Main Stage: Top 10: EBM Updates

Frank Domino, MD

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Frank Domino, MD

Professor/Pre-Doctoral Education Director, Department of Family Medicine and Community Health, University of Massachusetts (UMass) Medical School, Worcester

Dr. Domino is a professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School, Worcester, and presents nationally for the AAFP. His areas of interest include ways to make evidence-based medicine accessible, medical ethics, and the use of technology in clinical practice. He is the editor-in-chief of The 5-Minute Clinical Consult; author and editor of the new Manual Medicine for Allopathic Providers; editor of a weekly evidence-based practice update (www.ebpupdate.com), which reviews clinically relevant articles; host of the "Frankly Speaking About Family Medicine" podcast; and co-author and co-editor of the Epocrates Lab database. Dr. Domino is a graduate of the University of Texas Medical School at Houston. He completed his residency at Hunterdon Medical Center in Flemington, New Jersey, where he was the chief resident.
Learning Objectives

1. Understand practice changing data that can applied to clinical practice the next day.

2. Gain perspective on the impact of these changes by interpreting medical statistics into easy to understand counseling statements.

3. Remind the audience to remain skeptical of the medical literature.

Top 10: EBM Updates From The Medical Literature

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BLOG: http://www.ebpupdate.com/
PODCAST: Frankly Speaking About Family Medicine
Objectives

• Review Practice Changing Updates from the Medical Literature

• Review Concepts of EBM in Simple Terms

• Encourage a Skeptical Approach to the Medical Literature (esp. Practice Guidelines. . .)

Maternal Mortality

Greatest Risk
US Women 3-7 times more likely to die in Pregnancy than other Developed Countries

African American Maternal Mortality
Rate 3-4 times
White Women

Pre/Post Partum Insurance
Advances... And Failures

49% CVD/CVA

45%: 26%: Accidents (OD/MVA)

12% Homicide

7% Suicide

California Fights Back

Pre-Conception & Extended Post Partum Care

↑ Screening for
-- Chronic Disease
-- Injury Risk
-- Mental Health Care
-- Increased Community Resources

Consider:
CV, Substance, Depression In Pregnancy
WHO Guidelines on Physical Activity, Sedentary Behavior and Sleep Children Under 5 Years

GUIDELINES ON PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR AND SLEEP FOR CHILDREN UNDER 5 YEARS OF AGE

children 3–4 years of age should:

- Spend at least 180 minutes in a variety of types of physical activities at any intensity, of which at least 60 minutes is moderate- to vigorous-intensity physical activity, spread throughout the day; more is better.
- Not be restrained for more than 1 hour at a time (e.g., prams/strollers) or sit for extended periods of time. Sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.
- Have 10–13h of good quality sleep, which may include a nap, with regular sleep and wake-up times.

[Visual representation of physical activity, sedentary screen time, and good quality sleep]
New Is Not Better: Picture Books vs e-books for Toddlers

• Observational study 37 parent-toddler dyads on 3 formats
  • Print
  • Basic Electronic, and
  • Enhanced Electronic [sound effects and/or animation]

• RESULTS
  • Toddlers: ↑ Verbal Engagement: 1. PRINT, 2. Basic Electronic, 3. Enhanced

• CONCLUSIONS: Parents and toddlers verbalized and collaborated less with electronic books. “…continue promoting shared reading of print books, particularly for toddlers and younger children.”

Who is this?

US: ~60,000 Pediatric ED Visits For Suicide

• National Hospital Ambulatory Medical Care Survey ED 2007-2015
• Suicide 2\textsuperscript{nd} leading cause of death among youths age 10 to 18 years
• “Attempted suicide” is the strongest predictor of subsequent suicide

• 3% 10-18 Year: Suicide Attempt or Suicide Ideation; Median 13 years

• \textbf{43.1\% of SA/SI ED visits were for aged 5-11 years;} 2.1\% hospitalized.

