



2<sup>nd</sup> AGA Post Graduate Course  
held in South Africa

**Top 10 “Take Home” points to  
bring back to your patients**

***‘Best of the 2013 AGA Spring Post Graduate Course’  
held at the DDW Orlando, Florida***



THE  
GASTROENTEROLOGY FOUNDATION  
OF SOUTH AFRICA

Sponsored by **AstraZeneca**  
World Leaders in Gastroenterology



THE AGA INSTITUTE



## Top 10 “Take Home” points to bring back to your patients



***Brennan M.R. Spiegel, MD, MSHS***  
***Professor of Medicine VA***  
***Greater Los Angeles Healthcare System***

Dr Spiegel is Professor of Medicine in the Division of Digestive Diseases, UCLA School of Medicine, and in the Division of Gastroenterology, VA Greater Los Angeles Health Care System. He is the Section Chief for Outcomes Research at the UCLA Divisions of Digestive Diseases, adjunct faculty in the Department of Health Services, UCLA School of Public

Health, and a member of the CURE Digestive Diseases Research Center. He is the Program Director for the UCLA Fellowship Program in Digestive Diseases. Dr Spiegel attended Tufts University where he majored in Philosophy and Community Health, and received his M.D. with Alpha Omega Alpha honors from New York Medical College.

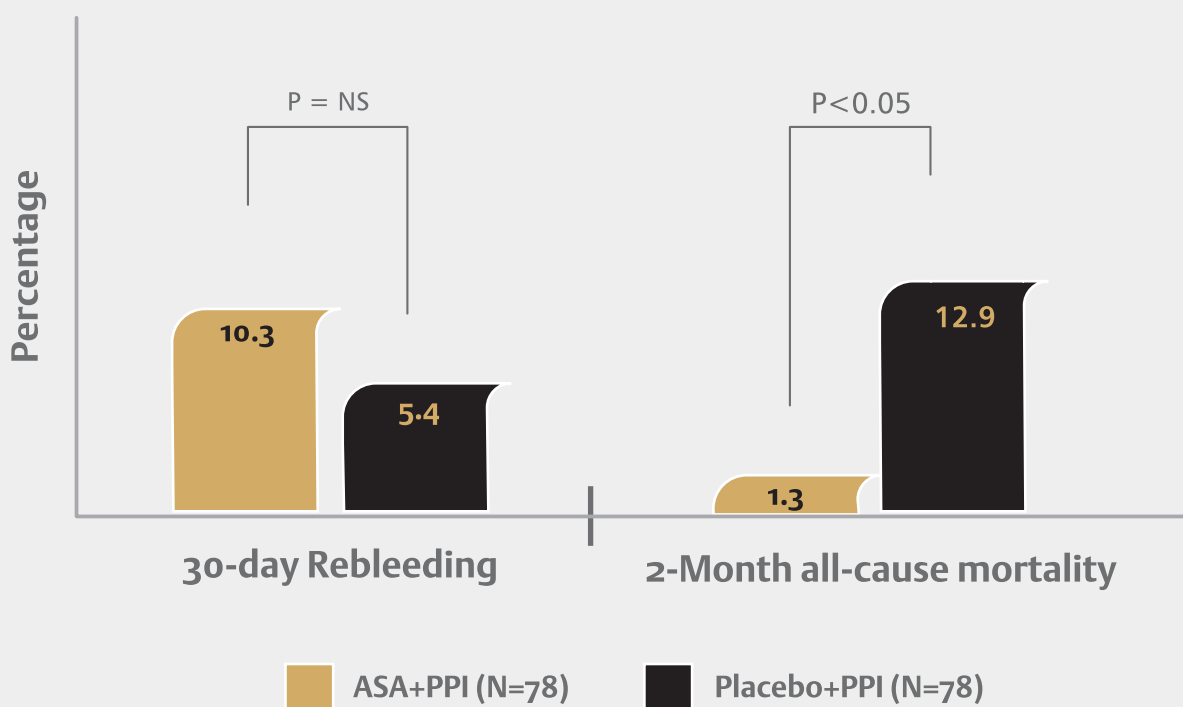
He received training in internal medicine at Cedars-Sinai Medical Center in Los Angeles, completed a fellowship in Gastroenterology at UCLA, and completed advanced studies in Health Services Research at the UCLA School of Public Health, where he received a Master's Degree in Health Services. He received a Research Career Development Award through the Veteran Administration during which time he was trained in health services methodology.

