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Bulletin

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TABLE OF CONTENTS

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Michelle Powers, MD, MBA

President's Page

Michelle Powers, MD, MBA

As I look to the year ahead and serving as the 123rd President for OCMS, we are an organization that exists to protect the investments you've made in your education and career, and help physicians provide the best care for their patients. I hope to see you at one of our many events happening throughout the year.

Not all of our members were able to attend the inaugural in February, but we invite you to view a few of the photographs from the event on the ensuing pages. Also, I have included a few of my remarks at the 2023 Presidential Inaugural held at the Oklahoma City Golf & Country Club:

Thank you so much for joining us this evening to celebrate Oklahoma County physicians.

My name is Michelle Powers and I am a pathologist with The Pathology Group in OKC, which is a private group at two hospitals. I was the lab medical director at Mercy Hospital for 10 years, and now I am the lab medical director at Saint Anthony Hospital.

Now, there are a lot of stereotypes about pathologists. An outgoing pathologist is one who looks at YOUR shoes, instead of their own shoes. We are the "doctor's doctor." We work to solve problems and find answers in the lab and with tissues so that clinicians can take care of patients.

I plan to bring this approach into my tenure as the President of the Oklahoma County Medical Society.

Our physicians are being pulled in so many directions in order to take care of our patients.

But who is working to help physicians take care of ourselves? OCMS has tools to help physicians, that are under-utilized in our county, and I believe there is more we can do to reach out and help each other.

Thank you for giving me this opportunity to serve. I'd like to thank my family, especially my son, in-laws and parents for coming to support me tonight, and to my partners in my group.

Everybody have a great time tonight, and after dinner, please stay, dance, use the photo booth, and socialize, even if it means putting pathologists out of our comfort zones!

2023 Presidential Inaugural

Above: *Matt Jared, MD, President-Elect; Michelle Powers, MD, 2023 President; Brad Margo, MD, Vice President*

Above: *Basel Hassoun, MD, presents the 2023 Don F. Rhinehart Award to S. Sandy Sanbar, MD, PhD, JD*
Left: *Sumit Nanda, MD receives his outgoing president plaque*

Above: *Barbara and Mason Jett, MD.* ***Center:*** *Maya Gharfeh, MD, MPH (Physician's Academy graduate Class XI) and Feras Garfeh* ***Below:*** *Connor Young MS2, Samantha Barclay (MS3), Tate Atkinson (MS2), Isha Jhingan (MS2), Erin Barnes (MS2), John Zubialde, MD, Vickie Loemkr, MD, Sherri Baker, MD, Kyle Smith (MS3), Fernando Hernandez (MS3), Evan Mooney, (MS3)* ***Right:*** *2023 OCMS President Michelle Powers with son, Houston*

Left: *The 2023 Board of Directors, not afraid to unwind at the Inaugural—Basel Hassoun, MD, Craig Kupiec, MD, Matt Jared, MD, Pooja Singhal, MD, Latisha Heinlen, MD, Michelle Powers, MD, Lucy Tono, MD, Randal Juengel, MD, Sumit Nanda, MD, David Korber, MD, Brad Margo, MD*

Above left, standing: *Tyler Sanbar, Chuck Sanbar, Sandy Sanbar, MD, Shadi Sanbar, Terrance Khastgirm, MD. Seated: Jennifer Sanbar, MD, Dorothy Sanbar, Susanne Buchaeur, Susan Lueken*

Above: *Jeffrey Hirsch, MD, Dana Hirsch, Kersey Winfree, MD*

Left: *Whitney Nall, MD and Walter Floyd*

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Dean's Page

John P. Zubialde, MD
Executive Dean and Professor,
Family and Preventive Medicine
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In research, we must always keep our priorities front and center. As leading medical researchers for the state of Oklahoma, OU College of Medicine faculty and scientists are dedicated to conducting research that is crucial for not only advancing basic science knowledge but also for improving clinical outcomes, particularly for those who have traditionally been underserved and live in rural areas of Oklahoma. As you are all too aware, Oklahoma consistently ranks in the bottom 10% of states for the health outcomes of its population. Additionally, more than a third of the people in our state live in rural areas with limited access to routine healthcare and specialists, as well as patient-focused research, which limits access to novel therapies. This reality makes a robust community-based research enterprise a high priority for our state.

One of the most important vehicles in the effort to meet these needs is the Oklahoma Clinical and Translational Science Institute (OCTSI). It is funded by a grant from the National Institute of General Medical Sciences, a part of the National Institutes of Health. The original grant provided $20.3 million and the renewal an additional $20 million. I'm proud to say that this is now the 10th year for the OCTSI, and its contributions are numerous and wide-ranging. The principal investigator for this large grant and program is Judith James, M.D., Ph.D., George Lynn Cross Research Professor in the OU College of Medicine and Associate Vice Provost for Clinical and Translational Science at the OU Health Sciences Center. You may also know her for her own groundbreaking research on lupus, Sjogren's syndrome, rheumatic disease and related disorders at the Oklahoma Medical Research Foundation (OMRF), where she also serves as Vice President of Clinical Affairs and chair of the Arthritis and Clinical Immunology Program. Recently, Dr. James became the third Oklahoman elected to the prestigious National Academy of Medicine. Serving as associate director of the OCTSI is Tim VanWagoner, Ph.D., who is also an associate professor in the Department of Pediatrics.