JAMA Pediatrics June 2019; 173(6): 599-600
Female Suicide Rate Increasing

10-14 Years
Female Rate
**Tripled**
(0.5 ->
1.5/100,000)

15-19 Years
Female Rate
**Doubled**
(2 -> 4/100,000)

JAMA Netw Open 2019:
2(5): 3193886

2017: 39,000+
Gun Deaths in US
26,000 Are
**Suicide**

**ASK:**
Self Esteem &
Negative Thoughts

https://data.oecd.org/healthstat/
Gun Related Deaths Around The World

Autism is STILL not Caused by MMR

- Danish Cohort MMR vaccination; > 600,000 Children
- Comparing MMR-vaccinated vs MMR-unvaccinated children → Hazard Ratio of 0.93 (95% CI, 0.85 to 1.02) NO DIFFERENCE
- In subgroup of children w/sibling history of autism or “autism risk factors” → No increased risk for autism after MMR vaccination

CONCLUSION
- MMR vaccination (STILL) does not increase the risk for autism, does not trigger autism in susceptible children, and is not associated with clustering of autism cases after vaccination.

“Is there a doctor on the plane?”

• 250 to 1000 events per day or 1/600 flights

Causes:
• ↑ Altitude ➔ ↓ Partial Pressure 02 ➔ Hypoxia
• Vasovagal (~25%), Cardiac, GI, Neuro, Respir (~10-12% each)

• All Planes have Emergency Medical Kits, Oxygen, AED’s

Special Thanks to Ted Macnow, MD, Umass Peds Emergency Medicine
What Causes 1/5 Deaths Worldwide?
SR: Diet Responsible for 1 in 5 Deaths World Wide

Dietary Risk Factors → Deaths & Disability

- **High Sodium (Prepared):** ~3 million deaths & ~70 million DALYs,
- **Low Whole Grains:** ~3 million deaths & ~82 million DALYs, and
- **Low Fruits:** ~2 million deaths and ~65 million DALYs.

• How are WE Doing?

Lancet 2019; April 3; DOI: [https://doi.org/10.1016/S0140-6736(19)30041-8](https://doi.org/10.1016/S0140-6736(19)30041-8)

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Red & Processed Meats, Sugar, Sodium

[Graph showing consumption of different foods across various regions]
<table>
<thead>
<tr>
<th>Food</th>
<th>Servings per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fruits</td>
<td>3</td>
</tr>
<tr>
<td>• Vegetables</td>
<td>5-7 (non-starchy)</td>
</tr>
<tr>
<td>• Legumes</td>
<td>1</td>
</tr>
<tr>
<td>• Whole grains</td>
<td>2</td>
</tr>
<tr>
<td>• Nuts and Seeds</td>
<td>1 ounce</td>
</tr>
<tr>
<td>• Milk</td>
<td>&lt; 12 ounces</td>
</tr>
<tr>
<td>• Red Meat</td>
<td>&lt; 4 ounces</td>
</tr>
<tr>
<td>• Processed Meat</td>
<td>None</td>
</tr>
<tr>
<td>• Sugared Beverages</td>
<td>None (includes Fruit Juice)</td>
</tr>
<tr>
<td>• Fiber</td>
<td>24 grams (ideally from vegetables)</td>
</tr>
<tr>
<td>• Seafood (Omega 3)</td>
<td>8 ounces</td>
</tr>
<tr>
<td>• Sodium</td>
<td>&lt; 3 grams</td>
</tr>
</tbody>
</table>
Beer is Good Food: The BEER-HIIT Study

HIIT: High Intensity Interval Training
- 10-week: HIIT 2 d/wk + Alcohol (>4 d/wk: Beer or Vodka)
- 4 Groups:
  - HIIT with or w/o EtOH vs No HIIT with or w/o EtOH.
  - Men (2/D) Lunch & Dinner; Women (1/D); Dinner.

Both HIIT Groups $\rightarrow$ ↓ in Fat Mass & ↑ in Lean Mass $(p < 0.05)$

No Exercise Groups $\rightarrow$ No Change In Adiposity/Lean Mass

Gratitude: thanks, mom. . .

