Test Yourself

DynaMed Plus image quiz: Thrombosis

The left panel of this angiography shows thrombosis of the right carotid artery such as might occur in a patient who presents to the emergency department with an acute symptomatic ischemic stroke. The right panel demonstrates the return of vascular flow following successful thrombolysis, as might occur after the patient is treated with intravenous alteplase within 180 minutes of stroke onset.

- A: an asymptomatic intracranial hemorrhage at 36 hours
- B: an improved functional outcome at 3 months
- C: an increased risk of all-cause death at 3 months
- D: an increased risk of all-cause death at 6 months

(See answer at bottom of page.)

Effect of t-PA at 0-3 Hours*:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Likelihood with Placebo</th>
<th>Likelihood with t-PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good functional outcome (mRS score 0-1) at 3 months</td>
<td>26.5%</td>
<td>42.5% (NNT 7)</td>
</tr>
<tr>
<td>Symptomatic intracranial hemorrhage (NINDS definition) at 36 hours</td>
<td>0.6%</td>
<td>6.4% (NNH 17)</td>
</tr>
<tr>
<td>Mortality at 3 months</td>
<td>21%</td>
<td>17% (not significant)</td>
</tr>
</tbody>
</table>

Abbreviations: mRS, modified Rankin Scale; NINDS, National Institute of Neurological Disorders and Stroke; t-PA, tissue plasminogen activator.

Cartoon Caption Contest

Put words in our mouths

ACP Internist Weekly has compiled the results from its latest cartoon contest, where readers are invited to match wits against their peers to provide the most original and amusing caption.

This issue’s winning cartoon caption was submitted by Dabney James, MD, FACP. Thanks to all who voted! The winning entry captured 71% of the votes.

Captions and voting are conducted through ACP Internist Weekly. If you’re not already receiving ACP Internist Weekly, visit www.acpinternist.org/subscribe; contact Customer Service at 800-523-1546, ext. 2660, or direct at 215-351-2660 (M-F, 9 a.m. to 5 p.m. EST), or send an e-mail to customers@acponline.org.

Answer: B. An improved functional outcome at 3 months


While controversial, most internists, neurologists, and critical care intensivists support giving the t-PA agent alteplase within 3 hours of an acute symptomatic ischemic stroke, as do most (not all) guidelines, including strong recommendations from the American College of Chest Physicians, the American College of Emergency Physicians/American Academy of Neurology, and the American Heart Association/American Stroke Association. They believe there is high quality evidence that successful thrombolysis within 3 hours may increase functional independence without affecting overall mortality at 3-6 months, although there is an associated increased risk of symptomatic and fatal intracranial hemorrhage within 7 days. Note that asymptomatic intracranial hemorrhage is not a common outcome measure in studies of this type.

In contrast, t-PA given 3-4.5 hours after stroke onset increases the risk of symptomatic and fatal intracranial hemorrhage within 7 days and might increase 90-day mortality while the effect on improving functional outcomes is uncertain and inconsistent across trials. Even less effective, t-PA given > 4.5 hours after stroke onset may increase risk for fatal intracranial hemorrhage within 7 days and may increase 90-day mortality without increasing likelihood of functional independence.

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Letter to the Editor

With physical activity, beginning is half the battle

I recently read “Moving toward effective physical activity counseling” in the February 2017 ACP Internist, which did a great job of emphasizing how important it is to set appropriate objectives, begin slowly, and emphasize that something is better than nothing. Too many believe that nothing good happens until the officially recommended level is reached. This article does an excellent job of dispelling that belief.

Kenneth E. Powell, MD, FACP
Atlanta

Editor’s Note

Last November, the debate over statins was reignited with the release of the U.S. Preventive Services Task Force’s recommendations on use of the drugs for primary prevention. The Task Force recommended low to moderate statin doses in patients ages 40 to 75 with no history of cardiovascular disease (CVD), at least one CVD risk factor, and a 10-year CVD risk of at least 10%. This differed from the American Heart Association/American College of Cardiology, which recommended treatment at a 10-year risk threshold of 7.5% regardless of risk factors. Given the disagreement among experts, the fact that people who begin taking statins often continue them for life, and the potential for side effects, informed patient preference should be paramount in treatment decisions, experts say. Our cover story in this issue offers an overview of the Task Force guidelines as well as tips on discussing statin treatment with patients.

Our second cover story in this issue also covers differing opinions, this time between internal medicine and rheumatology. Last year, ACP released new evidence-based guidelines offering recommendations on diagnosis and treatment of gout, but it was a lack of a recommendation that actually caused the most controversy. In its gout management guideline, ACP found that the available evidence was insufficient to recommend for or against “treating to target,” or attempting to reduce gout attacks by lowering uric acid to normal levels. Rheumatologists, who believe treating to target is a mainstream of gout therapy, objected strongly to this finding, while the ACP guideline authors maintained that robust evidence supporting treat to target is not yet available. Our story provides more details on each side’s perspective.

Studies have found that it’s not uncommon for physicians—in-training to face discrimination from patients and their families, but often they, and their instructors, are unsure of how to handle it. As with many situations, preparation is paramount, as our story on page 9 discusses. In addition, this issue also features a story on page 8 outlining the particular challenges of managing patients without spleens, while a story on page 10 looks at efforts to educate physicians on avoiding antibiotic overuse (peer comparisons and public commitments have met with some success).

Finally, I want to call your attention to our new websites for ACP Internist, ACP Internist Weekly, and all of our news publications. The sites have been refreshed and updated to better serve our readers. Visit www.acpinternist.org and let us know what you think by emailing us at acpinteditor@acponline.org.

Sincerely,
Jennifer Kearney-Strouse

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