, cold, tingly?
  - Quantity: scale of 1-10, documented fever, how many loose stools/epidoses of vomiting
  - Aggravating factors: what makes it worse?
  - Relieving factors: what makes it better?
  - Associated symptoms: what else is going on when the episode occurs, inside the body or in the environment?

Important points

- The sequence needs to be correct and concise
- Quantify whenever possible
- A good photo or video is worth 20 minutes with your physician
  - Bring your computer/Ipad if needed

Past Medical/Surgical History

- Birth History, if relevant
- Medical Diagnoses
- Surgeries
  - Use the name of the diagnosis or procedure
- Immunizations*
- Similar problems

Medications/Allergies

- Know the name
- Know the dose
- Bring containers if necessary

- Adverse reactions to medications

Family History

- The medical history of the child’s parents, and siblings, sometimes grandparents.

How Doctors Think

- Subjective: What you tell them
- ***Objective: What they see, infer from testing and read in previous MD notes***
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- Plan: What they intend on doing

The Examination, Testing and Past History

Objective

Examination

Tests

- Not always the answer
- Not the sign of a thorough evaluation
- Can cause more confusion rather than resolve it
  - What do you do with abnormal information that may not be related?

Special Tests

- If a lab is considered a “send out” make sure that you don’t draw it on a Friday
- Assure that they know how to draw the sample
- It may be worth a trip to a large hospital during business hours to make certain that it is done properly

How Doctors Think

- Subjective: What you tell them
- Objective: What they see, infer from testing and read in previous MD notes
- ***Assessment: What they think is going on***
- Plan: What they intend on doing

Putting it together

Assessment

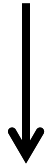
Differential diagnosis

- List of hypotheses
- Can change with testing

- Usually multiple symptoms are due to one condition
- Ask how a test will help narrow down the diagoses
- Ask what else the doctor is considering
  - Going through the list can help you identify if there is any further info that may have been left out

“Knowing your child” can sometimes hurt them

“Johnny gets an ear infection every time he goes in the pool”



“I know my child best and I want antibiotics called in for him”

By dictating care you can make a provider stop thinking and give them an easy way out of the conversation.

How Doctors Think

- Subjective: What you tell them
- Objective: What they see, infer from testing and read in previous MD notes
- Assessment: What they think is going on
- ***Plan: What they intend on doing***

Management and Treatment

Plan

To cure sometimes
To relieve often
To comfort always

First and foremost: do no harm

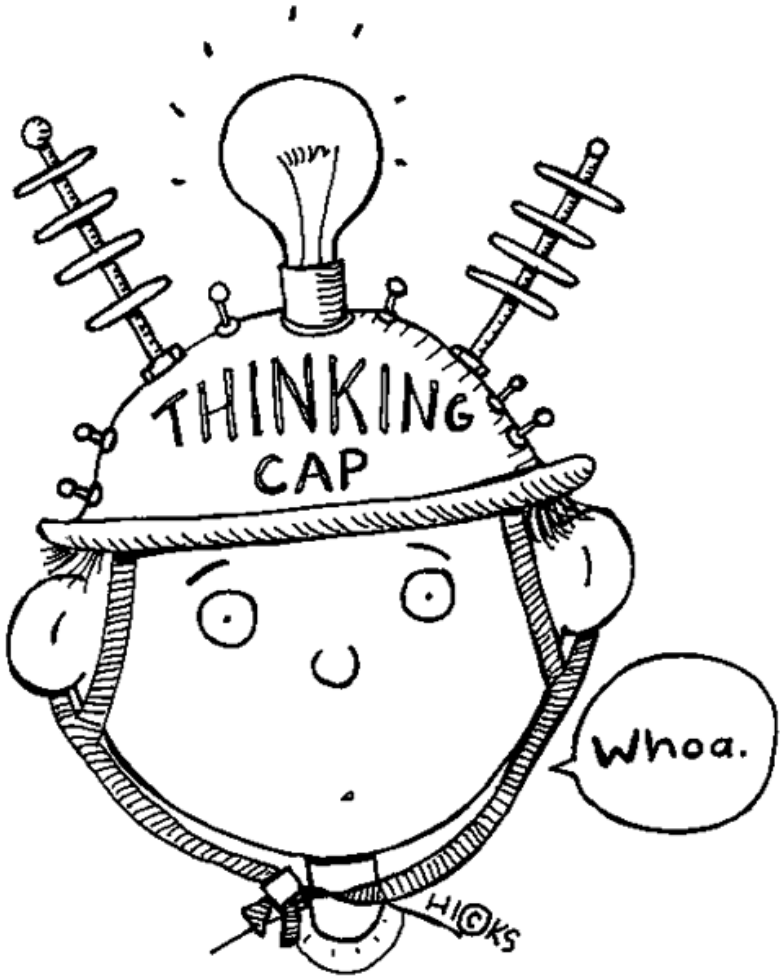
The limits of what medicine can offer

Physicians don’t have all the answers

The art of medicine is more like cooking than baking

Sometimes it takes a few visits to get to know someone

Permission to pause…?



At the end of the visit

- Ask for instructions to be written down, even in your own notebook
- Reiterate the plan back to the doctor
  - Helps you organize what you need to do
  - Helps doctor remember what they need to do

- It is the physician's job and responsibility to communicate with you in a way that you understand; you are not being annoying if you insist on this

What to take home

- Progress note
- Discharge summary
- Copies of any special labs/abnormal labs
- Imaging results (images on disk & report)

- Where to go:
  - Your Pediatrician
  - Medical Records or Office Manager
  - There may be a charge for this

Medications

Prescription Medications

- No medication is risk-free
- Sometimes doing nothing may be best

- Copay Reduction Cards
- Patient Assistance Programs
- Prior Authorization

When you list any medications tried

- List doses
- Weight based dose for highest dose

$$\frac{\text{Weight in pounds}}{2.2} = \text{Weight in Kilograms}$$

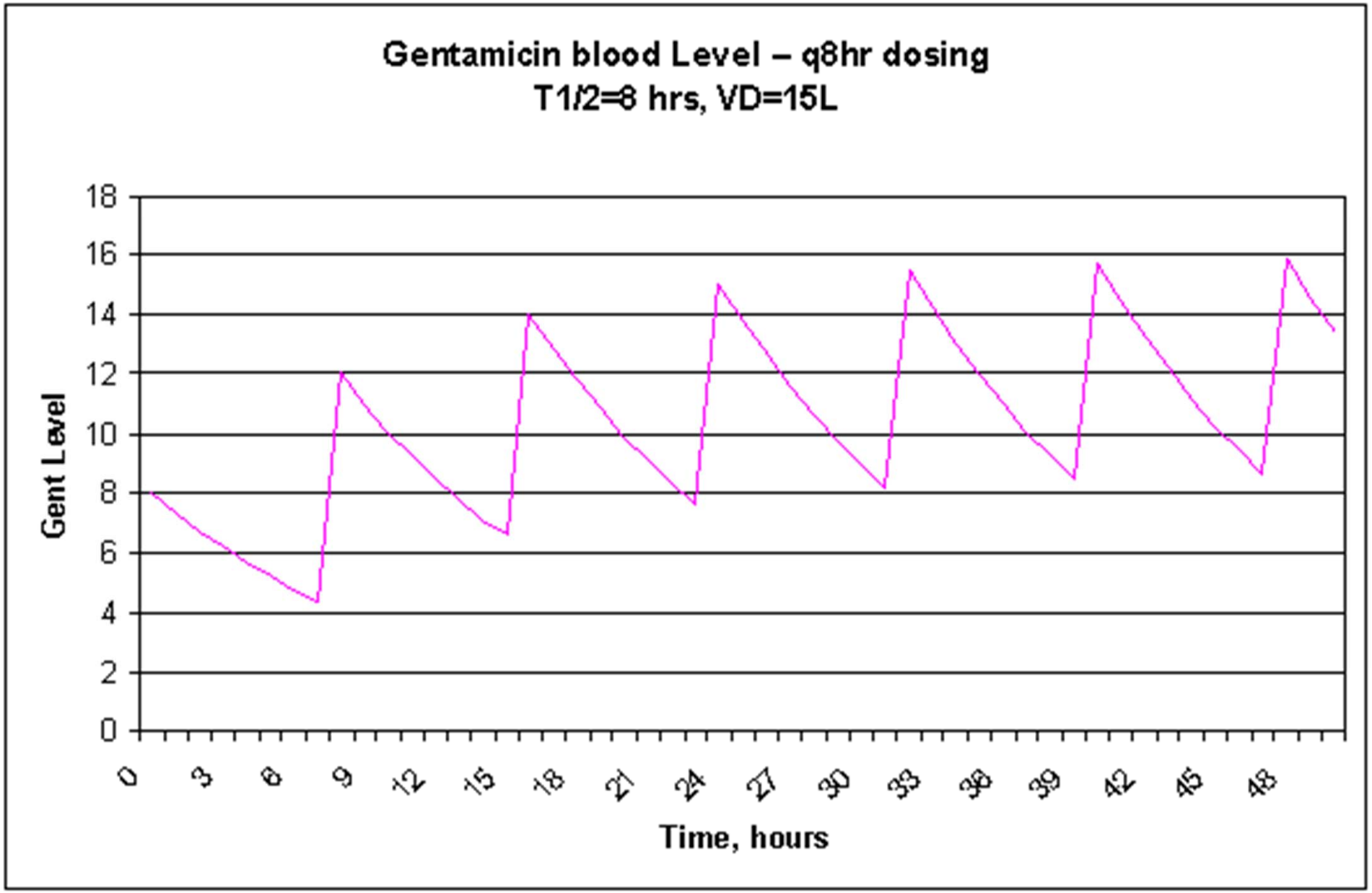
$$\frac{\text{Dose child was on (mg)}}{\text{Weight in kilograms}} = \text{weight based dose (mg/kg)}$$

- Levels
- When and why it was discontinued

Half life

- The period of time it takes for ½ of medication dose to be gone from the body

  1 → ½ → ¼ → 1/8 → 1/16 → 1/32
- 5 half lives is considered to be complete excretion
- 5 half lives is needed to be at therapeutic dose
- Different for every medication


Gentamicin blood Level – q8hr dosing
T1/2=8 hrs, VD=15L
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48
Time, hours

“Natural” Therapies

- Over the counter
- FDA approved

- So they must be:
  - safe
  - effective
  - basically harmless

Dietary Supplement

- Product that is intended to supplement the diet and contains a vitamin, mineral, herb, botanical or amino acid
- The FDA Regulates dietary supplements as foods, not drugs
  - No need for approval as pharmaceuticals require
  - Not required to demonstrate effectiveness
  - Manufacturers cannot make claims about their products treating, preventing or curing disease

me Products A Better Today **Airborne** Your Stories Our Story

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vitamins and el
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Chewables

Convenient? Just pop them in your mouth and chew! Yummy? Your taste buds—and your immune system—are smiling.

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Airborne®
Effervescence

Sparkling support for your immune system with a blast of Vitamin C, Zinc and Echinacea. Kind of like your immune system's BFF. With fizz.

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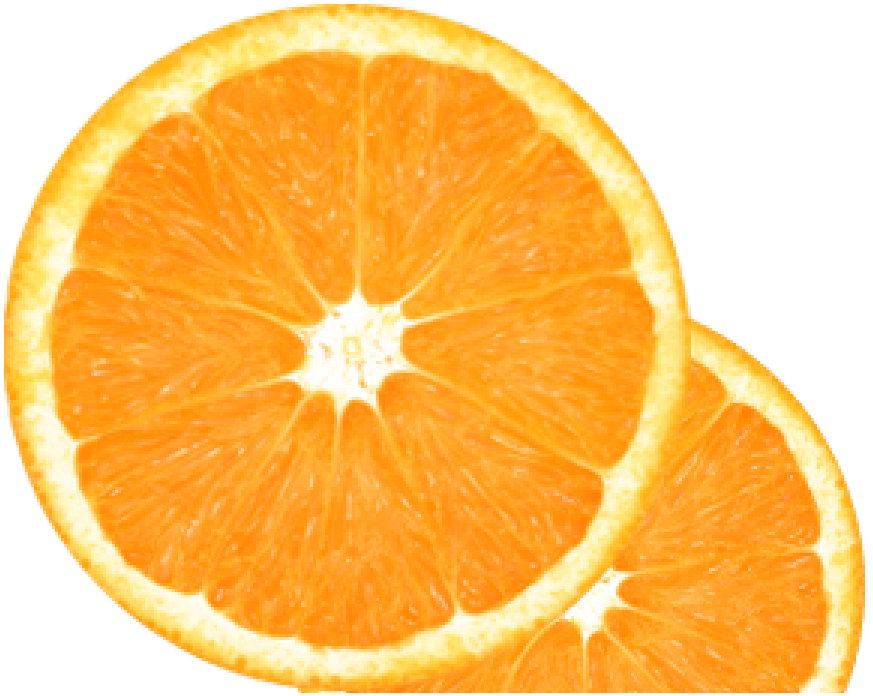
Your immune system has a big job to do

We call our best-selling Airborne® formula *"powerful"* because it is! In scientific studies and medical journals the key ingredients in Airborne® products have been shown to support the immune system.