In a nutshell, the OCTSI unites universities, nonprofit organizations, American Indian communities, public agencies, and primary care providers (and their practices) in clinical and translational research efforts to improve the health outcomes of Oklahomans. OCTSI currently serves 38 federally recognized American Indian tribes; two major medical schools; dental, nursing, pharmacy, allied health, public health and graduate colleges; two private nonprofit research foundations; and a total of 27 separate state organizations.

While the clinical, research and education resources provided by the OCTSI are too numerous to name individually, I would like to highlight a few. The program offers a navigator service to help researchers and research partners understand the steps involved in transforming their ideas into meaningful projects, as well as a wide range of resources in biostatistics, epidemiology and research design. Through the OCTSI, researchers also have access to numerous registries and repositories, providing data and samples from patients with various conditions. The program also provides physical space featuring clinical examination rooms, testing equipment and dedicated research personnel. Mentoring and training

are a major focus, giving less experienced researchers the tools they need to accelerate their careers.

The OCTSI also offers a pilot project program that annually funds several innovative research projects focusing on health issues of concern to Oklahomans, particularly those who are medically underserved. Many of these projects are interdisciplinary in nature, bringing together researchers from different institutions and organizations to unite their expertise toward a common goal. Recipients have leveraged the data from those investigations to earn millions more in extramural funding. To guide those discoveries toward the people who will most benefit from them, the OCTSI contains a community engagement core. This effort represents a web of partners throughout the state, including several practice-based research networks, as well as the James W. Mold Oklahoma Primary Healthcare Improvement Cooperative, which supports the dissemination and implementation of evidence-based improvements in primary care throughout the state.

To find just one prominent example of how this type of research collaborative benefits Oklahomans, we only have to look back to the pandemic. When the COVID-19 pandemic began, the OCTSI established a working group to facilitate collaborative research on the virus. Researchers from several organizations, notably our neighbors at the Oklahoma Medical Research Foundation, joined university investigators in establishing projects regarding COVID-19 diagnostic tests, vaccines, therapeutics, host response, and more. The OCTSI is also leading our participation in national study that seeks to better understand the long-term effects of COVID-19 in both adults and children. As you know, COVID-19 has resulted in long-term symptoms that we have rarely seen with other viral infections. For the sake of individual health and public health, we must be proactive in understanding these prolonged or returning symptoms. This work is made possible through a grant awarded from the National Institutes of Health.

The bottom line is that research is essential for improving the health and well-being of Oklahomans, and the OCTSI plays a significant role in supporting the kinds of research that can change the trajectory of health outcomes in our state. I am so very proud of our research mission in the OU College of Medicine and grateful for our many research partners across our campus and the state. This we can be sure of: Together, we are advancing the reach and the quality of medicine to better help those who need us most.

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Potentially Unsafe Older Doctor

S. Sandy Sanbar, MD, PhD, JD, FCLM

One of the major responsibilities of a licensing state medical licensing board is to promote public safety by minimizing the number of unsafe doctors. The licensing board is cognizant of the importance of a medical license and a physician's right and independence to practice medicine.

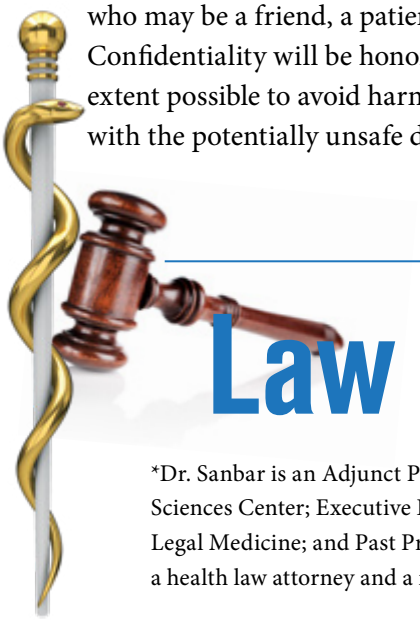
Unsafe Doctor

If someone knows of a doctor who may no longer practice medicine safely, that person is under an obligation to report the doctor to an appropriate hospital, State Physician Health Program, or state medical licensing board, which is mandatory in most states including Oklahoma.

Reporting an unsafe doctor may be verbal or in writing and should give reason(s) for making the report and be signed for authentication purposes.

Confidentiality

The reporting individual may request that her/his name not be revealed to the individual being reported, who may be a friend, a patient or a relative. Confidentiality will be honored to the fullest extent possible to avoid harm to the relationship with the potentially unsafe doctor.



However, it is important to make sure that the potentially unsafe doctors are evaluated, and all physical or mental records obtained remain confidential and cannot be made public, unless mandated by law. The discussion below incorporates most of the steps noted in the Clinician's Guide to Assessing and Counseling Older Drivers, 2020, 4th Ed.[1] The "driver" of a medical practice is the doctor. Indeed, the same general discussion on physical and cognitive impairment is applicable to other professionals.

General information about older doctors.

- The number of older doctors is growing, and they are practicing medicine longer.
- Medical errors are more common among older doctors than younger ones.
- The risk of errors for older doctors is in part related to physical, visual, and/or mental changes associated with aging, medications and/or disease.

Continues on page 16 …

Law and Medicine

*Dr. Sanbar is an Adjunct Professor of Medical Education, University of Oklahoma Health Sciences Center; Executive Director and Past Chairman and Diplomat, American Board of Legal Medicine; and Past President and Fellow, American College of Legal Medicine. He is a health law attorney and a retired cardiologist.

