Life in These Parts

The Doctor's Dictionary

Experience, n. Something doctors rely on when they haven't read anything for awhile.


Neuroses, n. 1. A psychiatrist's bread and butter 2. Freshly cut flowers.

Aphorism, n. An adage or wise saying. As in, "Half a nurse is better than none," of, "A gall-bladder in the hand is worth two on the floor."

Body Fluids, n. Various liquids that drip, ooze, or shoot out of patients—usually at the least opportune moment.

Committee, n. A group of people who meet regularly to organize their inefficiency.

Drug, n. A substance which, when given to a patient produces the side-effect you forgot to mention.

Hypochondriac, n. A patient who believes that each illness will be his last. Sooner or later, he will be right.

Ward clerk, n. The hospital's version of the appendix—every ward has one, but it's not clear what they do.

Physician Moves

Internist Jack Ikeda, retired, effective July 1 and internist Janice K. Harada took over his practice at 2065 S. King St., Ste 202.

In June, Straub Doctors On Call which has clinics at:
Royal Hawaiian Hotel
Hyatt Regency Waikiki
Hilton Hawaiian Village
Kahala Mandarin Oriental
Ilikai Resort & Spa

Announced that it has moved from Outrigger Waikiki to Bank of Hawaii building on Kalakaua Ave., Suite 212.

Also in June: Dermatologist Carla Nip-Sakamoto opened her office at Queen's POB 1 Ste 1099.

Internist Richard K.Y. Lau Jr. relocated to Kuakini Medical Plaza, Ste 712 (Richard was associated with David Pang at Nuuanu Clinic. David will be joined by internist Thomas Tan)

Health Tid Bits

Good News
- Researchers have found now that high tension power lines do not cause leukemia in kids.
- The rate of women with anxiety and depression drops from 10.8% in premenopausal women under 55 to 5.3% in postmenopausal women over 55.
- In patients with prostate cancer which has not spread, the odds of dying from the cancer in 10 years drops to less than 5% when the entire gland is surgically removed.

Bad News
- Loss of brain tissue (which occurs naturally with age) is greater in older people with hypertension.
- Insulin Alert: Researchers have found now that chronic use of corticosteroid inhalers is linked to glaucoma and also to cataracts.

Conference Notes

"Oral Therapy for Type II: New Drugs and New Choices" by visiting professor, Matthew Riddle, Prof. Med., Oregon Health Sciences University Portland, at QMC Friday am, May 9.

- Natural Hx Type II: Strongly inherited; involves both abnormal insulin secretion and abnormal insulin responsiveness of tissue. Ability to maintain normal glucose levels declines with advancing age. Women first display their vulnerability to hyperglycemia during pregnancy as gestational diabetes. Glucose levels rise asymptotically. Diagnosis is often delayed for years after actual onset of overt NIDDM. The response to various treatments (diet, sulfonylureas, insulin) is typically better at first than several years later.
- HbA1c predicts complications: HbA1c 7.0 critical level (Normal is 5-6) Glycemic control prevents complications:
  - Intervventional studies viz DCCT (for IDDM) and the Kumamoto Study (NIDDM) have shown that lowering HbA1c from 9.0 to 7.0 reduced retinopathy 76%; nephropathy 54% and neuropathy 60%.
  - A 1% rise in HbA1c causes 30% greater risk of complications.
- Glycemic Patterns of Type II:
  - Fasting hyperglycemic pattern
  - Post-prandial hyperglycemic pattern
  - Both present after long duration. Abnormal physiology in Type II:
  - Low basal insulin and high glucose output.
  - Impaired hormone response to meals
  - Insulin resistance worsens the effects of both.

- Comparison of Drug Therapy:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Fasting Glucose</th>
<th>Prandial Glucose</th>
<th>Insulin Resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfonylurea</td>
<td>++</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Metformin</td>
<td>++</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Acarbose</td>
<td>+</td>
<td>++</td>
<td>-</td>
</tr>
<tr>
<td>Troglitazone</td>
<td>+</td>
<td>+</td>
<td>++</td>
</tr>
</tbody>
</table>

- Sulfonylureas: Powerful & inexpensive; once daily does; few side effects; weight gain; risk of hypoglycemia

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Cost Analysis

<table>
<thead>
<tr>
<th>Drug</th>
<th>Lowers HbA1c%</th>
<th>Dose</th>
<th>Cost/mo</th>
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</thead>
<tbody>
<tr>
<td>Sulfonylurea</td>
<td></td>
<td>5mg bid</td>
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<tr>
<td>Glyburide</td>
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<td>5mg</td>
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<tr>
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<tr>
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<tr>
<td>Acarbose</td>
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<td>50mg bid</td>
<td>$40</td>
</tr>
<tr>
<td>Troglitazone</td>
<td>0.75</td>
<td>50mg bid</td>
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</tr>
</tbody>
</table>

Clinical Algorithm

After starting Drug Therapy:
- Check HbA1c q 4 - 6 months striving for 7.0 or lower. Expect secondary failures within 5 years. Watch other cardiovascular goals:
  - BP 130/85 or lower
  - LDL 100 or lower
  - ASA 325mg/d

- Acarbose (For moderate FBG + high HbA1c)
  - Dose: 25mg (1/2 50mg) with breakfast 4 weeks
  - 25mg c breakfast & dinner 4 weeks
  - 25mg tid ac 4 weeks
  - 50mg tid ac if necessary

- Metformin
  - Dose: 500mg for 4 weeks
  - 500mg bid for 4 weeks
  - 500mg tid x 4 weeks
  - 850mg bid or tid

Efficacy of Advance Directives in a General Hospital

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There’s No Excuse for Domestic Violence

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