Dr Spiegel's research focuses on acid-peptic disorders, colon cancer screening, gastrointestinal haemorrhage, diverticular diseases, and functional bowel disorders such as irritable bowel syndrome (IBS). His overall research is defining strategies that improve the quality and cost-effectiveness of care for patients with digestive diseases. To achieve this goal, Dr Spiegel conducts cost-effectiveness analyses, patient reported outcome (PRO) research, health related quality of life studies, meta-analyses, epidemiological studies, provider surveys, quality indicator developmental studies, and other "outcomes" research. Dr Spiegel's group is also developing new technological innovations to expand care outside of the provider visit.

## Take home point **1**

The heart is more important than the gut (sadly)

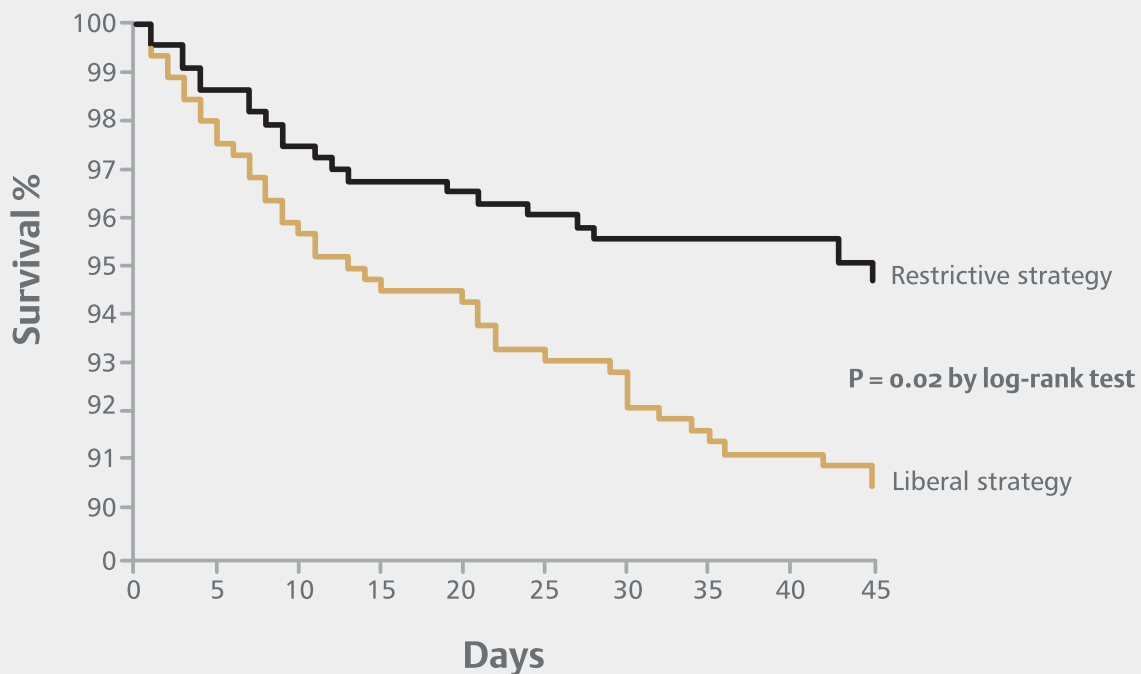
ASA+PPI vs. Placebo+PPI Following ASA-Induced ulcer bleed