- Many older doctors self-regulate their medical practice behavior.
- Retiring from practice is inevitable for many and is often associated with negative outcomes.

Is the older doctor at increased risk of unsafe medical practice?

- When taking the doctor's history and reviewing the medical record, the examiner should be alert to "red flags," including medical conditions, visual, cognitive, or motor changes, medications, functional decline, or symptoms or signs that can affect medical practice skills and patient safety.
- Age alone is not a red flag for practicing medicine safely.
- The approach to potentially unsafe doctors is to optimize safe practice rather than simply stopping older doctors from practicing.

Screening and assessment of functional abilities for practicing medicine.

- An assessment of underlying functional abilities for safe practice includes vision, cognition, and motor functions.
- The finding of significant functional impairment may necessitate limiting or stopping practice.
- Older doctors with visual and/or physical impairments have a greater potential for continuing safe practice than those with cognitive impairment, because adaptive equipment and compensatory strategies are available.
- No single assessment can accurately predict fitness to practice medicine. An array of assessment tools should be used to determine risk in older doctors.
- Self-report or self-assessment has not been shown to be an adequate measure of fitness-to-practice, largely because of the desire to remain practicing independently.

Clinical interventions

- The goal of clinical evaluation is to identify, correct, or stabilize any functional deficits that may impair the older doctor's medical performance and to consider referral to a Physician Rehabilitation Group, if appropriate.
- Screening for visual field cuts is important, because most older adults with visual field loss are unaware of the deficit until it becomes quite significant.
- Failure to pass any measure of cognitive testing should elicit a referral to provide opportunities for older doctors to optimize cognitive function and perhaps explore their potential to continue to practice medicine safely, for example, occupational therapy, speech-language pathologists, neuropsychologists, driving rehabilitation specialists, or other medical specialists.

Advising the older doctor about transitioning from practice

- Frail older doctors should proactively/annually be screened for practice safety and consider referral for comprehensive evaluation by an appropriate specialist/therapist.
- Older doctors should be encouraged to have a medical practice planning discussion before facing eminent loss of the privilege to practice or liability insurance.
- When an older physician is unsafe to practice, alternatives to practice should be discussed and documented in the doctor's health record.
- An unsafe doctor who continues practice should be reported, as noted above.

Ethical and Legal Issues

- Laws, regulations, and policies vary not only by State but also by local jurisdiction and are subject to change. Health care professionals should seek legal advice on specific issues or questions.
- It is important to know and comply with State requirements to avoid being subject to a third-party lawsuit.
- Some states have mandatory reporting requirements of unsafe doctors that may give rise to liability for failure to report.

- The ethical responsibility to maintain the doctor's confidentiality as well as the ethical responsibility to public safety is not limited to physicians; all health care professionals have the same obligation.
- The doctor's permission should be obtained before contacting consultants or therapists. If the doctor maintains decisional capacity and denies permission, his/her wishes must be respected.

State licensing and reporting law

- Each state has its own licensing and license renewal criteria.
- Licensing and license renewal information is subject to change, and statutes for specific states should be checked for up-to-date changes in laws or requirements.

Medical conditions, functional deficits, and medications that may affect doctor safety.

- Many medical conditions, functional deficits, and/or medications may potentially impair practicing medicine.
- Treat the underlying medical condition and/or functional deficit to improve the condition/impairment or limit progression.
- If the functional deficit is due to an identifiable offending agent (e.g., medication), remove the offending agent or reduce the dose, if possible. These older doctors should be advised about the risks of practicing medicine safely. Practice restriction or cessation may be needed.

[1]Geriatrics Care | Geriatric Resources | Online events | Updates - Geriatrics Care Online

Alliance Kitchen Tour Raises $28,900 Through 30th Anniversary Tour

The Oklahoma County Medical Society Alliance recently donated more than $28,900 to local health-related nonprofits and initiatives, following its Alliance Kitchen Tour fundraiser last fall. Dividing the proceeds, the Alliance awarded more than $14,450 to Keaton's Kindness Foundation (K Club), $7,225 to Health Alliance for the Uninsured (HAU), and $7,225 to Alliance Community Service projects.

"We were thrilled to have so many advertisers, sponsors and volunteers involved in last year's tour—being our 30th year—and the event turnout was really great," said 2022 Kitchen Tour co-chair Tessa Wicks.

"As an organization dedicated to improving our community's health, the Alliance was proud to partner with K Club and HAU as beneficiaries," said co-chair Natasha Neumann.

The K Club supports pediatric cancer patients who are treated at Oklahoma Children's Hospital and the Jimmy Everest Center for Cancer and Blood Disorders and their families through financial assistance and random acts of kindness. The Alliance donation will allow K Club to host more Lego parties for children.

HAU assists Oklahomans seeking basic health care, mental health, vision, dental and women's health care, and it guides Medicaid enrollment to improve individual and community health outcomes.

Oklahoma County Medical Society Alliance is an organization of physicians' spouses and physicians dedicated to enriching our community through awareness and education about health and wellness, assisting nonprofit organizations that meet a health-related need within Oklahoma County, partnering with physicians to advocate positive legislative changes on behalf of the medical profession, and building a dynamic network for communication and support among our local community of physician families. For information, visit www.ocmsalliance.org.