Vitamin C

Vitamin C performs a range of functions in the maintenance, repair and functioning of the body. A reduced vitamin C level compromises the immune response. Stress conditions, such as exercise, travel, or work stress can result in increased vitamin C use. Additional dietary vitamin C is needed



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The Medical Letter, Issue 1199

- Acamprosate (Campral) for Alcoholism p. 1-3
- Antiviral KLEENEX p. 3-4
- In Brief: Airborne p. 4-4

- No conclusive evidence that this product or any of its ingredients prevents colds or shortens their duration.
- The adult tablet contains 1 g of vitamin C
- Suggested use: 1 tablet at the first sign of a cold and repeating the dose every 3 hours as necessary.
- Vitamin C in doses higher than 1 g increases oxalate and urate excretion and may cause kidney stones.
- This could be very harmful in patients with kidney failure

Chinese Herbal Medicines

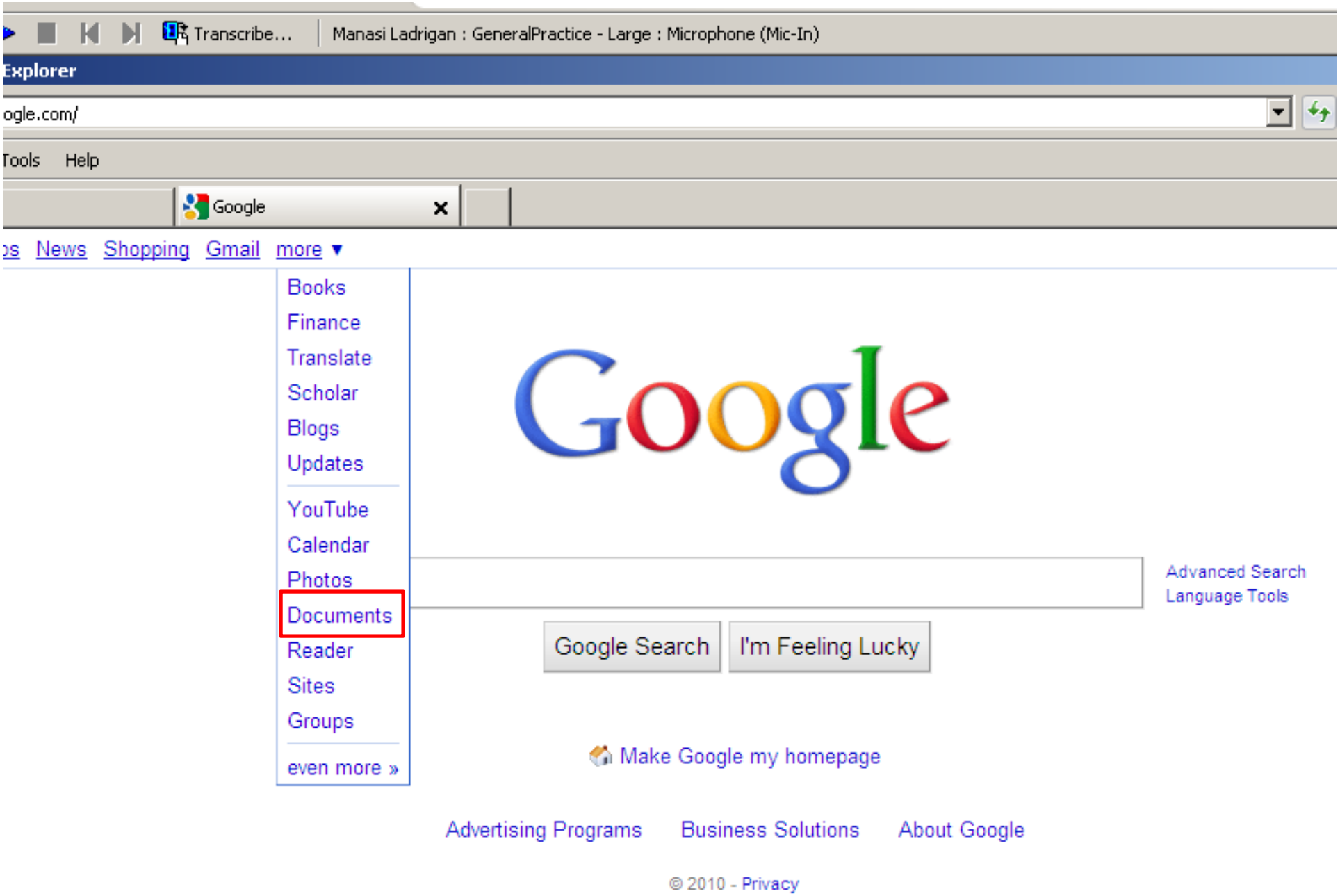
- **Lead intoxication caused by traditional Chinese herbal medicine.**

  » Lin et al. American Journal of Medicine, January 2012.

- **Toxicities by herbal medicines with emphasis to traditional Chinese medicine.**
  - Botanical misidentification or mislabeling of plant material
  - Some plant descriptions in traditional herbal medicine (e.g. traditional Chinese medicine) have changed over time, which may lead to unintended intoxication by using wrong plants.
  - Contamination of herbals with microorganisms, fungal toxins, pesticides and heavy metals.
  - Unprofessional processing vs safe traditional preparation
  - Interaction of herbs with conventional drugs upon concomitant intake.

  » Efferth et al. Current Drug Metabolism December 2011

Alternatives to the Medical Notebook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Starred
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Items by type
More searches

My folders
No folders.
Folders shared with me

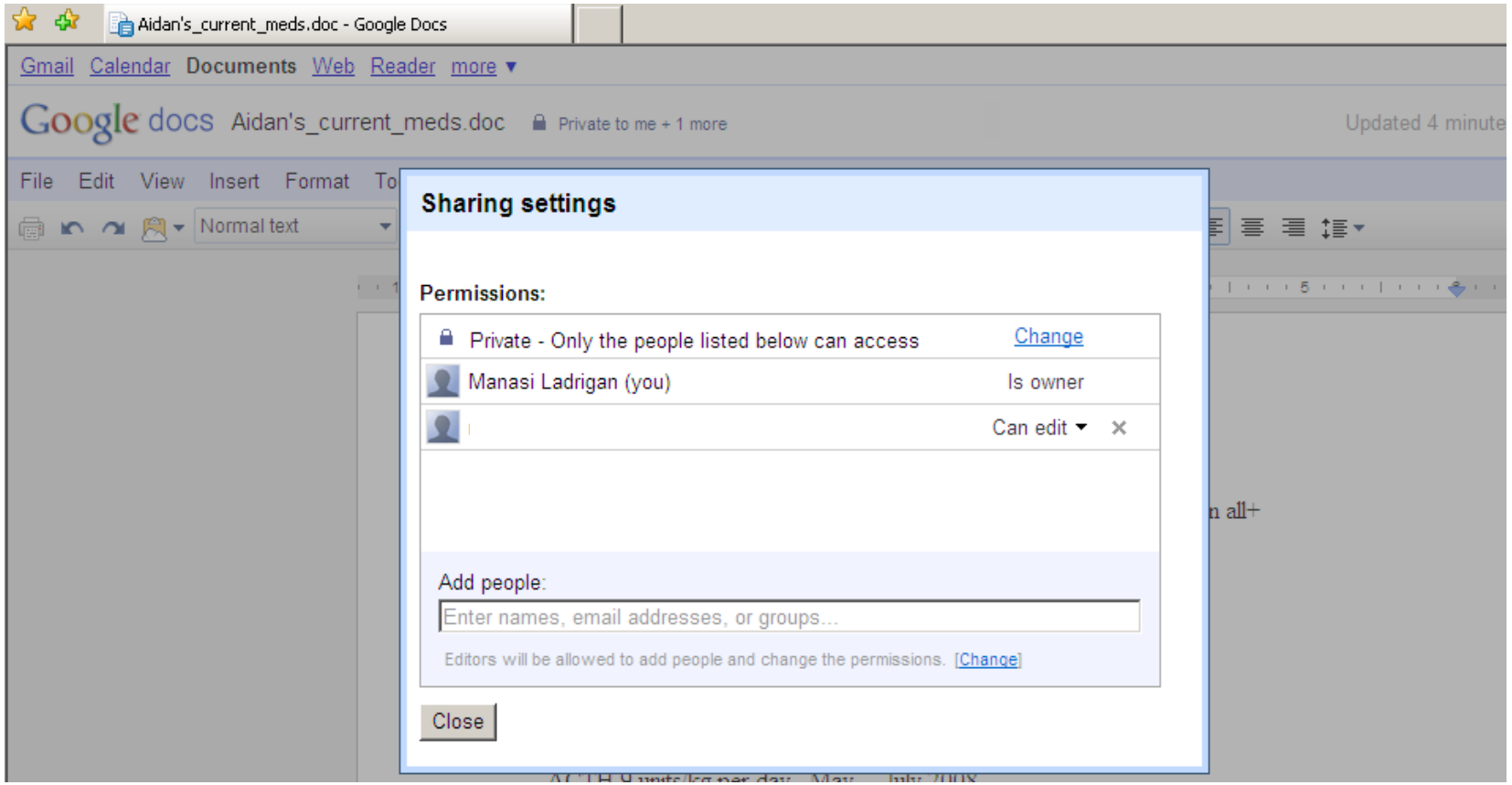
Documents

Share Folders Delete Rename More actions

Name	Folders / Sharing
TODAY	
Aidan's_current_meds.doc	Not shared
EARLIER THIS YEAR	
	Not shared
OLDER	
	Not shared
	Not shared
	Not shared
	Not shared