Avoid Highly Charged, Emotional Topics
KALE is Dangerous: Environmental Working Group’s “Dirty Dozen”

1. Strawberries
2. Spinach
3. Nectarines
4. KALE (>90%)
5. Apples
6. Grapes
7. Peaches
8. Cherries
9. Pears
10. Tomatoes
11. Celery and
12. Potatoes

https://www.ewg.org/foodnews/dirty-dozen.php

“Breakfast is (NOT) Bad”

• SR/MA on Influence of Breakfast on Weight; 13 Trials
• Meta-Analysis → small weight loss when skipped “breakfast” (0.44 kg)
• Breakfast correlated higher total daily energy intake (x=259 calories)

• All Trials “High or unclear” risk of bias
• Breakfasts studied: Porridge & Corn flakes

BMJ. 2019 Jan 30;364:l42. doi: 10.1136/bmj.l42 (16/8 Diet)
Fish Oil Lowers CV Endpoints in High Risk Patients: Misinformation

• RCT high dose Fish Oil + statin in high Triglycerides
  • Rx: Icosapent Ethyl is dosed 2 grams PO BID

• Findings: “reduces the occurrence of first, subsequent and total ischemic events: including heart attacks, strokes and related deaths, among people at high cardiovascular risk despite already being on statin therapy”

  J Am Col Cardiol 2019; doi: /10.1016/j.jacc.2019.02.032

But...

Funding/Support:

• “The study was funded by Amarin Pharma who was involved in the --study design, collection, --analysis and interpretation, --and the development and review of this manuscript.”

• “The decision to submit the manuscript for publication was made by the authors.”
Conflict of Interests

- **Dr. Deepak L. Bhatt** discloses the following relationships:
  - Advisory Board: Cardax, Elsevier Practice Update Cardiology, Medscape Cardiology, PhaseBio, Regado Biosciences; Board of Directors: Boston VA Research Institute, Society of Cardiovascular Patient Care, Tobolef; Chair: American Heart Association Quality Oversight Committee; Data Monitoring Committees: Baim Institute for Clinical Research (formerly Harvard Clinical Research Institute, for the PORTICO trial, funded by St. Jude Medical, now Abbott), Cleveland Clinic (including for the EXCEED trial, funded by Edwards), Duke Clinical Research Institute, Mayo Clinic, Mount Sinai School of Medicine (for the ENVISAGE trial, funded by Daiichi Sankyo), Population Health Research Institute; Honoraria: American College of Cardiology (Senior Associate Editor, Clinical Trials and News, ACC.org; Vice-Chair, ACC Accreditation Committee), Baim Institute for Clinical Research (formerly Harvard Clinical Research Institute); RE-DUAL PCI clinical trial steering committee funded by Boehringer Ingelheim), Behvoir Publications (Editor in Chief, Harvard Heart Letter), Duke Clinical Research Institute (clinical trial steering committees), HMP Global (Editor in Chief, Journal of Invasive Cardiology), Journal of the American College of Cardiology (Guest Editor; Associate Editor), Population Health Research Institute (for the COMPASS operations committee, publications committee, steering committee, and USA national co-leader, funded by Bayer), Slac Publications (Chief Medical Editor, Cardiology Today’s Intervention), Society of Cardiovascular Patient Care (Secretary/Treasurer), WebMD (Chief steering committees); Other: Clinical Cardiology (Deputy Editor), NCDR-ACTION Registry Steering Committee (Chair), VA CART Research and Publications Committee (Chair), Research Funding: AbbV, Amarin, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Chiesi, Eisai, Ethicon, Forest Laboratories, Idorsia, Ironwood, Ipsen, Medtronic, Medtronic, Merck, Novo Nordisk, Pfizer, Regeneron, Roche, Sanofi Aventis, Synaptic, The Medicines Company; Royalties: Elsevier (Editor, Cardiovascular Intervention: A Companion to Braunwald’s Heart Disease); Site Co-Investigator: Biotronik, Boston Scientific, St. Jude Medical (now Abbott), Svelte; Trustee: American College of Cardiology; Unfunded Research: FlowCo, Fractyl, Merck, Nova Nordisk, Plx Pharma, Takeda;

