

## **MEDWATCH: FDA Warns Against Combining CNS Depressants with Xyrem**

The U.S. Food and Drug Administration (FDA) recently updated the drug label for sodium oxybate (Xyrem), including a new warning about consuming alcohol while taking the drug. According to an FDA statement released in December, some patients have died after taking Xyrem combined with alcohol or other central nervous system (CNS) depressants. Although the specific causes of death are unclear, the FDA determined that recommendations in the drug label should be strengthened to highlight the risks of using the drug with alcohol or other CNS depressants. Additional labeling changes include a statement recommending that when Xyrem is combined with another CNS depressant, a decrease in dose or discontinuation of either drug should be considered, with a further recommendation that interruption of Xyrem be considered if short-term opioid treatment is required; an updated summary of risks; a statement that Xyrem may be given only to patients enrolled in the Xyrem Success Program, which provides for restricted distribution of the drug through a central mail-order pharmacy; a description of the components of the Xyrem Success Program; and details on where to find additional information about Xyrem. For more information, visit <http://www.aafp.org/news-now/health-of-the-public/20121218xyrem.html>.

## **CDC Study Documents New HIV Infections Based on Race and Ethnicity**

According to the Centers for Disease Control and Prevention (CDC), more than 47,000 persons became infected with human immunodeficiency virus (HIV) in 2010, with black persons accounting for nearly one-half of new diagnoses. The HIV infection rate among black persons is approximately eight times higher than that of white persons, a disparity that has remained virtually unchanged since 2008. The CDC also found that approximately 78 percent of all new HIV infections in 2010 were among men who have sex with men; that the number of new infections among men who have sex with men in the 13- to 24-year-old age group increased 22 percent from 2008 to 2010; that the largest percentage of new infections in 2010 (31 percent) occurred among persons 25 to 34 years of age; that heterosexual persons accounted for 25 percent of estimated new HIV infections in 2010, with 66 percent of those infected being women; and that injection drug users accounted for 8 percent of

estimated new HIV infections in 2010, which was roughly the same number of new infections in this population in 2008. For more information, visit <http://www.aafp.org/news-now/news-in-brief/20130103wklynewsbrfs.html#NewsArticleParsys39154>.

## **Proposed Rule Would Expand Veterans' Access to Non-VA Physicians**

Currently, the U.S. Department of Veterans Affairs (VA) contracts outside the department for certain types of inpatient and outpatient care when VA facilities are unable to provide services. However, the VA allows a veteran to be treated by a physician not affiliated with the VA only when the treatment is started during a hospitalization. A new rule proposed by the VA would eliminate this restriction, making it easier for veterans to access care from community-based physicians and other health care professionals not affiliated with the VA. The American Academy of Family Physicians is expressing strong support for this proposed rule. For more information, visit <http://www.aafp.org/news-now/government-medicine/20121219vaproposedrule.html>.

## **Researchers Evaluate Medical Education Debt and Students' Choice of Specialty**

Authors of a study recently published by the Association of American Medical Colleges found that in 2011, medical school indebtedness was almost 3.5 times greater than in 1978. More specifically, 86 percent of 2011 medical school graduates had education debt at graduation, and that debt averaged more than \$161,000. Using financial planning software and publicly available data from federal and local agencies, real estate sources, and national organizations, the authors evaluated the economics of loan repayment in the context of household income and expenses to determine if medical education debt should affect a student's choice of specialty. They concluded that primary care remains a financially viable career choice for graduates with median levels of education debt. However, those with higher debt levels who are pursuing primary care should consider additional strategies for repayment. For more information, visit <http://www.aafp.org/news-now/education-professional-development/20121219debtrepaymentstudy.html>.

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