Medications

Phenobarbital 5 mg/kg per day March -- May 2008
ACTH 9 units/kg per day May -- July 2008
Topiramate 100 mg per day June -- August 2008
Ketogenic diet 3:1 and 3.5:1 ratio August -- October 2008
Zonisamide 50 mg per day two weeks in October 2008
Keppra 300 mg b.i.d.
Valproic acid and Depakote 500 mg b.i.d. highest total trough 81 November 2008
Clonazepam 0.2 mg b.i.d. February -- August 2009
IVIG 2 mg/kg March 2009
Pyridoxine 100 mg IV X 1
Carbamazepine 300 mg p.o. b.i.d. (increased at higher dose) May -- August 2009
Felbatol up to 4.8 mg BID (August 2009 –current)
Banzel 240mg AM , 320 mg PM (March 2010-May 2010)
Lamotrigine (July 2010- current) levels generally low on starting doses;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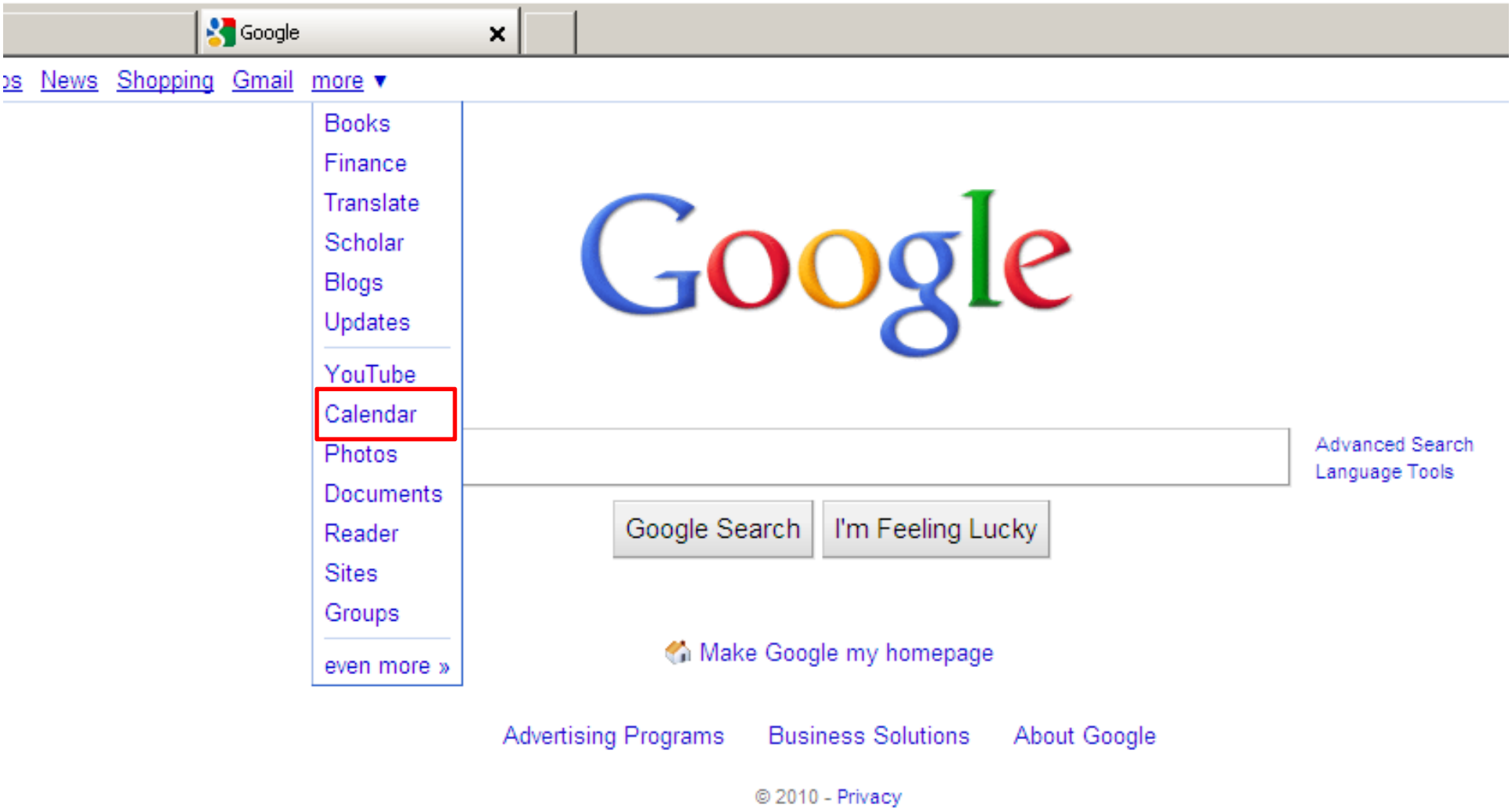
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29 30 31 1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18
Sun
Mon
Tue
Wed
Thu
Fri
Sat
29
30
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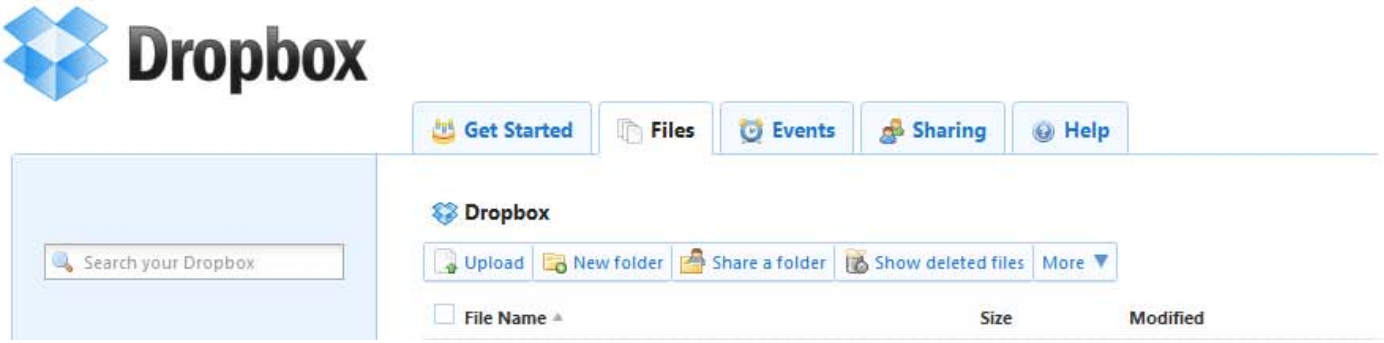
Jun 1
2
3
4
10 Subs
1p New Event
3:45p Sheffield
11 Lunch for class
5p Parent workshop
1p Adult swing
6p Jazz event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Files
Events
Sharing
Help
Search your Dropbox
Dropbox
Upload
New folder
Share a folder
Show deleted files
More
File Name
Size
Modified


Dropbox

Miscellaneous

When to ask for a second opinion

- If you want to verify what your doctor is saying
- If you don’t like your current physician
  - You may still require a referral for insurance
- If your physician wants to be sure that they have done everything

How to get a second opinion

- Ask your physician
- Ask for a referral within the group or to an adult specialist
- Ask friends/chat groups/support groups
- Pubmed*

Lack of a Diagnosis

- How important is knowing the answer?
- National Institutes of Health Undiagnosed Diseases program
- Get on the news
- Focus on therapy

Some truths…

- Sometimes it's easier for a doctor to write a prescription for a medicine than to explain why the patient doesn't need it.
- Often the biggest names, the department chairmen, are not the best clinicians, because they spend most of their time being administrators. They no longer primarily focus on taking care of patients.
- Physicians will sometimes give patients a lot of unnecessary tests that are potentially harmful, just so they don't miss an injury or problem that comes back to haunt them in the form of a lawsuit.
- The “nice” families get much further in the long run than the nasty ones

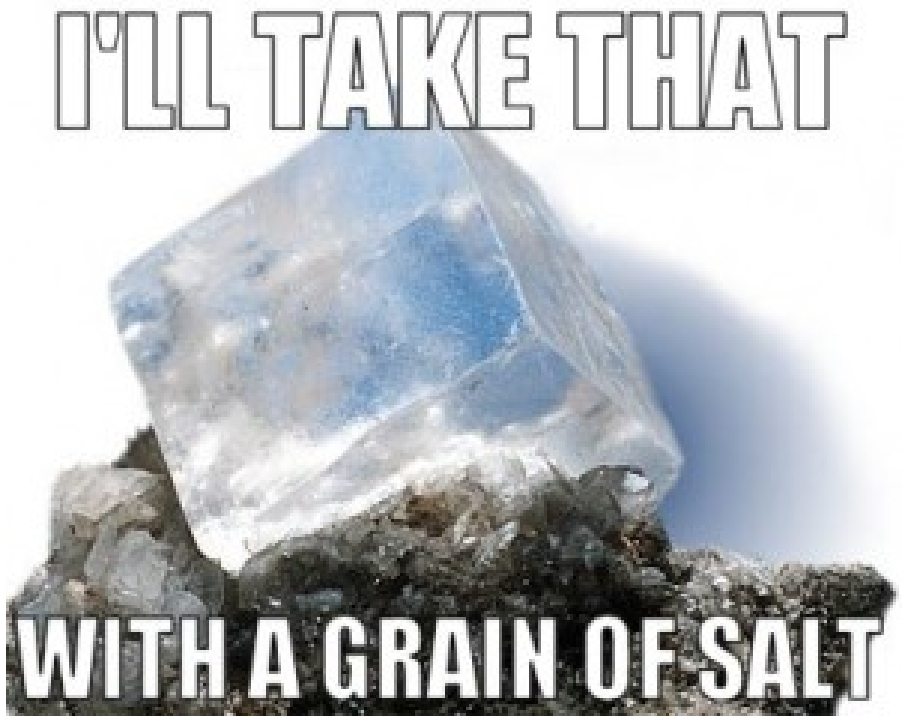
Some frustrations…

- You and your doctor should be a team
- What may have worked for one person may not work for your child
- Adding a medication isn't always the right answer
- Anything that took time to come on will take time to go
- Good's worst enemy is better

“Research”


Google

Google



If you want a website to take over your care…find one that will

Trusted healthcare websites

- National Library of Medicine
- UpToDate.com
- Emedicine.medscape.com
- Mayoclinic.org
- Pubmed.gov

NIH U.S. National Library of Medicine

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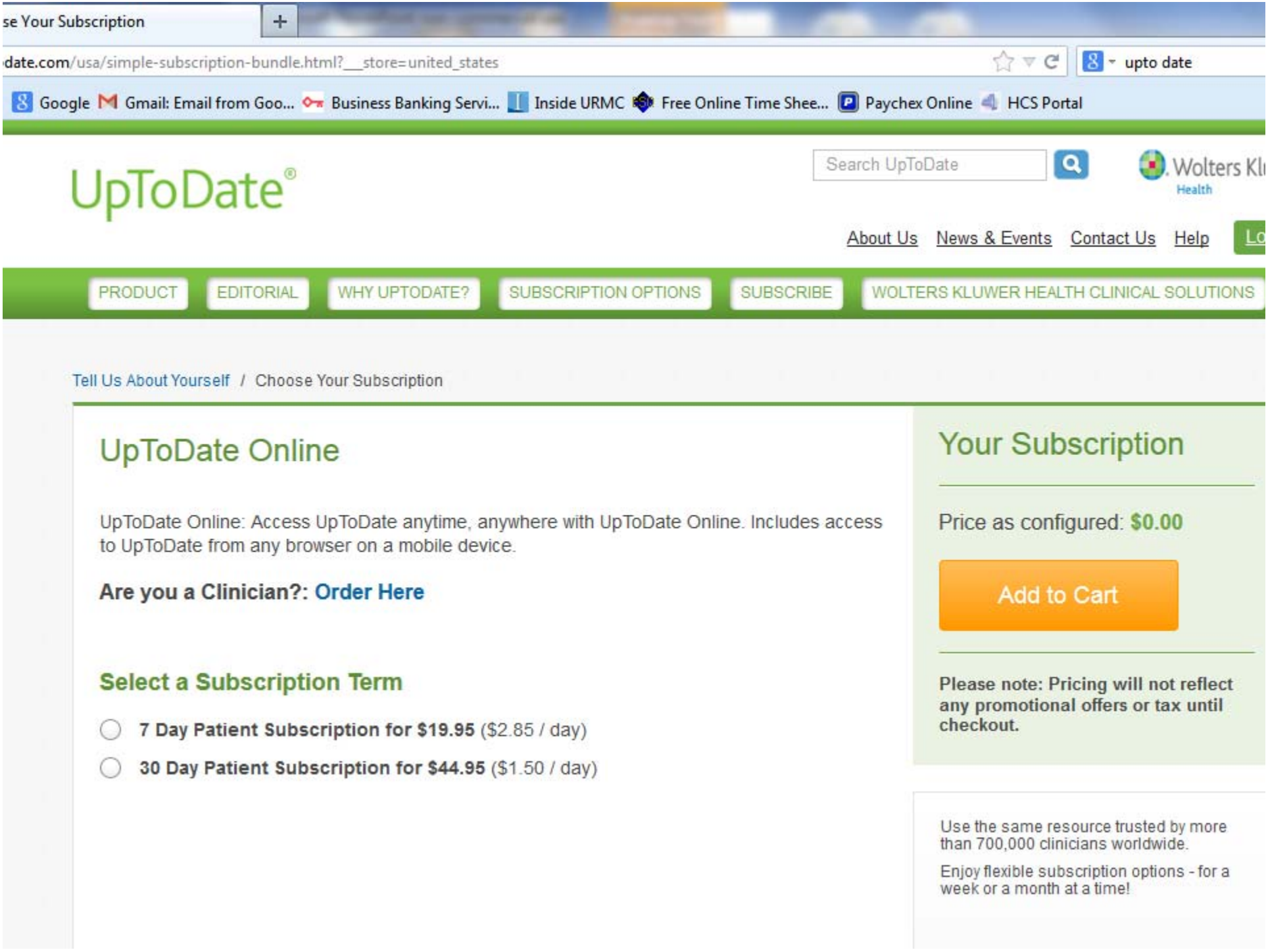
News & Events

- 2013 Association of Health Care Journalists/National Library of Medicine Fellows Announced (09/10/13)
- NLM Mourns F. W. "Wilf" Lancaster, Pioneer in Evaluation of Early MEDLARS Systems (09/06/13)
- NLM Announces Digital Release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LATEST UPDATES IN MULTISPECIALTY

Biomarkers in CSF Diagnose and Predict Progression of Parkinson Disease

In the PPMI cross-sectional study, the combination of the Alzheimer's biomarkers β-amyloid 1-42 (Aβ1-42), total tau (T-tau), tau phosphorylated at threonine 181 (P-tau181), and α-synuclein were lower in the drug-naive patients than in the controls.