- **Dr. Steg** receiving research grant funding from Amarin, Bayer, Merck, Sanofi, and Servier; speaking or consulting fees from Amarin, Amgen, AstraZeneca, Bayer/Janssen, Boehringer-Ingelheim, Bristol-Myers-Squibb, Idorsia, Lilly, Merck, Novartis, Novo-Nordisk, Pfizer, Regeneron, Sanofi,

- **Dr. Brinton** receiving fees as a speaker from Akcea, Amarin, Amgen, Boehringer-Ingelheim, Kowa, Merck, Novo-Nordisk, Regeneron, Sanofi-Aventis, and consulting fees from Akcea, Amarin, Amgen, Kowa, Merck, Precision Biosciences, PTS Diagnostics, Regeneron, Sanofi-Aventis;

- **Dr. Miller** receiving consulting fees from Amarin and Akcea;

- **Dr. Jacobson** receiving consulting fees from AstraZeneca, Amarin, Amgen, Esperion, Novartis, Regeneron, and Sanofi;

- **Dr. Ketchum, Mr. Doyle, Dr. Juliano, Dr. Jiao, and Dr. Granowitz** being employed by and being a stock shareholder of Amarin Pharma; Dr. Tardif, receiving grant support from AstraZeneca, Esperion, and Ionis, grant support and consulting fees from DalCor, grant support and fees for serving as co-chairman of an executive committee from Pfizer, grant support and fees for serving on an executive committee from Sanofi, and grant support and consulting fees from Servier and holding a minor equity interest in DalCor and a patent (U.S. 9,909,178 B2) on Dalcetrapib for Therapeutic Use;

- **Dr. Pocock and Dr. Gregson** receiving consultancy fees from Amarin Pharma, Inc.; and Dr. Ballantyne, receiving consulting fees from AstraZeneca, Eli Lilly, Matinas BioPharma, Merck, Boehringer Ingelheim, Novo Nordisk, Denka Seiken, and Gilead and grant support (paid to his institution) and consulting fees from Amarin, Amgen, Esperion, Novartis, Regeneron, Sanofi-Synthelabo, and Akcea.

My Favorite Line of the Paper

"No other potential conflict of interest relevant to this article was reported."
Real Information For Monday!

2019 Updated AHA/ACC Lipid Guidelines
(Not sure if they are my guidelines...)

- **Primary Prevention** (LIFESTYLE: Tobacco, Exercise, HTN, DM)
  - **Obtain Lipid** ages 40-75 [B]
  - **Non-fasting** lipid profile can be use (if Trig > 400, repeat with Fasting) [A]
  - **LCL-C >/= 190 mg/dL**, start High Intensity Statin (Age 20-75) [A]
  - **Diabetes Mellitus**: Moderate-intensity statin (without a 10-year ASCVD risk) (Age 40 to 75) [A]
  - **ASCVD RISK > 7.4 & LDL-C =70-189 mg/dL**, Moderate-intensity statin (goal >/= 30% ↓)[A]*
  - **If Unsure about Treatment, obtain a Coronary Calcium Score [B]**

- **Secondary Prevention**
  - Known ASCVD, High Intensity Statin (goal LDL-C < 70 mg/dL/50% ↓) [A]
    - If not at goal, consider adding an additional agent ? [B]*

- **Repeat Lipid Panel @ 4-12 weeks Treatment [A]**

*Am Fam Physician. 2019 May 1;99(9):589-591*
AHA/ACC: NOT SO EVIDENCE BASED Guidelines

- Systematic review of 51 current AHA/ACC & European Society of Cardiology guidelines; 6329 recommendations
- ONLY 8.5% of recommendations LOE A (RCT evidence)
- 50.0% as LOE B (observational data)
- 41.5% as LOE C (expert opinion)
- \( \rightarrow > 90\% \) Based upon ASSUMPTION
- % of LOE A did not increase from 2009 ACC/AHA guidelines