## Take home point 2

### Restrictive transfusion strategy improves survival in GI bleeding – target hemoglobin of 7-9g/dL

#### Restrictive vs. Liberal Transfusions

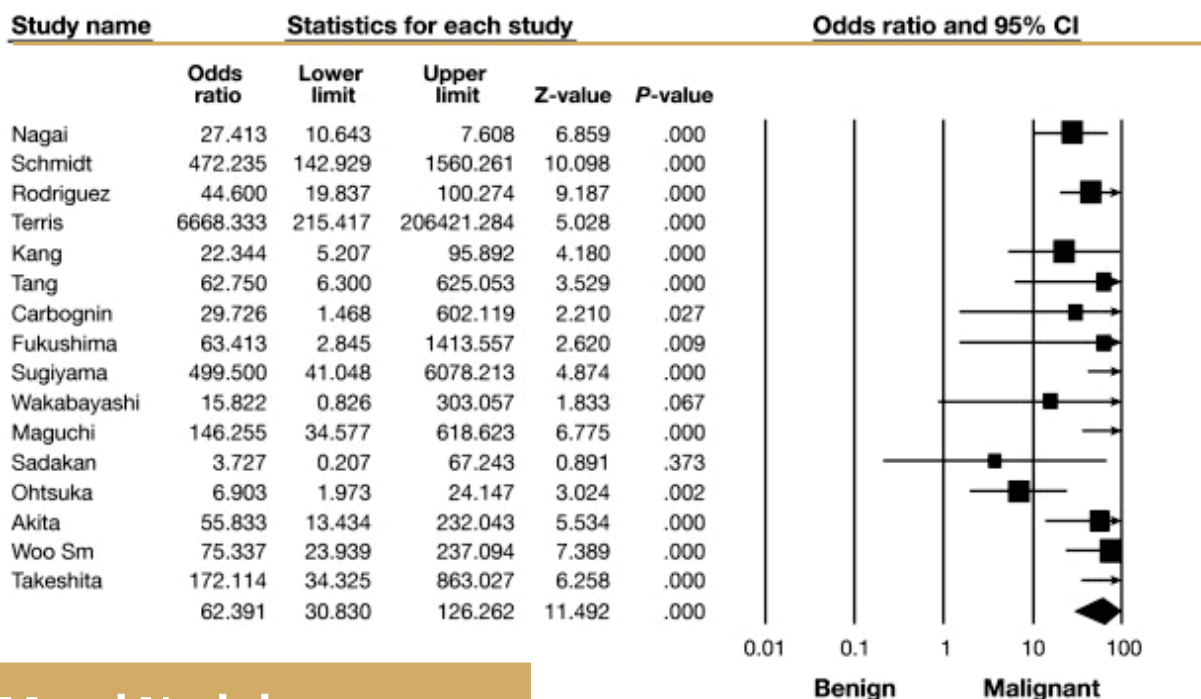


## Take home point 3

For pancreatic cysts, size is everything

Size >3cm Trumps Everything

Size > 3cm meta-analysis



Mural Nodule 9.3x  
PD Dilatation 7.3x  
Main Duct IPMN 4.7x

Anand et al. Clin Gastro Hep 2013 (ePub ahead of print)

Take home point **4**

**Use baclofen to curb alcohol cravings  
in patients with EtOH cirrhosis**

**#1**

**Runyonism**

**“Use forever”**

**#2**

**Runyonism**

**“Keep ramping up the  
dose if you can”**



## Take home point **5**

**Management of C. difficile is now stratified by disease severity: apply risk score and treat accordingly**

CDI Severity	Treatment
<b>Mild to moderate</b>	<b>Metronidazole</b> 50 mg 3 times per day PO 10-14 days
<b>Severe</b>	<b>Vancomycin</b> 125 mg 4 times per day PO 10-14 days
<b>Severe complicated</b> <small>e.g. Ileus, toxic megacolon, PMC, ascites, hemodynamic instability, SIRA, organ failure</small>	<b>Vancomycin</b> 500 mg 4 times per day PO or by nasogastric tube or enema <u>plus</u> <b>Metronidazole</b> 500 mg q 8 hrs iv 10-14 days

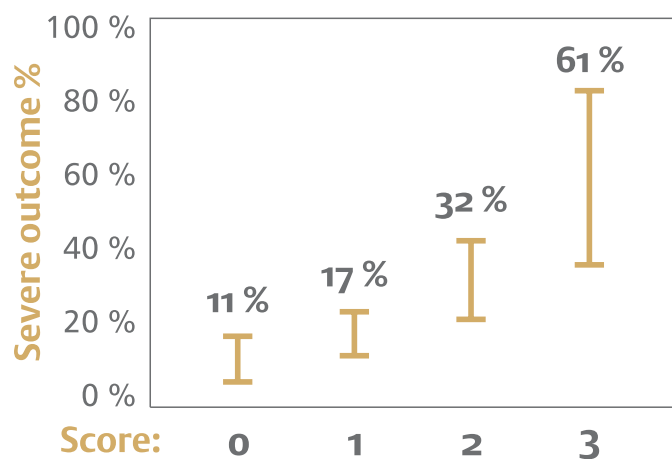


- **Derivation cohort –**  
263 CDI subject in Boston

- **Prediction score**  
1 for Age  $\geq$  65 years  
1 for Creatinine  $\geq$  2 mg/dL  
1 for WBC  $\geq$  20,000 cells/ $\mu$ L

- **Validation cohort –**  
CDI subjects in Houston  
(n = 225) & Dublin (n = 150)

**Severe outcomes = CDI - related ICU admission, colectomy or death.**



**Predictive accuracy** (in validation cohort)

Score of 0 or 1 versus 2 or 3

72.5 %

[95 % CI: 67.5-76.9%]