September 2013

New Gastric Cancer Subtype

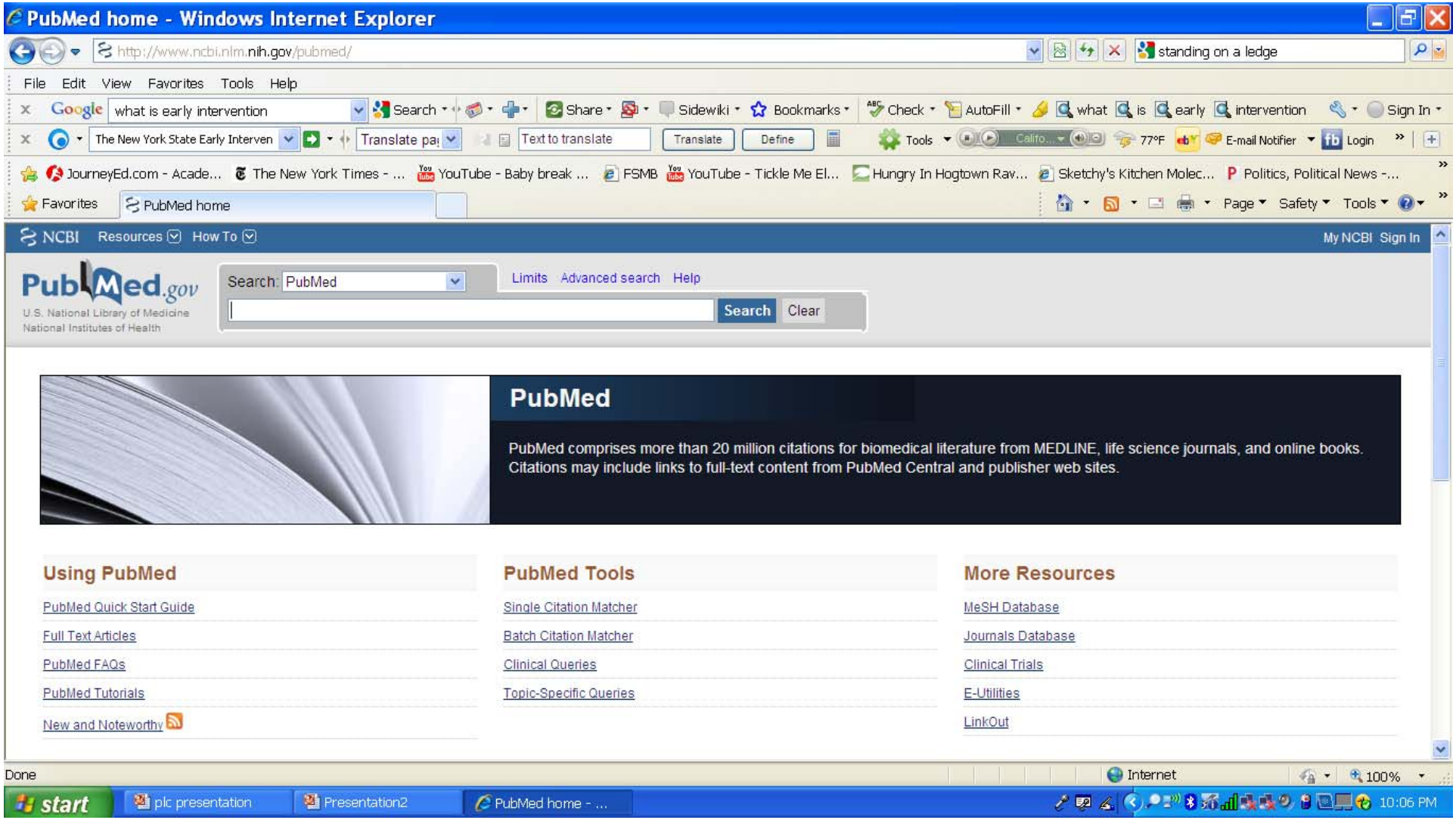
DRUG UPDATES

ustekinumab (Stelara)

New indication approved by FDA for treatment of active psoriatic arthritis in adults alone or in combination with methotrexate

onabotulinumtoxinA (Botox Cosmetic)