Join the Oklahoma State Medical Association Alliance for dinner and celebration of Doctors Day! Dr. Donna Van Natten will bring her high-octane, interactive, and fun presentation that provide new insights and tools about human behaviors for all professions, ages, and stages of life.

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Statins for the Post-Cholecystectomy Syndrome

Hanna Saadah, MD

In 1988 I treated an obese woman who had suffered horribly from the poorly defined Post-Cholecystectomy Syndrome. She had spent 12 years undergoing medical treatments, endoscopies, retrograde cholangiograms, cholecystectomy, endoscopic sphincterotomy, exploratory surgeries, plus 4-5 hospitalizations per year for biliary colic, nausea, vomiting, and dehydration.

I theorized that her bile cholesterol load must exceed her bile's solubility index, and that un-solubilized cholesterol crystals, traversing her bile ducts, could be provoking her recurrent biliary-colic episodes.

Knowing that statins, by reducing cholesterol synthesis, also reduce bile cholesterol concentration and lithogenicity, I gave her a therapeutic trial of Lovastatin 40 mg/d. She began to improve within a few days, and by the end of the second month on Lovastatin, she became asymptomatic and reclaimed her life as a hospital nurse.

For five years after that seminal case, I treated eleven similar patients and published my results.[1] Moreover, for the subsequent 35 years, I have continued using statins for the Post-Cholecystectomy Syndrome with a high degree of success. After several months of treatment, many patients were even able to stop their statins and use them only periodically to abort relapses.

The idea that statins, by reducing bile cholesterol concentration and bile lithogenicity, lower the risk of gallstones and reduce the need for cholecystectomy—is not new.[2,3]

In an editorial[4] regarding a meta-analysis, which showed that statin use reduced the risk of gallstone disease[5], Susumu Tazuma also referenced dissolution of gallstones with pravastatin, lovastatin, and simvastatin after long-term treatments.

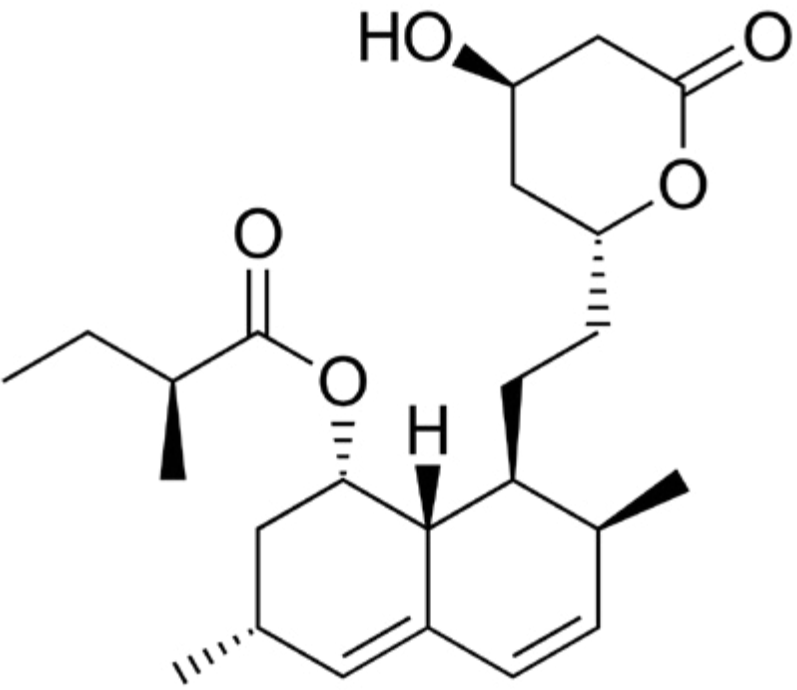
Moreover, J. L. Smith randomized pre-cholecystectomy patients to simvastatin or placebo for three weeks and then measured their bile and gallbladder cholesterol concentrations during surgery.[6] He found that simvastatin selectively reduced bile cholesterol concentration and bile lithogenicity only in the common bile duct, but not in the gallbladder. His findings reinforce the notion that statins might be well suited for the treatment of the Post-Cholecystectomy Syndrome.

Cholecystectomy, by eliminating sequestered bile—increases bile re-absorption through the enterohepatic circulation, increases bile flow, enhances cholesterol solubility, promotes bile cholesterol desaturation[7], and relieves recurrent attacks of biliary colic and dyspepsia, even in the absence of cholecystolithiasis.[8]

On the other hand, statins, by a different mechanism—reduce cholesterol synthesis, reduce bile cholesterol concentration, and promote bile cholesterol desaturation. The synergistic effects of cholecystectomy (which increases bile flow) plus statins (which decrease bile cholesterol) may explain my observation that statins can be potent therapeutic agents for the Post Cholecystectomy Syndrome.

Cholecystectomy—the most frequently performed procedure in general surgery with 700,000 to 900,000 annual operations done in the U.S. alone—helps about two thirds of the patients and leaves one third with residual symptoms in the poorly defined Post-Cholecystectomy Syndrome.[2,9,10]

Given that the Post-Cholecystectomy Syndrome is a common clinical problem that causes chronic suffering, a therapeutic trial with mid-potency statins seems worthwhile. The statin remedy—a relatively



simple, safe, and affordable treatment—stands to help many Post-Cholecystectomy-Syndrome sufferers. It could also protect patients from expensive (and often invasive) investigations, and ineffective (and often harmful) therapies.