*JAMA.* 2019;321(11):1069-1080

Instead of a Ca Score: Lipid Graphics
Best Science Medicine

[Image of lipid graphics calculator]

[Website link: http://chd.bestsciencemedicine.com/calc2.html]
Prevent HIV: PrEP: Pre-Exposure Prophylaxis [A]

7/19: Only 1 in 3 At Risk Getting PrEP: Weekly / July 12, 2019 / 68(27);597–603

PrEP: Pre-Exposure Prophylaxis

- **At Risk:**
  - Men who have sex with men (MSM) & Heterosexual patients
    - Who have a serodiscordant partner,
    - Use **condoms** inconsistently, or
    - Have had an **STI** syphilis, gonorrhea, or chlamydia in the past 6 months.
    - People use IV Drugs/share needles
  - Oral Tenofovir disoproxil fumarate + Emtricitabine (Truvada).
    1 PO per day; takes 7 days to be protective
  - **Baseline:** HIV, Hep B, Renal Function, STI, hCG, COUNSEL Safe Sex
  - **Follow Up:** Q 3 Mn: HIV, hCG, STI; Q 6: CrCl; all visit: counsel for SS

- 8/19: FDA Approves new PrEP: Descovy (emtricitabine plus tenofovir alafenamide)
Philadelphia: Liberty Bell, Franklin Museum Declaration of Independence & Constitution

• **DOI (1776):** “We hold these truths to be self-evident, that all men are created equal... Life, Liberty and the Pursuit of Happiness”

• **Constitution (1787):** “We the People of the United States, in Order to form a more perfect Union... and secure the Blessings of Liberty to ourselves”

• Our Constitution changed the trajectory of world history.
• In Medicine, Liberty (freedom of Choice) = Autonomy
Teen Birth Rate > 50% Reduction 2008-18

Sex Ed & Access to Contraception

Support Patient Autonomy → Support a Woman’s Right to Choose

Should Abortion Be Legal?

Percent who say abortion should be legal in most or all cases:

- Republican
- Independent
- Democrat

2014:
- Republican: 39
- Independent: 55
- Democrat: 67

2018:
- Republican: 34
- Independent: 55
- Democrat: 70

“The Urologist Says Operate; What Should I Do?”
Predicting Prostate Cancer Prognosis

- 10,000+ from UK National Cancer Database (NCRAS) x ~10 Yrs & vs Singapore
- Conservative, prostatectomy, radiotherapy (RT) & androgen deprivation Tx

**Treatment Algorithm:**
- ‘PREDICT Prostate’ is an individualized multivariable PCa prognostic model with high Prognostic power using only routinely collected information.

**https://prostate.predict.nhs.uk/**
### Results

#### Adverse event risk with each pathway

This graph shows the percentage of men surviving at 10 and 15 years. These results are based on the inputs and treatments you selected.

#### Overall Survival

- **Conservative management**
- **Radical prostatectomy**
- **Radical Radiotherapy**

### Important

These results are estimates based on data from men with similar characteristics. There are other important factors which affect outcomes. Your specialist will help you put these results in context.

[Scroll down for potential harms]

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#### Potentially permanent harms of

- Conservative management
- Radical prostatectomy
- Radical Radiotherapy

The following estimates assume that the function is normal before treatment. The estimates are not individualised to you or your local treatment centre. Your local team may have data specific to your centre which you can ask about.

- **Erectile dysfunction**
  - Defined as: ‘Unable to have sex in the last 4 weeks’
  - With conservative management: about 5% in 100 men have this issue after 5 years.
  - With radical prostatectomy about 30% in 100 men have this issue after 5 years.
  - With radiotherapy about 5% in 100 men have this issue after 5 years.

  Estimates for erectile dysfunction have been derived from a large American study. The full research can be read here: [Link](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC370913/)

- **Incontinence**
  - Defined as: ‘Wore one or more pads in the last 4 weeks’
  - With conservative management: Lower than 5% in 100 men have this issue after 5 years.
  - With radical prostatectomy: About 30% in 100 men have this issue after 5 years.
  - With radiotherapy: About 5% in 100 men have this issue after 5 years.