New indication approved by FDA for lateral canthal lines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YouTube - Baby break ...
FSMB
YouTube - Tickle Me El...
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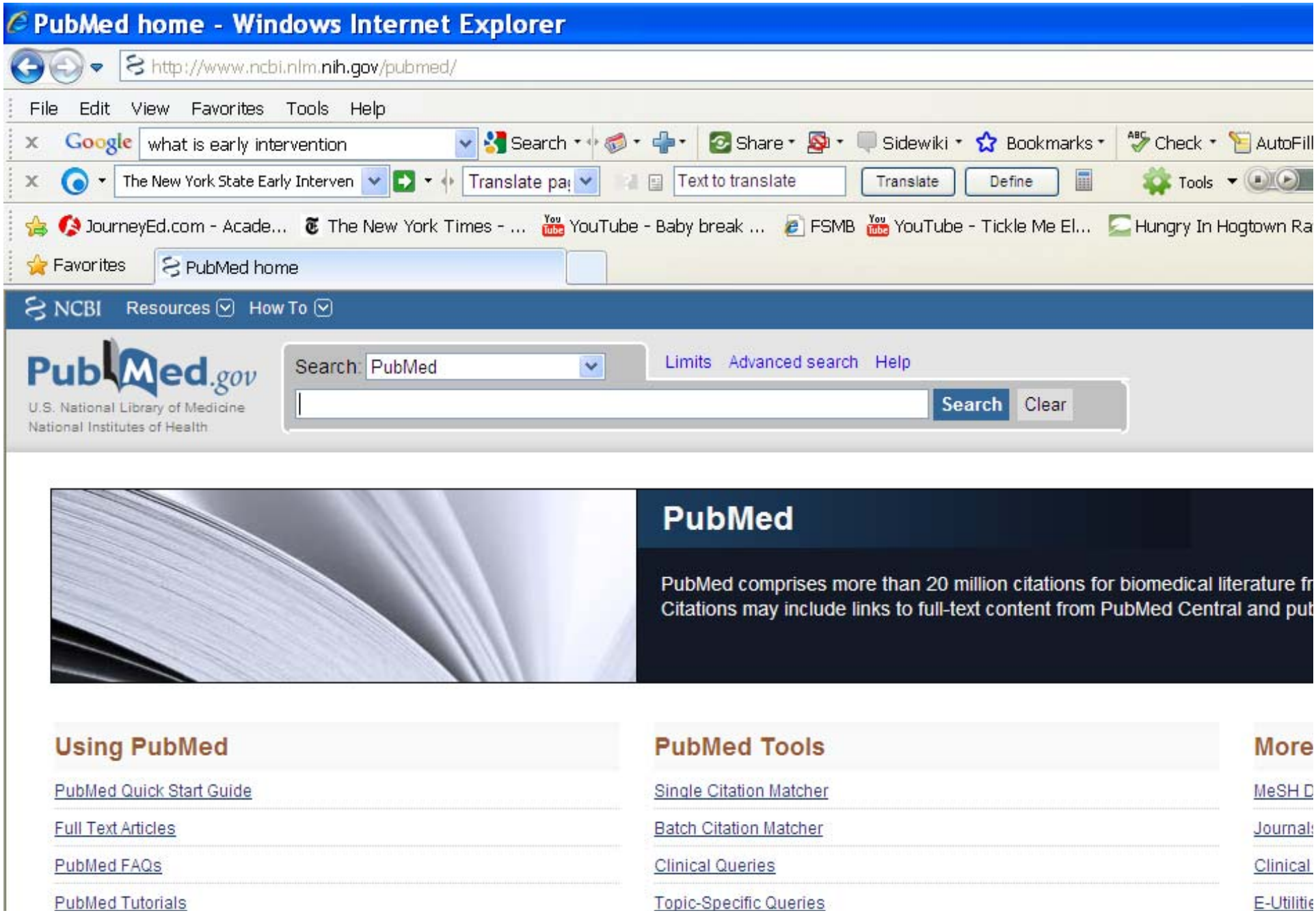
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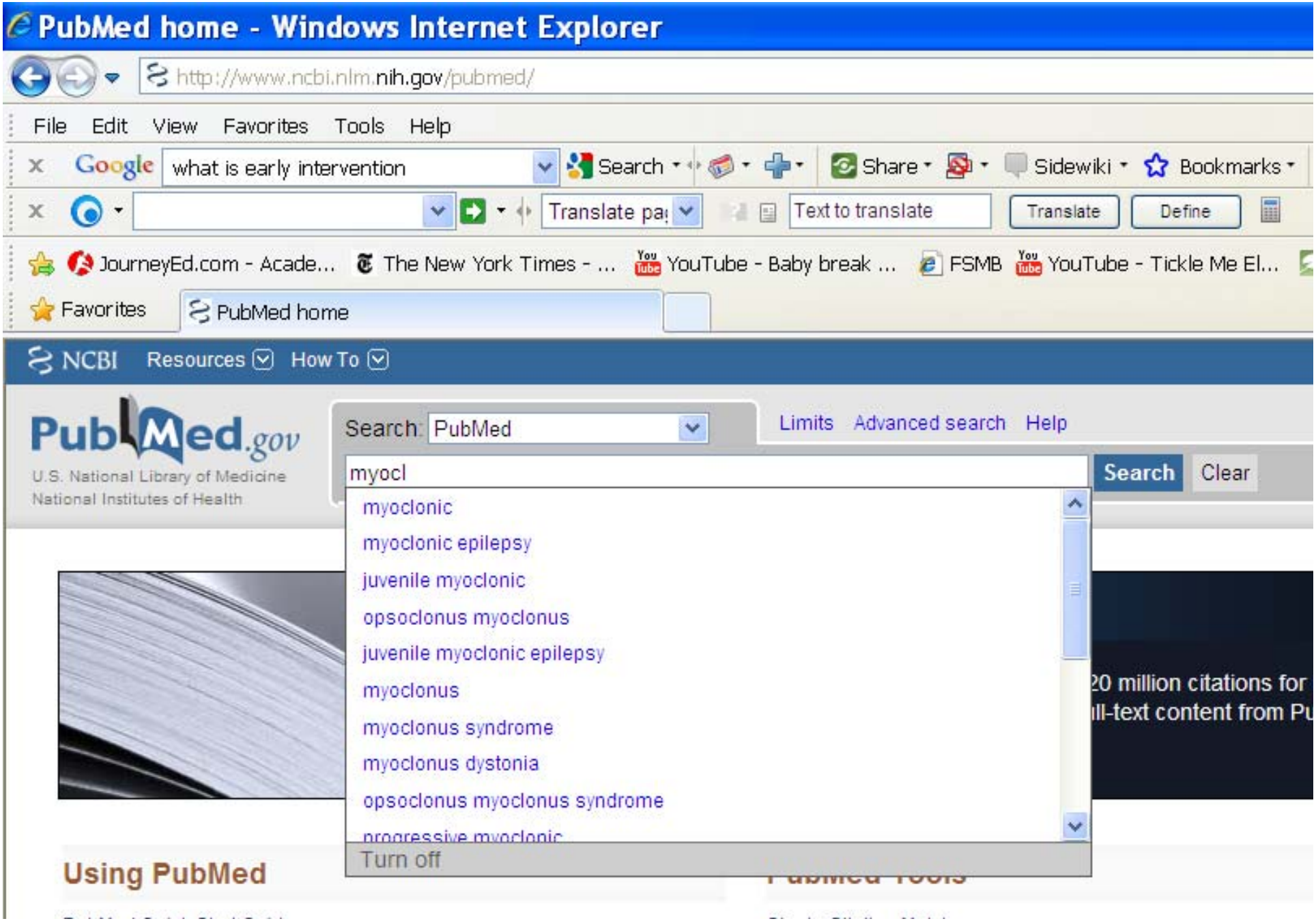
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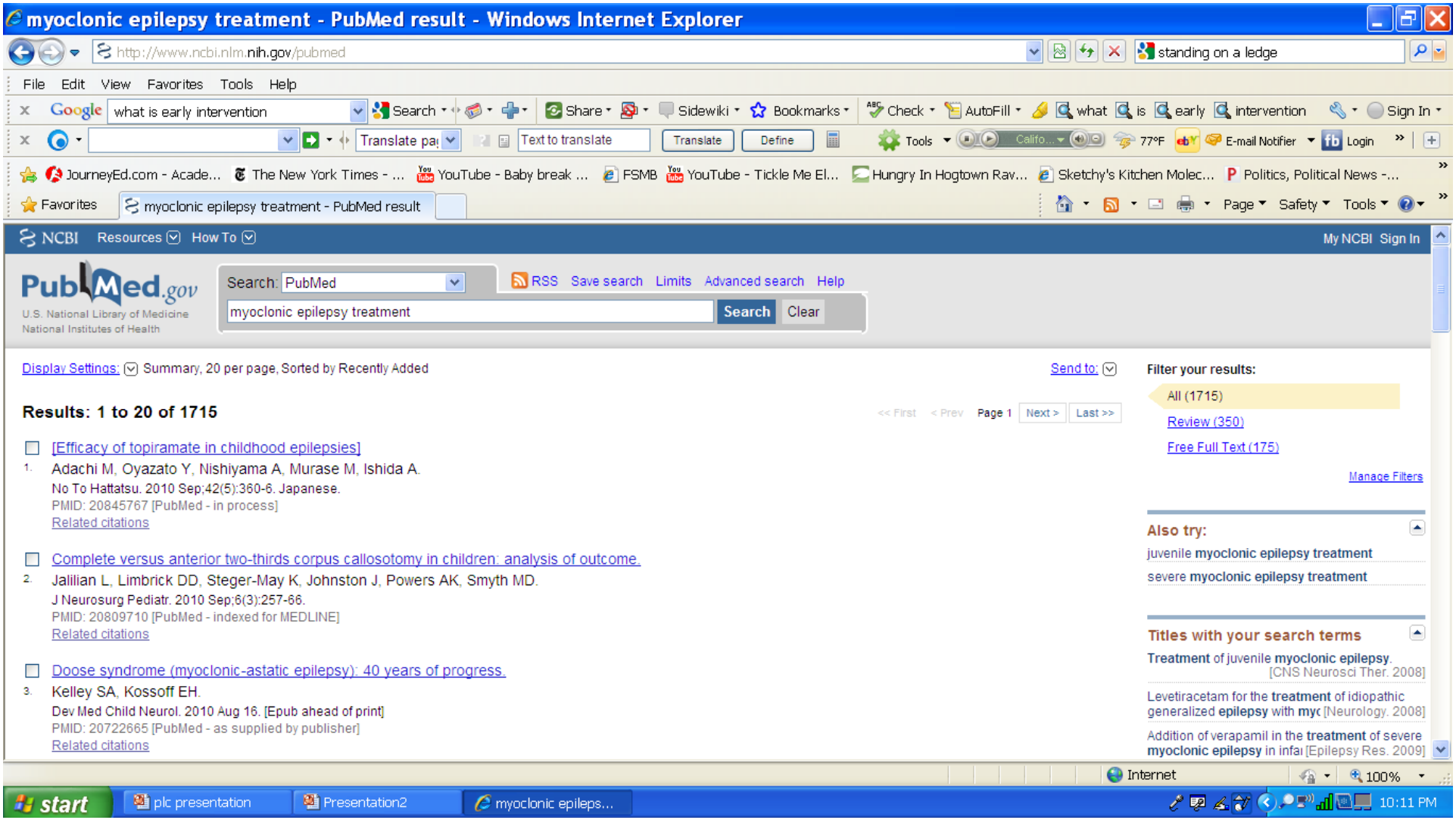
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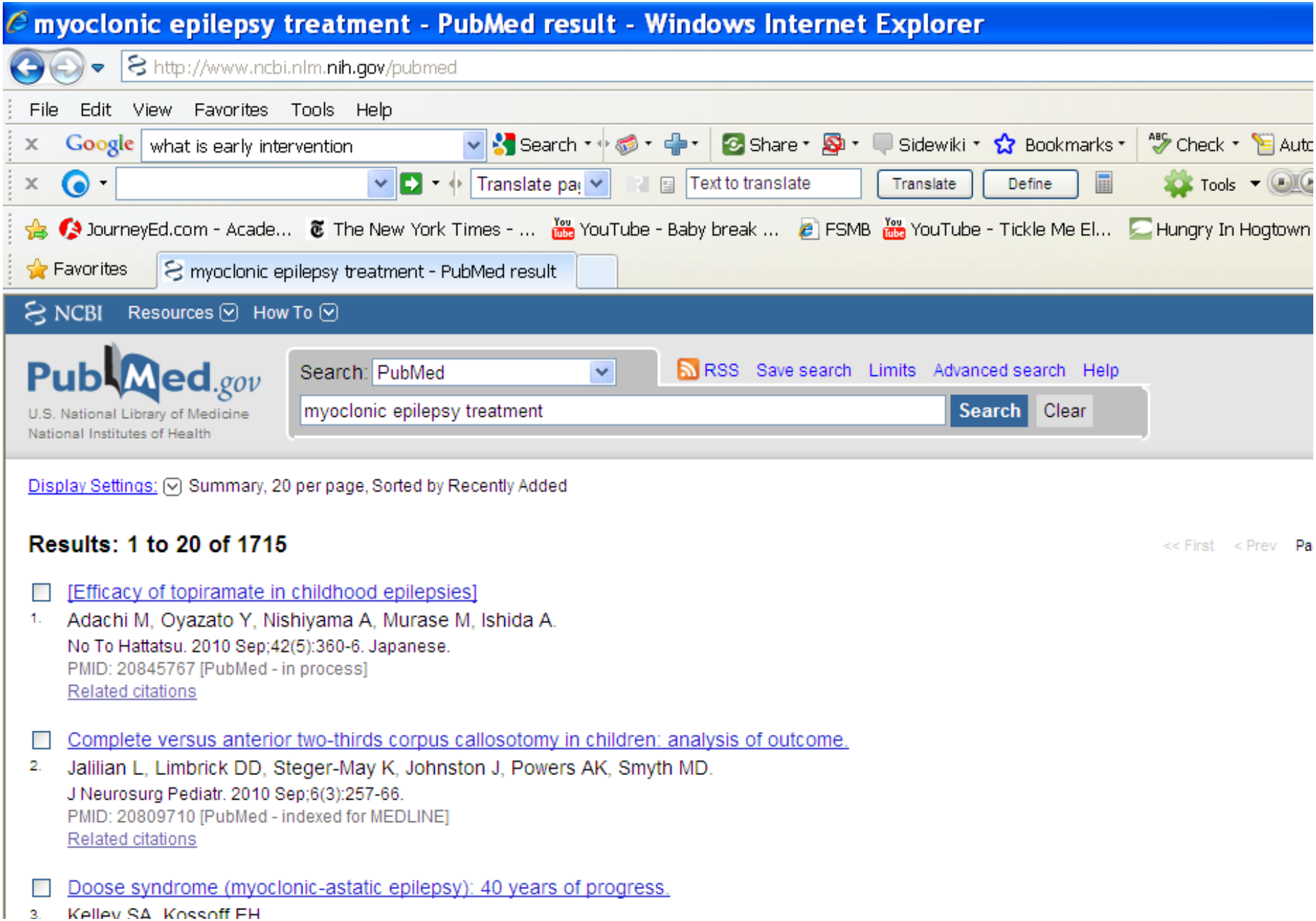
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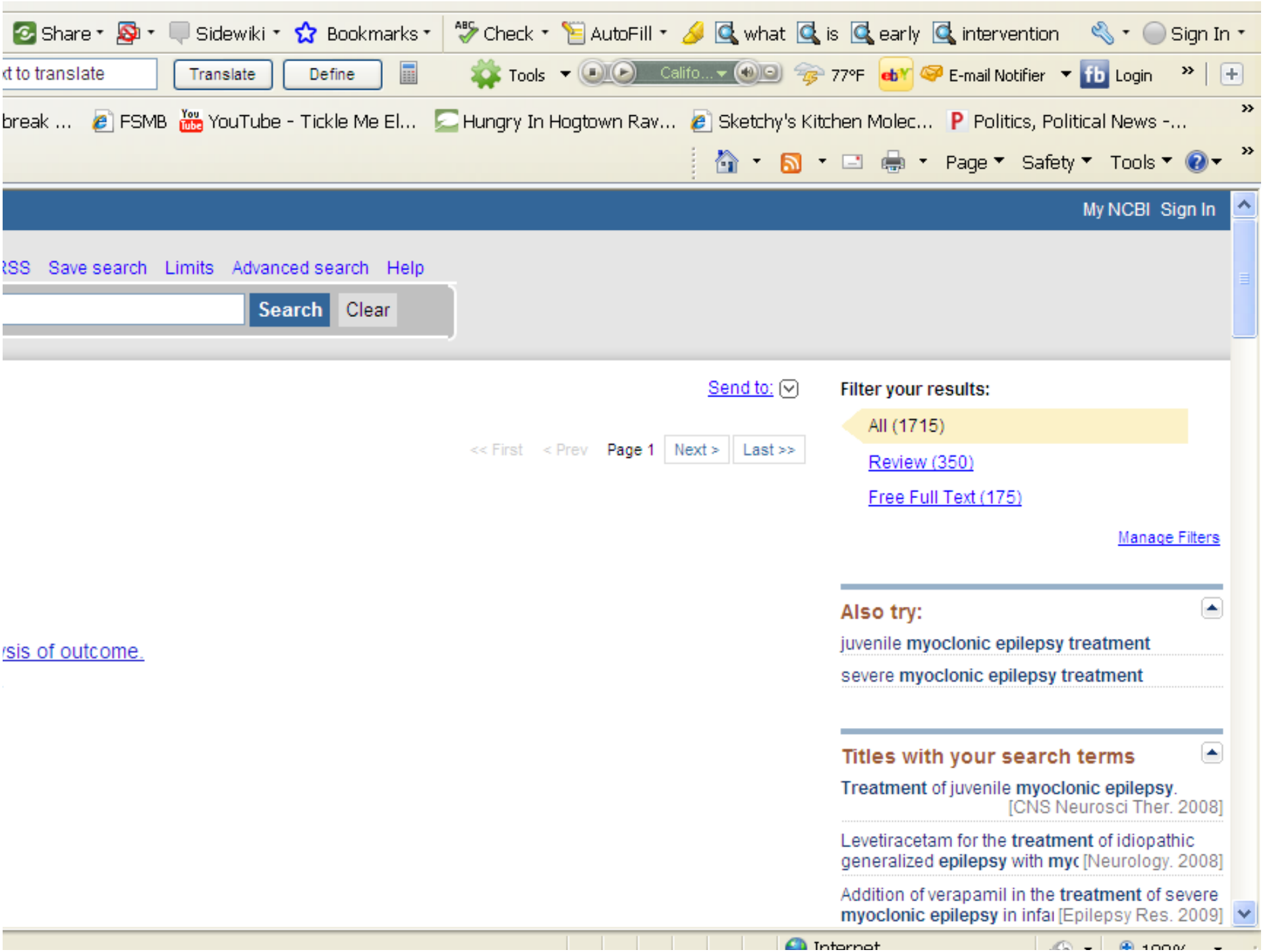