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References

1. Hanna A. Saadah. Post-Cholecystectomy Biliary Pain and Dysphagia (Response to 3-hydroxy-3methylglutaryl coenzyme A reductase inhibitors) Journal of the Oklahoma State Medical Association, Volume 87, No. 7, July 1994.
2. Bodmer M, Brauchli YB, Kr.henbühl S, Jick SS, Meier CR. Statin use, and risk of gallstone disease followed by cholecystectomy. JAMA 2009; 302: 2001-7.
3. Smith JL, Roach PD, Wittenberg LN, Riottot M, Pillay SP, Sestel PJ, Nathanson LK: Effects of simvastatin on hepatic cholesterol metabolism, bile lithogenicity and bile acid hydrophobicity in patients with gallstones. Journal of Gastroenterology and Hepatology 2000, 15(8):871-879.
4. Susumu Tazuma. Statins affect gallstone disease: Underlying mechanism(s) are to be established. Hepatology Research 2015; 45: 939-941.
5. He-Ping Kan, Wen-bin Gou, Yong-Fa Tan, Jie Zhou, Cun-dong Liu, and Yu-Qi Huang. Statin use and risk of gallstone disease: A meta-analysis. Hepatology Research 2015, 45: 942-948.
6. Jeffery L. Smith, Paul D Roach, Leonie N Wittenberg, Michel Riottot, S. Praga Pillay, Paul J Nestel and Les K Nathanson. Effects of simvastatin on hepatic cholesterol metabolism, bile lithogenicity and bile acid hydrophobicity in patients with gallstones. Journal of Gastroenterology and Hepatology (2000) 15, 871-879.
7. Berr F, Stellaard F, Pratschke E, Paumgartner G. Effects of cholecystectomy on the kinetics of primary and secondary bile acids. Journal of Clinical Investigation 1989:83:1541-1550
8. Rajagopalan AE, Pickleman J. Biliary colic and functional gallbladder disease. Archives of Surgery 1982; 117: 1005-1008.
9. Rachel V Guest, Kjetil S.reide. Pain after cholecystectomy for symptomatic gallstones. The Lancet Vol 393 June 8, 2019.
10. Aafke H van Dijk, Sarah Wennamacker, Philip R de Reuver, et. al. Restrictive strategy versus usual care for cholecystectomy in patients with gallstones and abdominal pain (SECURE): a multicenter, randomized, parallel-arm–inferiority trial. The Lancet Vol 393 June 8, 2019.

Medicine Day 2023

Tuesday, March 21

Bring your white coat and show your support for medicine-friendly legislation by joining us for Medicine Day 2023. The annual event returns to the Oklahoma State Capitol with an afternoon legislative meet and greet, followed by an evening reception at the Harn Homestead.

Schedule of Events

1:30 to 2 pm
Legislative Update and Briefing
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2 to 5 pm
Meet with Your Legislators
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5 to 7 pm
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Will Glendenning is a medical school drop-out, a PhD drop-out, and very nearly a drop-out from life itself. He is given the task to establish a cancer research foundation based on a faulty and pointless agenda demanded by the wealthy donor – Will's deceased father. Years later, this "ludicrous" agenda proves valid thanks to a series of anonymous tips received online. Will connects these tips to his old friend and classmate Chase Callaway, whereupon a cold case turns hot.

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Clinical Capsule

Seki Balogun, MD,
Professor of Medicine
Reynolds Section of Geriatrics and Palliative Medicine
Department of Medicine,
University of Oklahoma Health Sciences Center

Deprescribing

(Medication Management in Older Adults)

Ms. RT, an 83-year-old woman is seen in clinic with her daughter, who reports progressive forgetfulness and fatigue over the last two weeks. Past medical history reveals type 2 diabetes mellitus, essential hypertension, heart failure with preserved ejection fraction, depression, gastroesophageal reflux disease, and insomnia. Daughter is concerned because her mother has been sleeping more, forgetting her appointments and names of recent acquaintances, and feeling more tired. At baseline, she was independent, ambulated with a rollator walker, but required assistance with her finances. Her medications included Digoxin 0.25mg/d, Glipizide 10mg/d, Rosiglitazone 4mg/d, Cyclobenzaprine 10mg TID, Amitriptyline 25mg/d, Omeprazole 20mg/d, Fluoxetine 20mg/d, Losartan 25mg/d, Furosemide 40mg/d and acetaminophen/diphenhydramine 500mg/25mg nightly. On physical examination, she is neurologically intact but appears somnolent and is unable to complete the mental status test because she has difficulty focusing. Recent prior cardiac work-up was stable. Laboratory studies show hypokalemia (3.0meq/L), hypoglycemia (70mg/dL), estimated glomerular filtration rate (50 mL/min), and free digoxin level (1ng/ml - N 0.4-0.9 ng/mL).

Her clinical picture is consistent with ***delirium*** secondary to medication adverse effects. Digoxin was discontinued and potassium repleted. With close monitoring over several outpatient visits, glipizide, rosiglitazone and furosemide dosages are reduced. Cyclobenzaprine and amitriptyline are tapered and subsequently discontinued to reduce anticholinergic effects. Slowly, her mental status and energy level improved back to baseline.

Medication management in older adults is a crucial aspect of geriatric care; it involves cautious prescribing and appropriate deprescribing. While older adults form only 18% of total population in the United States, up to a third of all prescriptions are made out to them. About 29% of US older adults take five or more prescription medications as well as concurrent over-the-counter supplements.