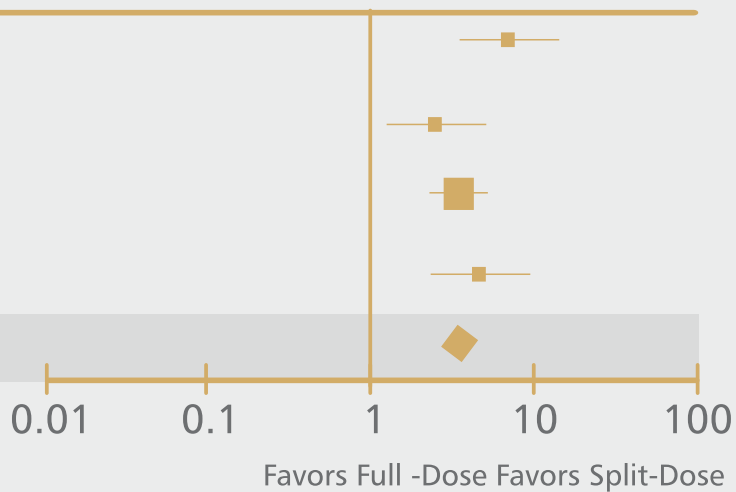
## Take home point 6

**If you're still using single dose bowel prep, it's time to switch: split dose is far superior with second dose within 8 hours of procedure**

### Meta-analysis: Single vs. Split Prep

Study or Subgroup	Odds Ratio M-H, Fixed, 95 % CI
Abdul-Baki et al	7.18 [3.61, 14.27]
Aoun et al	2.54 [1.23, 5.24]
Marmo et al	3.48 [2.33, 5.22]
Park SS et al	3.13 [1.59, 6.17]
Total (95 % CI)	3.70 [2.79, 4.91]
Total events	

Odds Ratio M-H, Fixed, 95 % CI



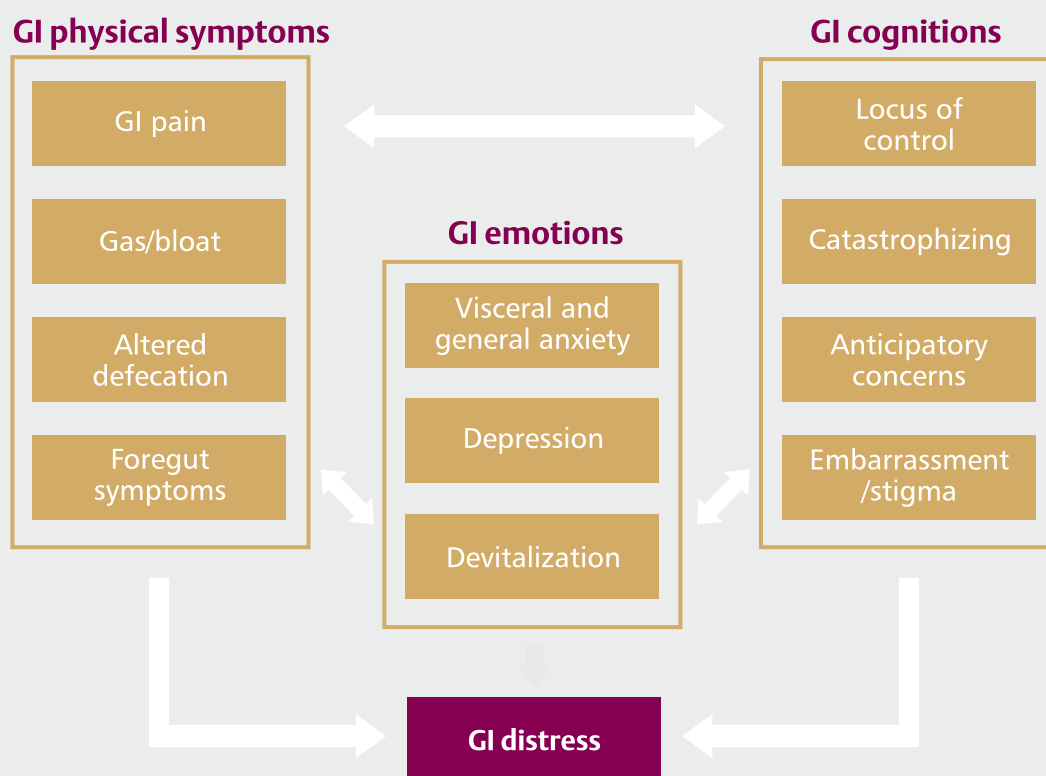
**Reduces Discontinuations by 47 %**

**Reduces nausea by 45 %**

**Increases willingness to repeat by 1.8 times**

## Take home point 7


### Think of FGID Patients in a Biopsychosocial Context



### BellyBio Interactive Breathing

By RelaxLine

Open iTunes to buy and download apps.