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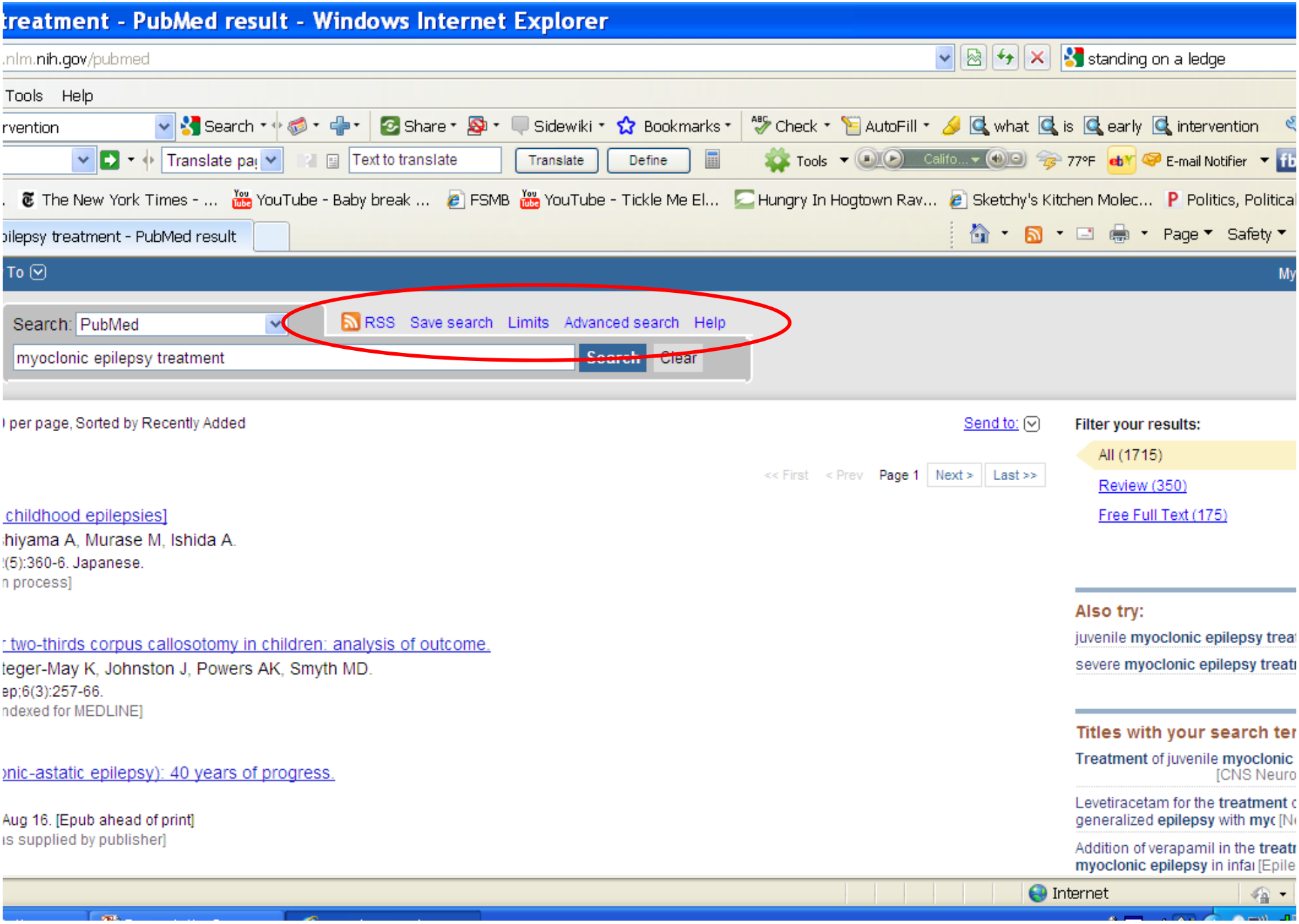
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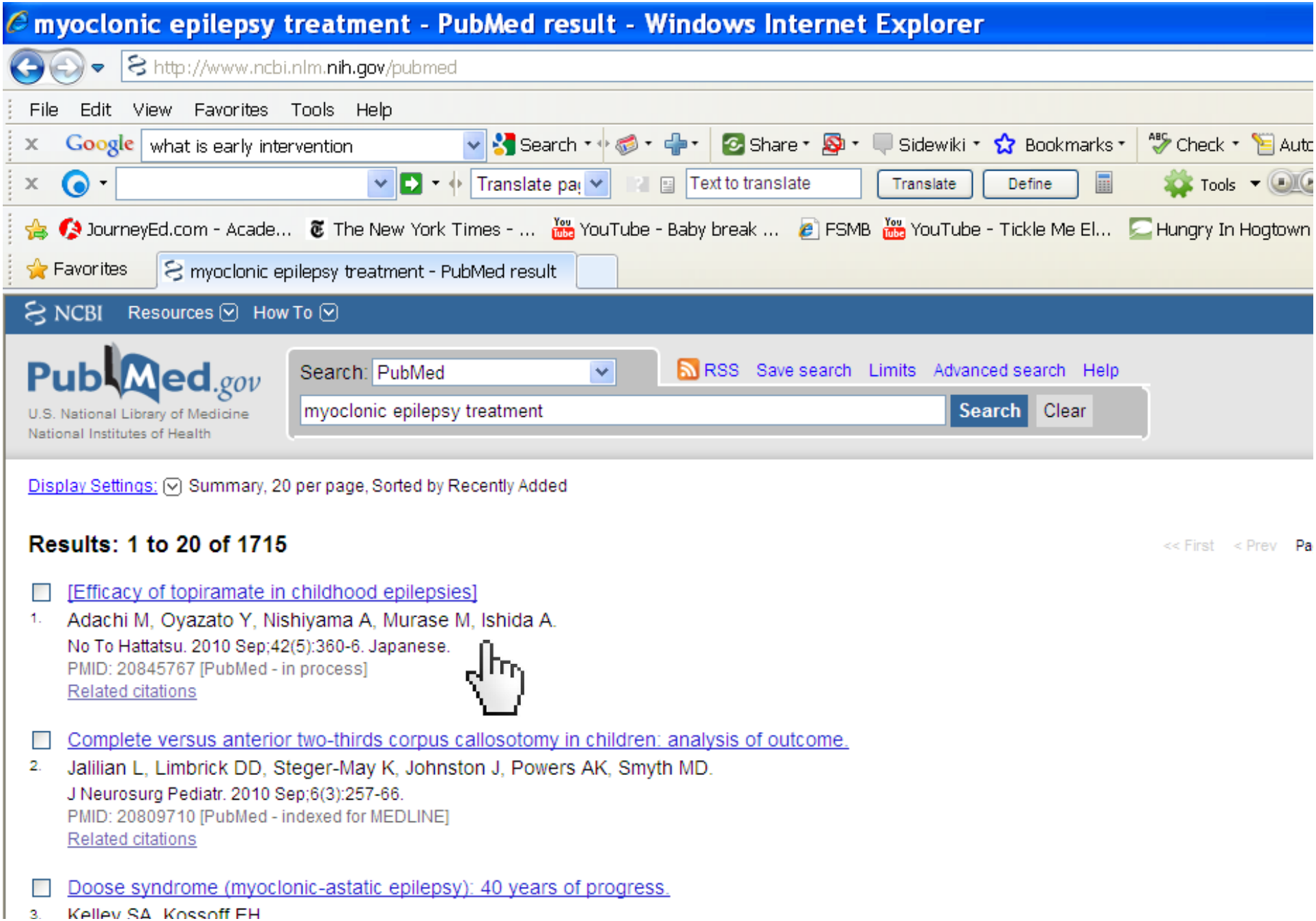
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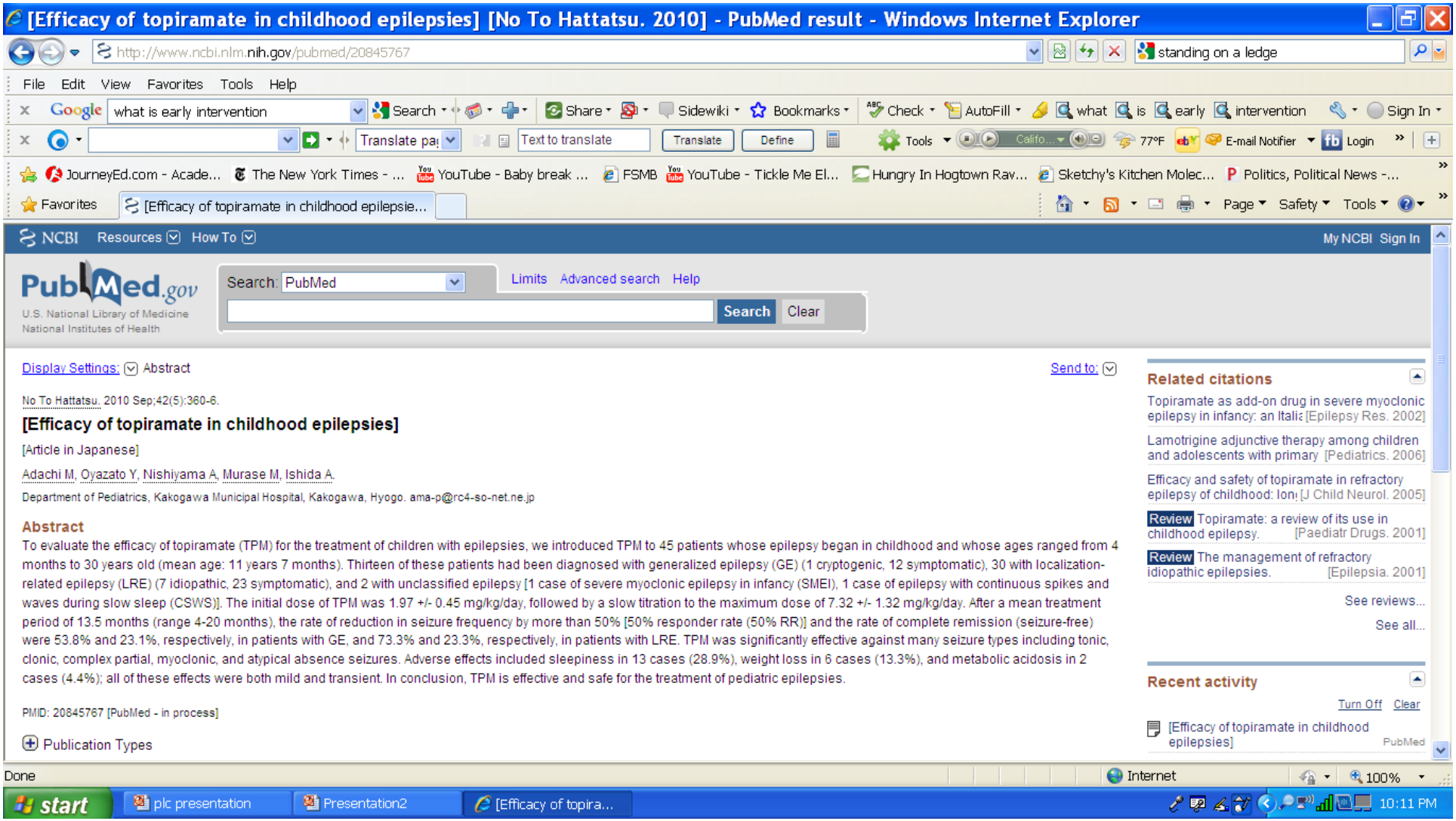
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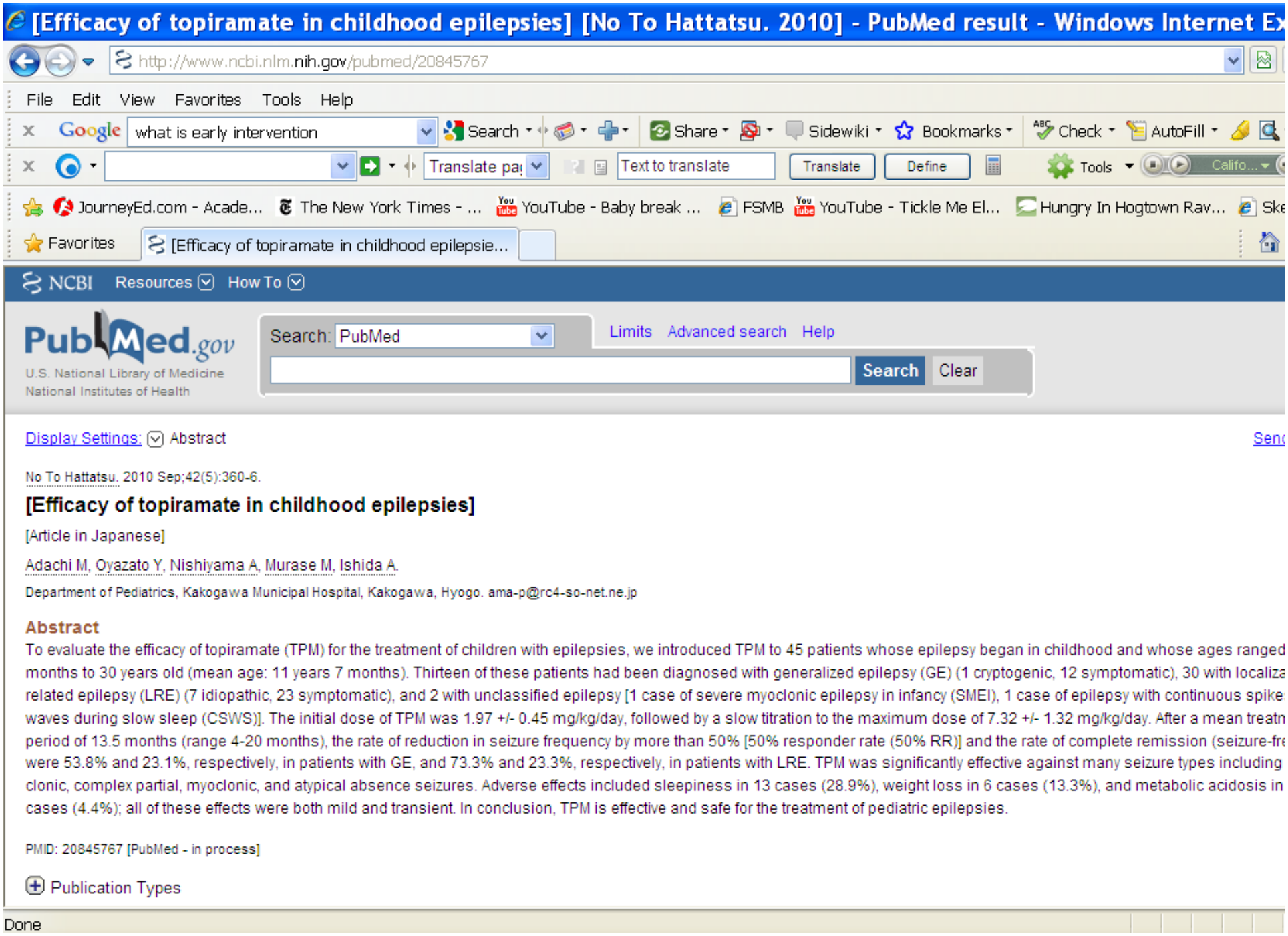
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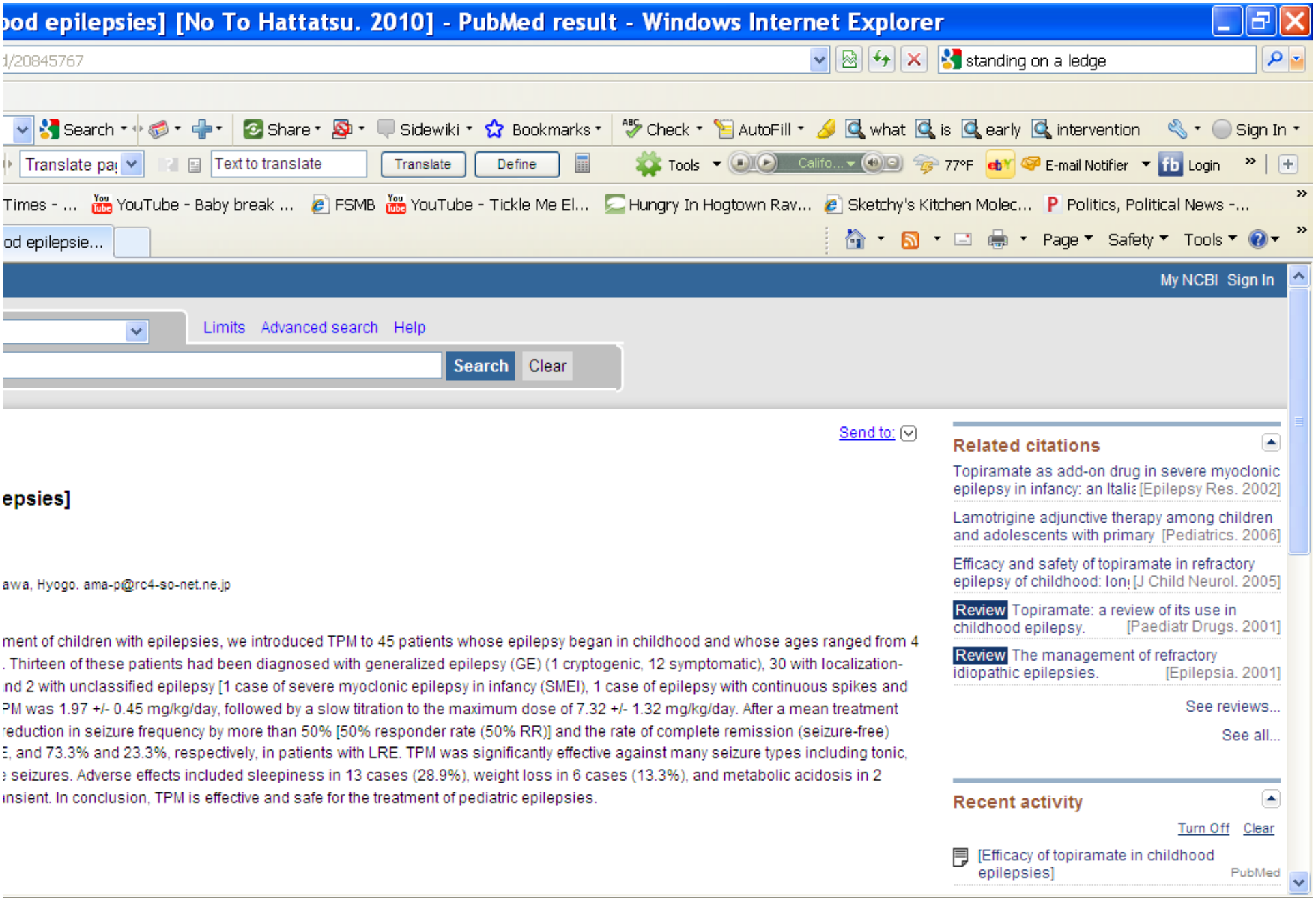
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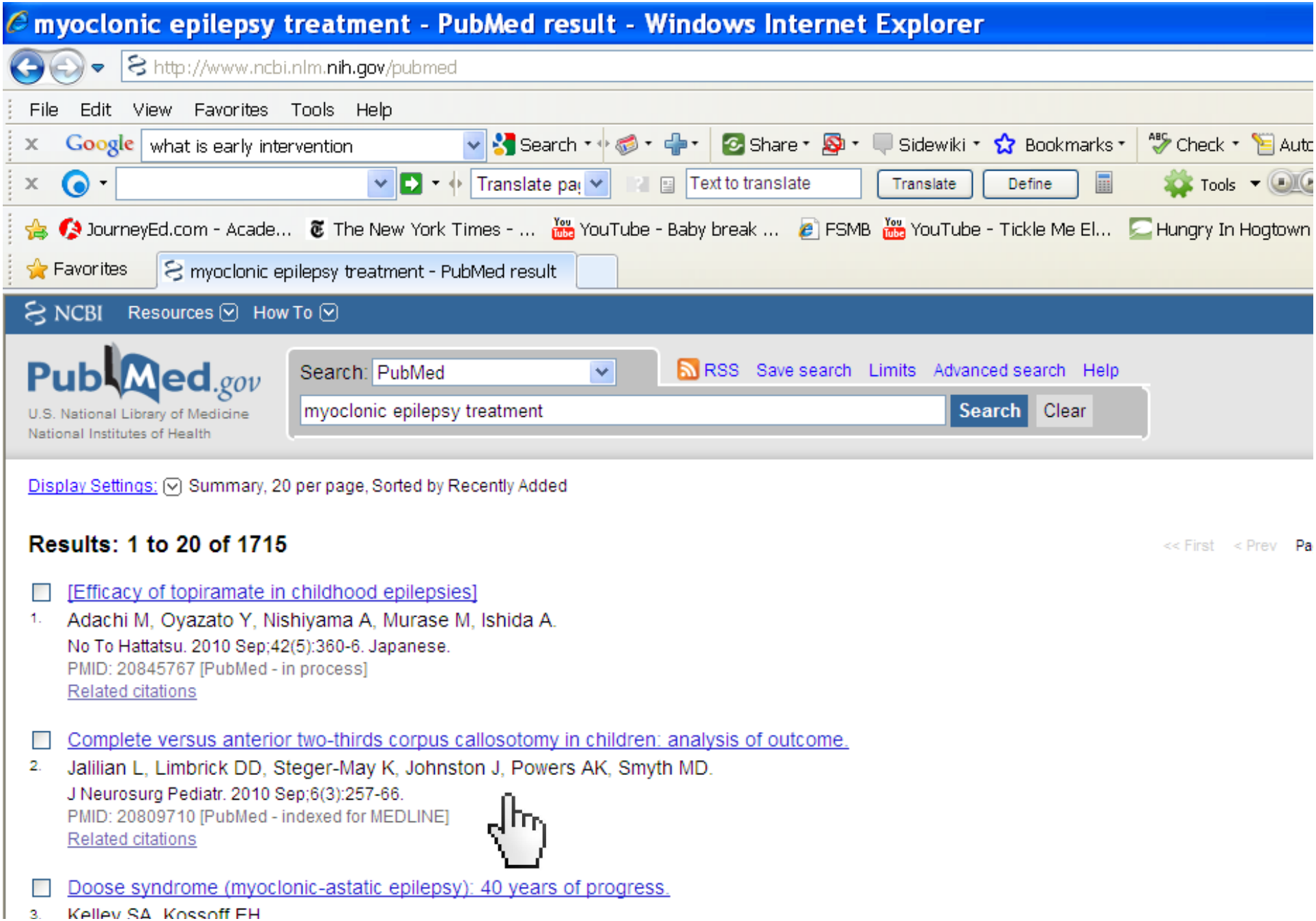
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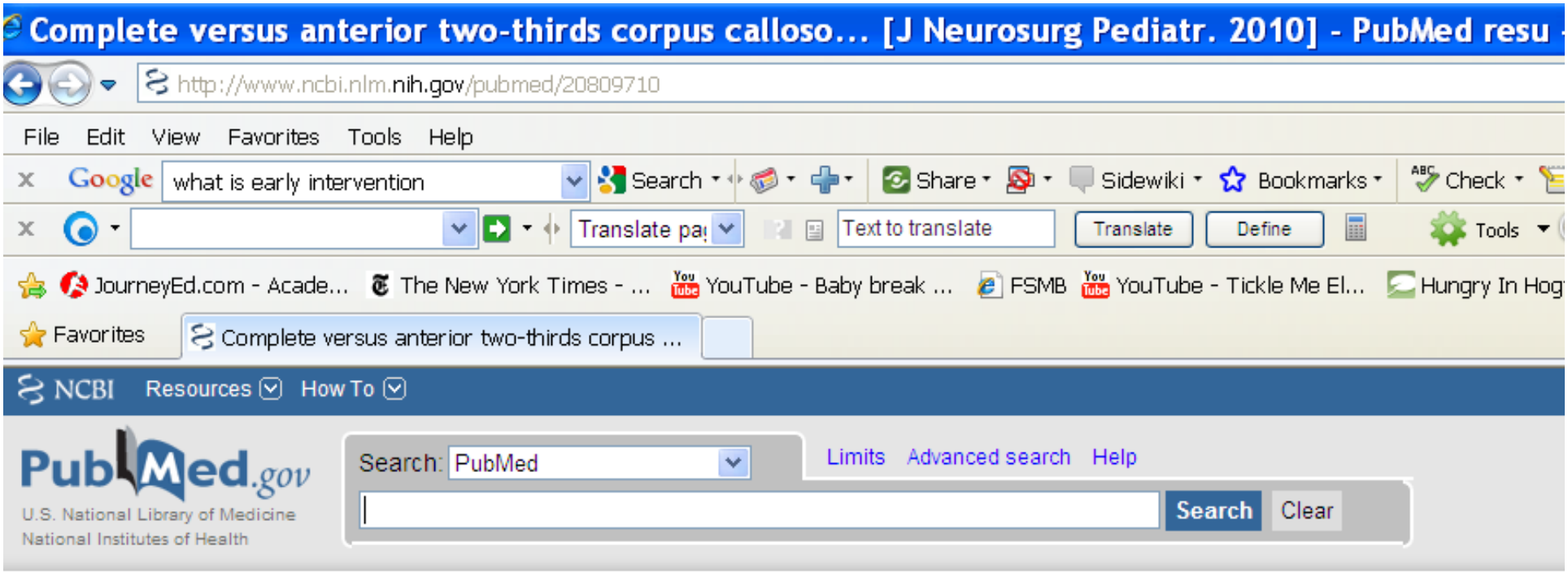