Polypharmacy in older adults often results from treating unrecognized adverse drug effects with more prescriptions (prescribing cascades), leading to medication non-adherence, increased hospitalizations, falls, and decreased cognitive and physical functions.

Moreover, in geriatric care, several patient factors such as older age, lower educational level, and higher chronic disease burden may also be associated with overprescribing. Multiple prescribers, failure to conduct a thorough medication review, age-related pharmacokinetic changes and frailty further predispose older adults to adverse drug reactions that are preventable.

Potentially inappropriate medications include anticholinergic agents such as antihistamines,

antispasmodics, muscle relaxants, and central alpha agonist antihypertensives, which predispose to mental status changes, orthostasis and urinary retention. Other potentially inappropriate medications include antipsychotics, benzodiazepines, sedative hypnotics, barbiturates, and analgesics such as meperidine and indomethacin (Table).

Therapeutic deprescribing after a thorough medication review is a standard approach in geriatric care. Simplifying the medication regimen, when possible, also enhances adherence to medical treatment.

References

1. Arnett RH, Blank LA et al. Health Care Financing Review. 1990:11, 1-41.
2. Gallagher P, Barry P et al. J Clin Pharm Ther. 2007:32, 113-21
3. Qato DM, Alexander GC et al. JAMA. 2008;300(24):2867.
4. Lu WH, Wen YW et al. CMAJ. 2015 Mar 3;187(4):E130-E137
5. Rawle MJ, Copper R et al. J Am Geriatr Soc. 2018 May;66(5):916-923
6. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2019 Apr;67(4):674-694.

Table. Common Potentially Inappropriate Medications

(Adapted from American Geriatrics Society 2019 Updated AGS Beers Criteria®)

Medications	Recommendation
Anticholinergic Agents • Antihistamine • Antiparkinsonian agents (benztropine) • Antispasmodics	Strong recommendation to avoid
Cardiovascular • Alpha-2 blockers (Doxazosin) • Central alpha agonist (clonidine) • Antiarrhythmics • Digoxin – doses >0.125mg.day	Strong recommendation to avoid
Central Nervous System Agents • Tricyclic antidepressant • Antipsychotics • Barbiturates • Benzodiazepines • Nonbenzodiazepine hypnotics (zolpidem)	Strong recommendation to avoid
• Selective serotonin reuptake inhibitor • Serotonin norepinephrine reuptake inhibitor	Use with caution (risk of syndrome of inappropriate antidiuretic hormone secretion -SIADH)
Analgesics • Meperidine • Non-steroidal anti-inflammatory agents (indomethacin)	Strong recommendation to avoid
Muscle relaxants (cyclobenzaprine, methocarbamol)	Strong recommendation to avoid
Sulphonylureas – long acting (glyburide)	Strong recommendation to avoid


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About the Cover

Two Oklahoma City fitness staples are just around the corner, making sure residents of the Sooner State know that spring has arrived.

The Oklahoma City National Memorial Marathon, which has attracted runners worldwide since its inception in 2001, is scheduled for April 28-30.

The inaugural race kicked off with just shy of 5,000 participants and has grown to host more than 25,000 runners and walkers from every state and several countries. It's been named as one of the "must-run marathons" by *Runner's World* magazine. It's also an official Boston qualifying race.

Six events take place throughout race weekend: Marathon, Half Marathon, 5K, 5-Person Relay Kids Marathon, and Senior Marathon. Participants in the Kids Marathon run 25 miles leading up to the weekend, then finish out the last 1.2 miles on race day.

The Health & Fitness Expo kicks off race weekend festivities. It opens on Friday for packet pick-up and runs through Saturday. The Expo is open to all and features dozens of vendors with the latest in running gear and apparel.

All event proceeds benefit the Oklahoma City National Memorial & Museum. Registration is available at okcmarathon.com.

Earlier in the month of April, the 40th Redbud Classic will unwind along the streets of Nichols Hills. The 2023 Redbud is slated for April 15-16.

Redbud events include Saturday, April 15 bike rides of 50, 30 and 10 miles, as well as a 1-mile Kids' Fun Run and a 1-Mile Woof Walk. Sunday, April 16 events include a 10K Run, a 5K Run, and a 5K Wheelchair Event.

The Redbud has been committed to its mission for four decades. Throughout the years, the Redbud has offered numerous opportunities for families, friends and the entire community to join together in exciting events, geared for all ages and fitness levels.

Since the Redbud Classic began in 1983, it has experienced tremendous growth and strong community support. Today, the Redbud remains focused on offering the community quality events while encouraging competition and fitness. Since its first race 40 years ago, the Redbud has contributed over $900,000 to local nonprofits. The Redbud is partnering with Wings Special Needs Community for 2023.

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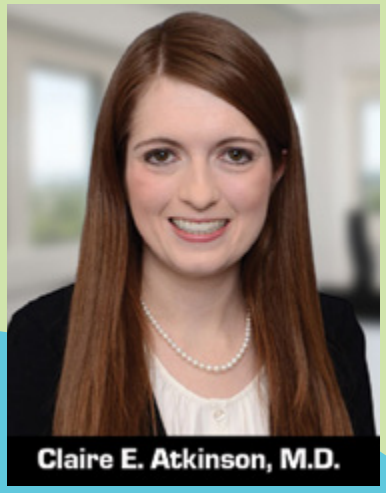


Dr. Claire Atkinson, our newest provider, is now board certified in allergy and immunology in addition to pediatrics. She has been serving patients at our main clinic and she will start seeing patients at our Yukon satellite clinic in January.