[View In iTunes](#)

**Free**  
Category: Health & Fitness  
Released: Feb 20, 2010  
Version: 1.0  
Size: 173 MB  
Language: English  
Seller: Relaxline  
© 2010 Relaxline  
**Rated 9+** for the following:  
Infrequent/Mild Profanity or  
Crude Humor

**Requirements:** Compatible with  
iPhone, iPod touch, and  
iPad.Requires iOS 3.1.2 or later

**Customer Ratings**  
Current Version:  
★★★ 121 Ratings

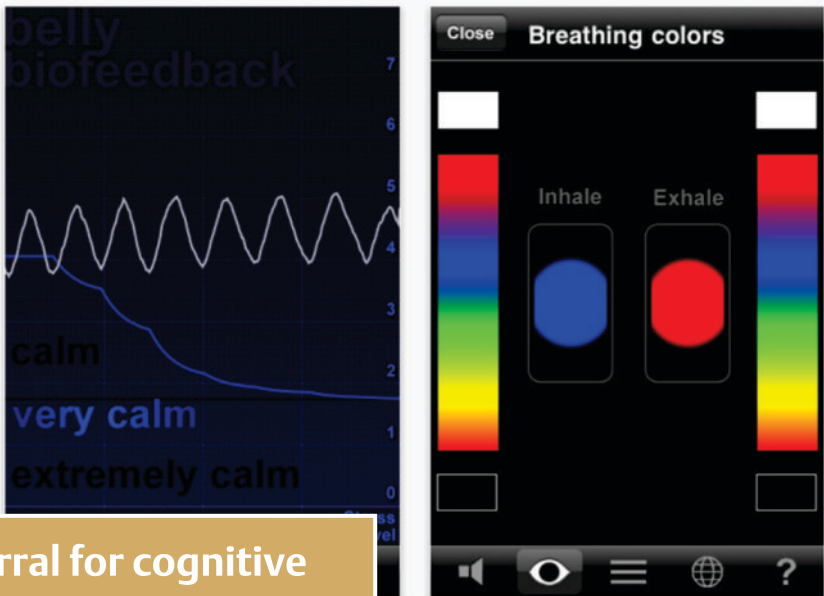
**Description**

Put the iPhone on your stomach. Breathe deeply. Enjoy...

FOR ADVANCED BELLY-BREATHERS ONLY.

[RelaxLine Web Site](#) ▶ [BellyBio Interactive Breathing Support](#) ▶ [...More](#)

**iPhone Screenshots**



Consider early referral for cognitive behavioral therapy in FGID patients – remember that NNT between 2-3 for these therapies

## Take home point 8

# Use evidence-based decision aids to help make IBD therapeutic decisions

### Example BRIDGE Output

#### RECOMMENDATIONS

##### INAPPROPRIATE

The RAND panel felt that for this patient scenario, the use of immunomodulators was inappropriate (expected or potential health risks outweighed anticipated health benefits). Therefore, the recommendation is for anti-TNF monotherapy.

The recommendation is based on the following

##### Patient group

Patients on concomitant immunomodulator (at any dose) and biologic for at least 6 months

##### Disease extent

More than 15 cm ileal involvement and/or upper tract/mid-small bowel involvement and/or more than right-sided colonic involvement

##### Perianal involvement

Active or previous fissure, fistula, or anal stricture

##### Age

Age 25 years or younger

##### Gender

Male

##### Disease duration

Disease duration of greater than 2 years (since diagnosis)

##### Surgery history

1 extensive (>15 cm ileal) resection, or more than 1 resection

**Take home point 9**

**For 3-8 mm polyps, cold snare is quicker than hot snare and has fewer complications**

**Take home point 10**

**All patients treated with thiopurines require annual dermatological examination, sun block, and hats. Also consider for anti-TNF monotherapy**

This meeting has been made possible by an educational grant from AstraZeneca.

Disclaimer: These presentations are intended for educational purposes only and does not replace independent professional judgment. Statements of fact and opinions expressed are those of the speaker individually and, unless expressly stated to the contrary, are not of the opinion of AstraZeneca. AstraZeneca does not endorse or approve, and assumes no responsibility for, the content, accuracy or completeness of the information presented.

AstraZeneca Pharmaceuticals (Pty) Ltd. Reg. No. 1992/005854/07. Building 2, Northdowns Office Park, 17 Georgian Crescent West, Bryanston, 2191. Private Bag X23, Bryanston, 2021. Tel: 0 11 797-6000. Fax: 011 797-6001. [www.astrazeneca.co.za](http://www.astrazeneca.co.za). Expiry date: July 2015. Log number: COR 08/13/010.

Sponsored by  **AstraZeneca** World Leaders in Gastroenterology