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Jalilian L, Limbrick DD, Steger-May K, Johnston J, Powers AK, Smyth MD.

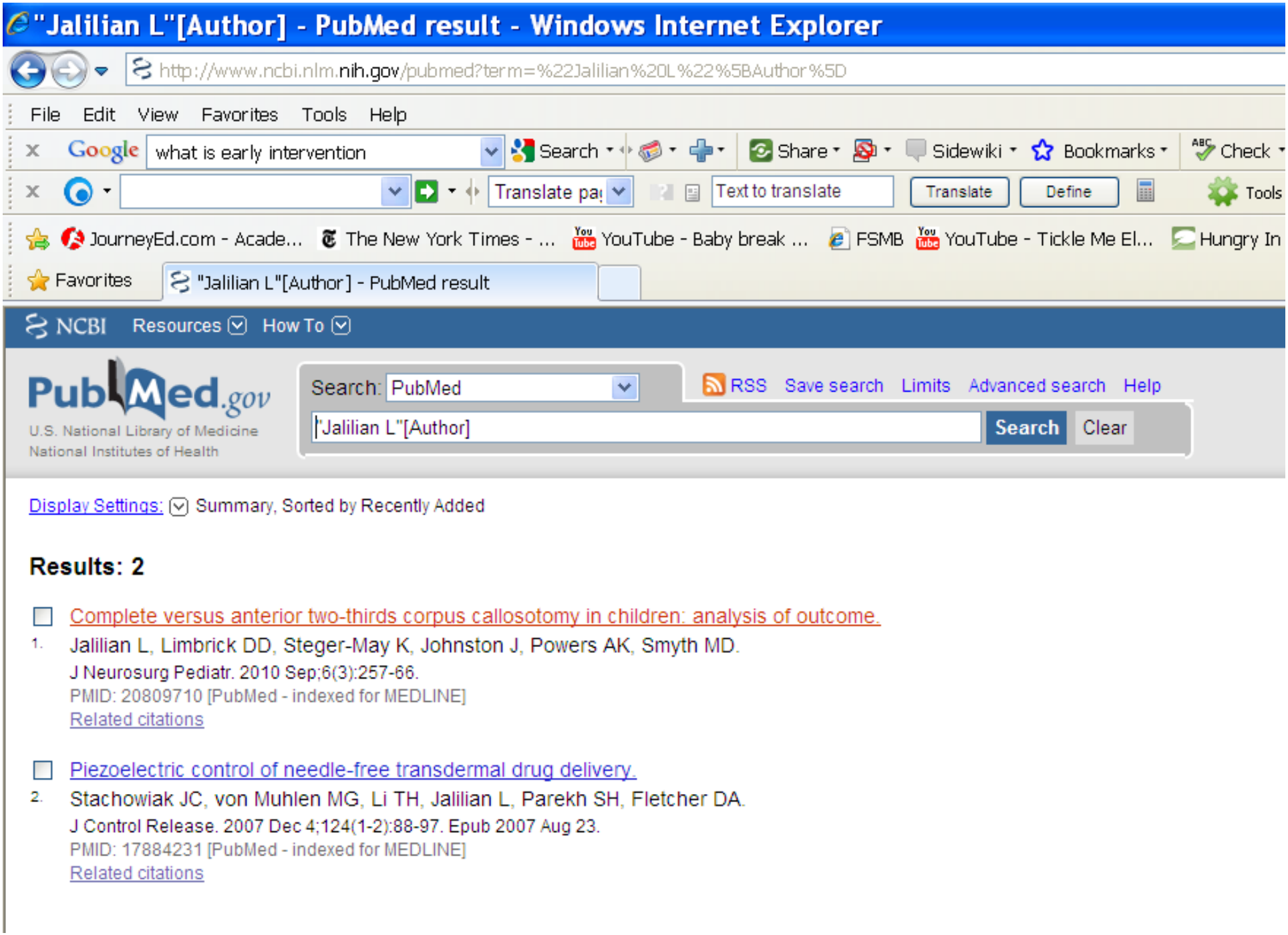
Washington University in St. Louis School of Medicine, St. Louis, Missouri 63110-1077, USA.