  Estimates for incontinence dysfunction have been taken from the UK-based Prostate Testing for Cancer and Treatment (PROTEcT) trial. The full research can be read here: [Link](https://www.nejm.org/doi/full/10.1056/NEJMoa1006221)
Plantar Fasciitis
Etiology: Over Pronation (NOT Bone Spurs)

Systematic Review:
Manual Medicine for Plantar Heel Pain

• 6 RCTs joint mobilization & soft tissue techniques on plantar heel pain

• Improved Outcomes with Manual Therapy (soft tissue mobilizations)
  Quality of all studies: Moderate to High.

CONCLUSIONS
• Soft tissue mobilization is an effective modality for treating plantar heel pain.
  Foot (Edinb). 2018 Mar;34:11-16
Plantar Fasciitis Manual Medicine

• Soft Tissue Mobilization
  Tibialis Anterior Mobilization
  Plantar Fascia Mobilization

• Easy to Bill/Reimburse
  CPT: 97140

Taping for Plantar Fasciitis
Navicular Sling
Afraid of Going Into the Ocean

Deadliest animals: global deaths by animal, 2016

https://ourworldindata.org/causes-of-death#homicide

Aggressive Periodontitis Treatment in T2DM ↓A1c

- 12 month RCT 260 T2DM & w/moderate-severe periodontitis, > 14 teeth; Baseline, HbA1c was 8·1%

- Intensive periodontal treatment (IPT; Whole mouth scaling Q 3 months) or

- Control (CPT; polishing Q 3 months)

- HbA1c @12 months → 0.5% Reduction:
  IPT: 7·8% vs CPT: 8·3%

- LOOK in T2DM Mouth; get Dental Care

Lancet Diabetes Endocrinol. 2018 Dec;6(12):954-965
SR: 13+ Grams Viscous Fiber Improves T2DM

• SR of RCTs ≥3 weeks on viscous (psyllium) fiber on T2DM. 28 trial (n = 1,394).

RESULTS
• Viscous fiber at dose of ~13.1 g/day significantly reduced:
  • ↓ HbA$_{1c}$ (MD -0.58% [95% CI -0.88, -0.28]; P = 0.0002),
  • ↓ Fasting blood glucose
  • ↓ HOMA-insulin resistance
vs with control and in addition to standard of care.

CONCLUSIONS
• “Viscous fiber supplements improve conventional markers of glycemic control beyond usual care and should be considered in the management of type 2 diabetes”
  Diabetes Care, 2019 Jan 7. pii: dc181126. doi: 10.2337/dc18-1126

Dear Every Ophthalmologist EVER . . .

Pre-Op Clearance for Cataract Surgery!

Reasons

• Liability—“these are sick patients, you know...”
  • “You can bill for it”
  • “I needed someone to write the H&P”
AFP
Pre-Operative Visit

• Establish patient’s goals/ preferences; risks and benefits
• Resuscitation/ventilator, prolonged rehabilitation, and loss of independence.
• Evaluate comorbidities, cognitive function, decision-making, functional status, fall risk, frailty, nutritional status, inappropriate medication use, EtOH/Tobacco use.
• Assess Social Support systems and have been shown to predict 30-day postoperative morbidity


Interesting (but not EBM)
Fibromyalgia & Metformin

• Small RCT of 23 Fibromyalgia patients without diabetes;
• FM vs Controls → FM higher A1c (0.59% +/- 0.1) vs control
• Metformin added to Standard FM Tx (amitriptyline, duloxetine or milnacipran, gabapentin or pregabalin)
• 8 of 16 Metformin patients had complete resolution of pain; all Metformin patients had some pain reduction.