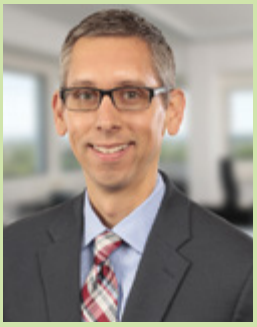

Dr. Dean Atkinson


Dr. Laura Chong


Dr. Maya Gharfeh


Dr. Richard Hatch


Dr. Bret Haymore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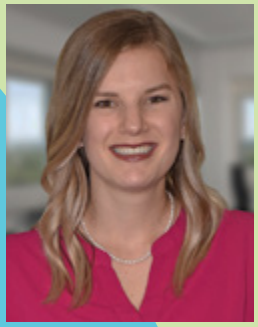
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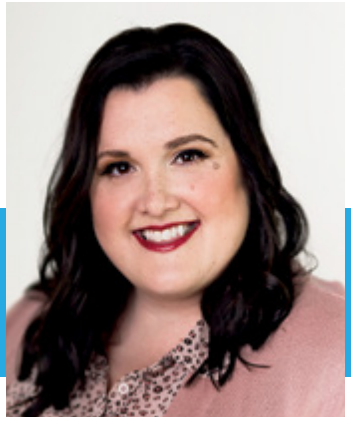
Alison Fink



If you are reading this you are likely a member who understands the benefit of being a part of an organization like OCMS. Many of our members see the value but can find it difficult to concisely articulate it and share with colleagues. Is it comradery? Is it the comfort of knowing that you are part of a group with a bigger shared benefit? Is it because you know physicians are stronger when unified? Is it because you see the value OCMS provides to the greater community? Is it our continuing medical education or physician wellness programs? We are working together with Oklahoma State Medical Association on a solution to make it easier to share why you are a part of our organization.

We are working on ways to be more visible to physicians. Maybe OCMS will be in your physician lounge, or at one of your staff meetings. How can we share the benefits of joining from our office on 50th Street? If you want us to come talk to your colleagues about OCMS, let us know. Together with OSMA, we will bring lunch and share the ins and outs of why we are a valuable asset to physicians.

Spring is an incredibly busy time for OCMS. Check your emails as we keep you informed of our upcoming events.

March 23
Solo Practitioners Collegiality dinner

March 27
Membership Meeting with guest speaker Lee Rhoades,
Chief Science Officer at the Oklahoma Medical Marijuana Authority

April 15
OSMA House of Delegates

April 25
Early Career Physicians Collegiality dinner

As always, we welcome your feedback and comments – afink@okcountymed.org.

Good News! Your Patients Can Save More Lives!

To set the highest standard of pre-hospital care for central Oklahoma trauma patients, OKC area first responders are now stocked with low titer O whole blood ("LTOWB"). Unfortunately, this progress means there is even more pressure on the group O blood supply.

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The Mission Doctor

One of my most rewarding medical experiences was working as a mission doctor in Nicaragua. I was a fourth-year medical student in 1972 at the University of Illinois Medical School and had an optional three-month alternate quarter. The Moravian church had a medical mission in eastern Nicaragua for the Miskito Indians, arranged through a Doctor Ned Wallace at the University of Wisconsin Medical School. You paid for your own transportation, but once you arrived in Bilwaskarma, Nicaragua, near the Rio Coco River, the mission provided your room and board – and all the beans and rice you could eat!

I traveled first by jet, then C-47 twin engine transport to Tegucigalpa, Honduras, and finally by Piper Cub, flown by a missionary pilot, to land on a grass field in Bilwaskarma, Nicaragua.

The mission doctor had two years training in general surgery and was a member of the Moravian Church. There were several wooden structures, bult on stilts, that provided housing for the Nicaraguan nurses and medical students, who were required to spend a year working in a remote village.

The village had an electrical generator that provided electricity during the day, and was shut off at night. The only air conditioning was for the one-room operating suite. The tin roof on the dorms was elevated one foot off the houses to provide for through-and-through air flow, but did little for mosquito prevention.

You could ride for four hours in the bed of a Toyota pick-up traveling 20 miles an hour over the bumpy dirt roads and rickety bridges to visit Puerto Cabezas for a $2 all-you-can-eat lobster dinner and a swim in the Caribbean with pelicans circling overhead.

A few days after I arrived, a pregnant Miskito Indian woman, whom I knew as Mrs. Green, was carried in by stretcher to the hospital from the hinterland. Her right foot had been bitten by a snake while she worked

in the fields and the bush doctor was unable to stop the spread of the poison. Four men had carried her by stretcher on the their backs for three days to get her to the Thaeler Moravian mission hospital. By then, her right leg was grossly swollen and mottled, and she was unconscious, in septic shock.

With limited oxygen, no recordable blood pressure, and only penicillin available, the mission doctor said that she had only hours to live, and that it was too late to save this unfortunate woman. I had just finished rotating through the Cook County Burn Unit in Chicago, and had done a few faciotomies on burn victims.