Abstract

OBJECT: The goal of this study was to evaluate the efficacy of anterior versus complete sectioning of the corpus callosum in children suffering from medically refrac report seizure outcome in patients who underwent anterior two-thirds or complete corpus callosotomy (CC) during the period 1995-2008 at St. Louis Children's Ho

METHODS: The medical records of 27 children and adolescents with a minimum follow-up of 6 months were retrospectively evaluated with respect to seizure statu and subjective results. Preoperatively, patients suffered from a variety of seizure types that occurred daily, weekly, or episodically. The male/female ratio was 19:8, a between 3 and 19 years (mean 9.93 years). Seizure outcome, parental assessment of daily function, and changes in the number of prescribed antiepileptic drugs

RESULTS: Fifteen patients underwent an initial anterior two-thirds CC, and 12 underwent a complete CC. Of the 15 patients who underwent an anterior CC, 7 went CC. Seizure control was superior in children undergoing a complete CC (91%, Class I-III) versus an anterior two-thirds CC (75%, Class I-III). Seizure types most af atonic, myoclonic, and absence. The number of postoperative antiepileptic drugs did not significantly change following CC in either the anterior only or complete gr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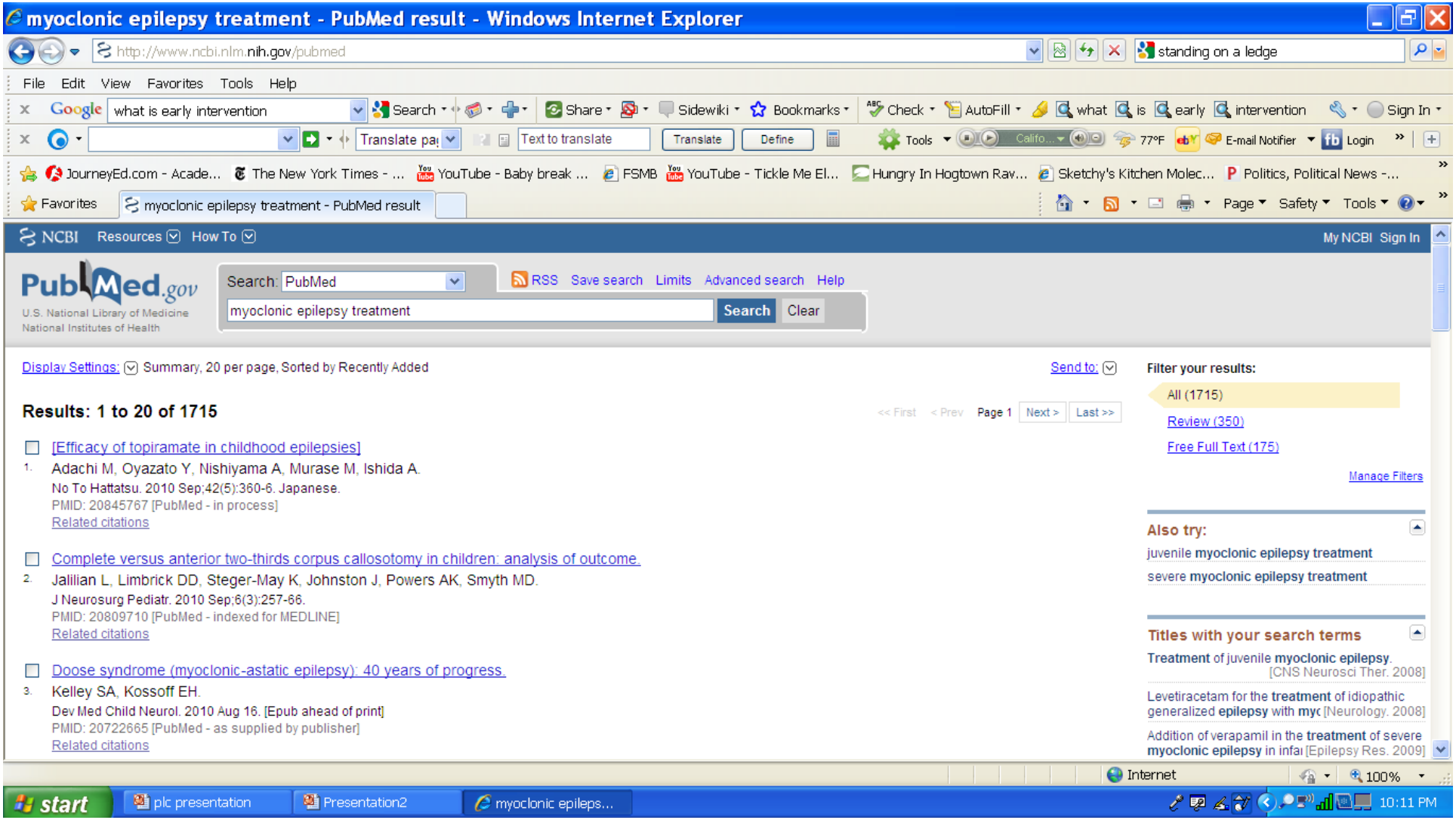
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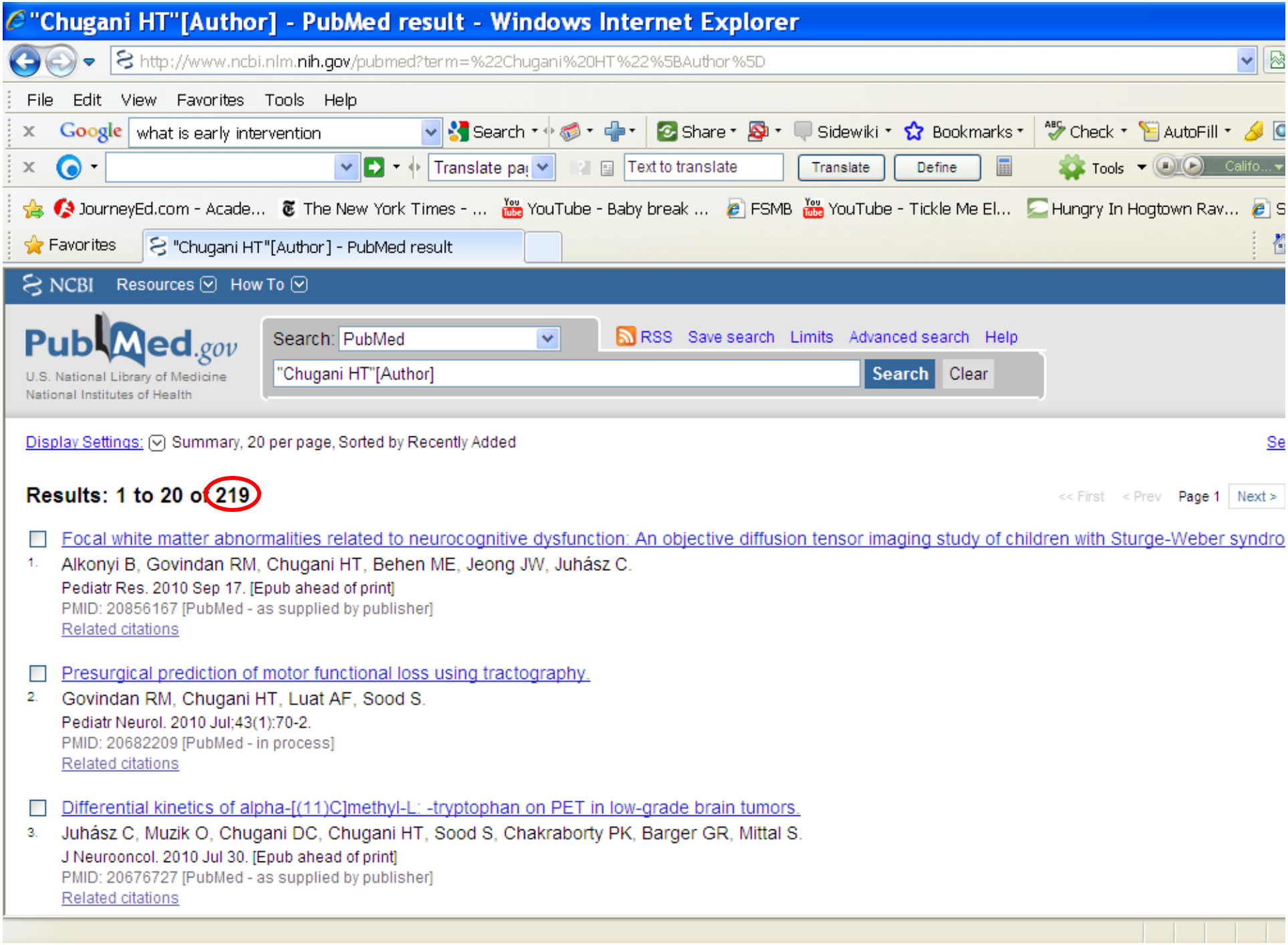
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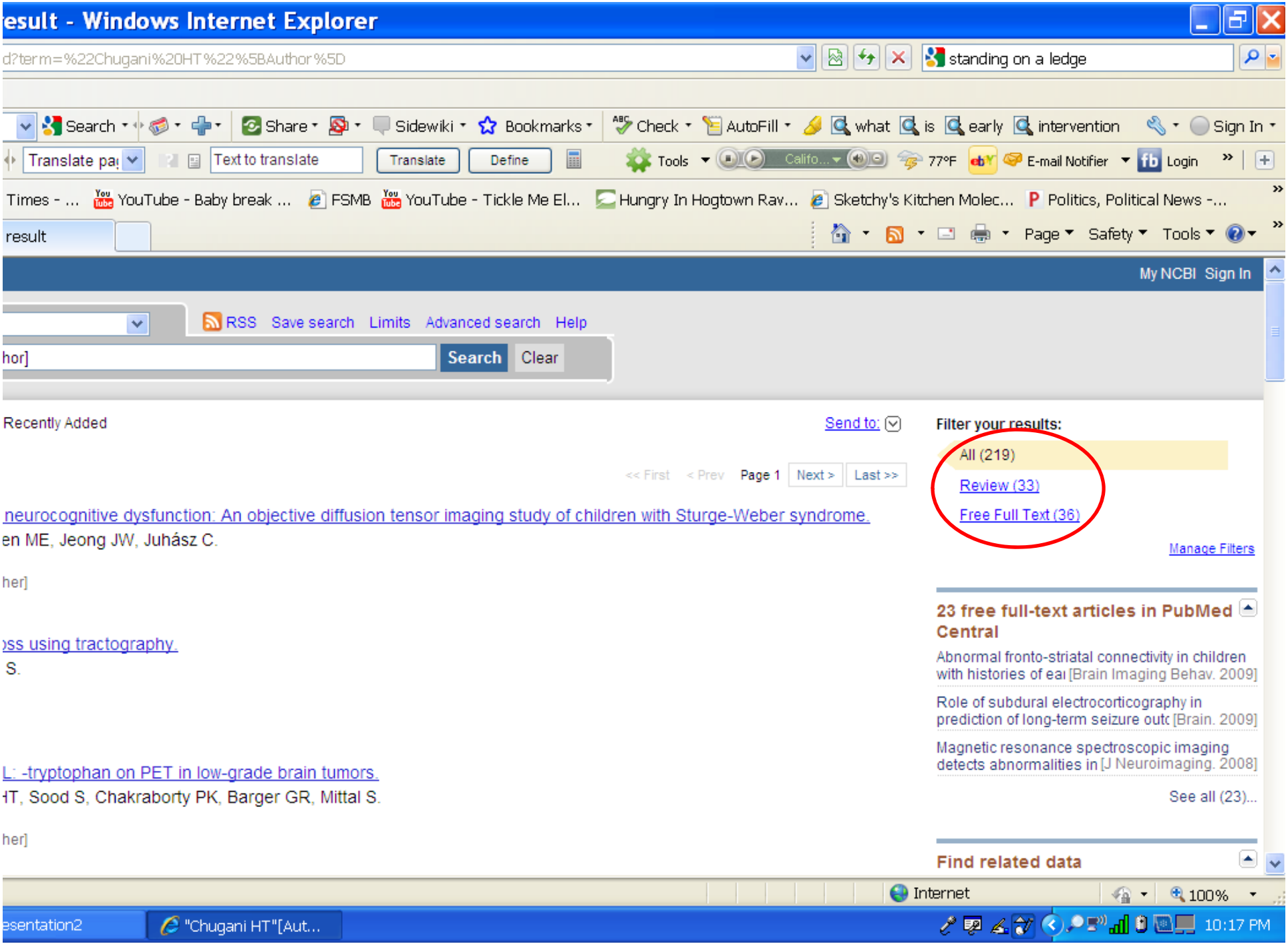
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