• CONSIDER: A1c & Metformin trial in uncontrolled FM patients
PLoS ONE 14(5): e0216079
Tape for Snoring

• Porous paper tape on 30 patients with 5-15 apnea-hypopnea index (AHI)

RESULTS
• **Epworth Sleepiness Scale**
  8.1 → 5.2
• **Visual analog scale**
  7.5 → 2.4 (all p<0.01)

• **AHI Score** from 12.0/hour → 7.8/hour (P < .01).

CONCLUSION
• Tape is a useful device to treat patients with mild OSA and habitual OMB


SR: Reduce Senior Fragility

• Systematic review of frailty interventions; 46 trials (15 690 participants).

• **Frailty interventions**: physical activity, health education, nutrition supplementation, home visits, hormone supplementation, and counselling.

• **Muscle strength training and Protein supplementation** highest for effectiveness and ease of implementation.

CONCLUSION
• Recommend muscle strength training and protein supplementation

*J Gen Pract.* 2019 Jan;69(678):e61-e69
Fragility Prevention

Exercise
- 20–25 Min 4 days/week at home,
- RESISTANCE & Aerobic
- 3 sets: exercise 10 -> 15 times per minute

Nutrition/Protein Supplementation
- Daily/milk, eggs, tuna, or chicken; or
- 2 × 200 mL Protein Shake day (25 g protein)
- 400 mL water

What INCREASES Cognitive Decline? Television!

- Television viewing >3,000 adults > 50 & Cognition over 6 years
- After controlling for demographic, socio-economic status, depression, physical health, health behaviors and other sedentary behaviors

- Watching television for > 3.5 hours per day is associated with a dose-response decline in verbal memory, independent of confounding variables.

- WORSE for those with better cognition at baseline

Scientific Reports vol 9, Article number: 2851 (2019)
The purpose of the Family Medicine Certification Examination ...to assure the public that you are up to date and aware of best practices in medical care.

2019: In 10th year of certification ending December 31, 2019, have two options to complete this requirement:

1. **One-Day Family Medicine Certification Examination** or
2. **Family Medicine Certification Longitudinal Assessment (FMCLA).**

**FM CERTIFICATION LONGITUDINAL ASSESSMENT FMCLA:**

- 25 questions online each quarter (100/Yr); 5 Min/question
- Questions can be completed at the place/time of your choice
  - Use clinical references during the assessment, “Like you do in practice”
- Answer 300 questions over a four-year time period -> flexibility to complete entire process in 3 years or extend to a max of 4 years
- PASS score for FMCLA will be just “as rigorous” as one-day examination.
How Much Time “OUTSIDE”? 

- < 30 Minutes  
- 1-2 Hours  
- >/= 2 Hours

2 HOURS of Nature/Week

- 20,000 adults: health, well-being, & time in nature  
- Nature: open spaces in and around towns and cities  
- After adjustment for confounders  
- Those at least 120 minutes/week in nature were more likely to report good/very good health and high well-being vs no time in nature.  
- Benefits ~ to physical activity

*Scientific Reports* volume 9, Article number: 7730  
(2019)
Summary

• Maternal Care with close F/U & Pediatric Suicidality,
• Encourage Parents to read BOOKS (& NOT Screens)
  • Air Travel Emergency Guide from JAMA
• Fruits, Vegetables, LEGUMES (Lentils); No processed meat
  • HIIT/Beer is OK, but maybe not Kale?
  • NO to Fish Oil Rx
• Fibromyalgia: Check A1c and Consider a Metformin Trial
  • Tape for Snoring and Mild OSA?

Summary

• Use PrEP for MSM and All At Risk
• Support: Sex Ed, Teen Contraception & CHOICE
• Prostate Cancer: Prostate Predict Tool
• Manual Techniques & Tape → Plantar Fasciitis
• T2DM: TEETH and add Soluble Fiber
  • Seniors: Exercise & Protein
• ↓ Screen Time Prevents Cognitive Decline
  • YOU: Get OUTSIDE
Thanks to Doug Henley!
EVP & CEO

Top 10: EBM Updates From The Medical Literature

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BLOG: http://www.ebpupdate.com/
PODCAST: Frankly Speaking About Family Medicine