I asked Dr. Peter Haupert to let me give it a try. He agreed, so we started an IV and began giving normal saline fluids and penicillin. With no anesthesia for this unconscious, hypotensive woman, and with the help of the nurses, I performed an extensive right leg medical and lateral fasciotomy from the upper thigh to the ankle, with several pints of creamy white pus pouring out. We irrigated with saline and then packed both wounds.

We continued packing the wounds daily with wet saline dressings, continued the penicillin and IV fluid resuscitation, and, to everyone's surprise, including my own, this lady survived. She returned to the bush country and, seven months later, gave birth to a healthy baby, Brain. I even got word that the bush doctor, who practiced a totally different brand of medicine, was grateful to me for her survival and began sending some of his patients to the Moravian clinic.

After three months, I returned to the states, took a general surgery residency, and practiced 40 years as a general surgeon in Oklahoma City. The entire Moravian village, including the Thaeler Hospital, and other Miskito villages, were later burned down by the Sandinistas, but the hospital and many of the Miskito villages have since been rebuilt.

Through the years, certain events occurred that reminded me of those three months in the boonies in Nicaragua. I'm always turning off light switches to save electricity. When we run out of something at the hospital, I don't get upset, because I know it will only take a few days, instead of a few months, to re-supply. When it's too hot and muggy outside, I'm grateful for my air-conditioned house – without mosquitos!

But for all the surgeries I've done, I periodically think about Brian Green and where he might be today. What if I hadn't gone to Nicaragua? My third world alternate quarter rotation was one of my most rewarding, life-shaping medical experiences – and I wasn't yet a doctor!

STILL

There is much pain, sorrow and sadness in what we do, as much as there is joy, humor and life. We try to prepare for it, categorize it, study it—the wailing grief, the anger-clad hopelessness, the oft-repeated five stages of whatever. We approach it valiantly at times, as a comforter or a quiet listener, an encourager or guide of sorts.

We empathize, we inform, we defend against heated insults, guard our souls and psyche from getting pulled in, and laugh and infuse joy wherever we can, but we have a goal—to carry ourselves and others through to the other side, to move through the mire as soon as possible. After all, is that not where healing is?

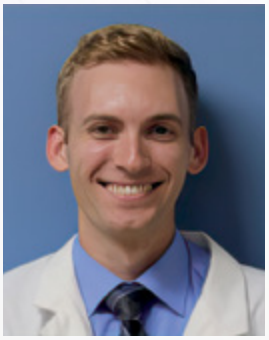
Mr. Adams had heart. Presenting for ankle pain, altered mental status and shortness of breath, it quickly became apparent that a far more worrisome picture was being painted with each passing day. Pleural effusion unmasked a mass, which shortly unveiled primary lung cancer with metastases to liver, brain, spine, kidneys, colon, and pelvis. Stage IV, as textbook as it comes.

He wanted to fight though, despite our encouragement to consider palliative care—to be comfortable and experience these final moments as painlessly as he could. This angered him, the idea of just giving up or not at least trying, and there were many mornings where I would sit in the visitor's chair across from him in his bed while he vented these frustrations. His voice would rise, and a gruffness would take its place.

"You're a bunch of vultures. You just want to give up on me. I don't care what you say. I'm tired of hearing it."

I tensed.

How to redirect, how to diffuse, how to offer wisdom and guidance for the end of a journey when I am still in the first few chapters of my own?



By Joe Vielbig, MS IV

Then he would pause, as the silence slowly, gently, settled in around us.

And in those brief moments, as the thunder rolled on elsewhere, there was but the cool drizzle of rain on a lonely-gray pond with two souls sitting quietly at its banks. No agenda, no plans, no waiting, hoping, or moving. Just there, feet in the soft, damp grass with water lapping at the edges as the rain carried on.

Still.

These moments came few and far between, but there was something profound about them. They were places where we could peer into the depths of those dark waters and know that an answer wasn't coming.

I know the urge to fix. We enter this career, this vocation, as fixers. Even for the Mr. Adams with metastases to every organ on the list, we still want to offer encouragement or counsel, motivation, or guidance. Those things can be good and life-giving on so many occasions. But in this busy world, in this busy career, this day to day, moment to moment, move and go, admit and discharge, diagnose and treat, refer and consult—there is still a place for Still. A place for no answers. A place where that pain and sorrow, that sadness without understanding or words, can simply be.

Does it fix anything to sit on those banks together and do nothing but feel the rain?

I do not know. This is not my pond, this clearing in the forest. I will stand up and leave it behind, moving on far sooner than he will, if he ever does. The truth of the matter remains, however. Someday, I will find myself at waters just like this again, gazing into its depths in the stillness between the storms. This time however, it will be my questions left unanswered, apart from one.

Will there be another to sit beside me?

Mrs. Penny Pincher called the newspaper to provide her husband's obituary.

"I'd like to say, 'Jimmy Johnson died,'" she told the editor.

"Our minimum charge is $ 150 for up to six words," she was told.
"You have three more words. What else would you like to say?"

"How about $75 for my three words," Ms. Pincher replied.

The kind editor responded, "Sorry Ma'am. It's a minimum of $150 for up to six words.
Would you like to add three more?"

Ms. Pincher thought about it for a moment. "Hmmm ... Well ... Okay ..." she said.
"Why don't we say 'Jimmy Johnson died.
Cadillac for sale.'"

Provided By
Hanna Saadah, MD

Laugh with Me

If you have a lighthearted, funny bone-tickling joke you would like to share with our readers for this new feature, please send your submission to nightowlokc@gmail.com.

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