Life in These Parts

Genetic Cause for Hip Problems
A Five year UH study of hip replacement rates in Hawaii reveals that osteoporosis of hips is genetic with Caucasians highest and Japanese lowest.
- Caucasians: 12.8
- Chinese: 5.1
- Koreans: 4.2
- Filipinos: 2.7
- Afro-Americans: 2.4
- Hispanics: 2.2
- Japanese: 1.9

The study was begun by Calvin Oishi, Franklin Hoagland (UCSF orthopedics chief) and coauthored by Philip Ross and Larry Gordon. Included in the study were 754 patients (or approximately 90% of total hips in Hawaii) between 1985 and 1989.

Assisted Suicide
St. Francis Medical Center recently sponsored an International Bioethics Conference. Alexander Capron, co-director of USC’s Pacific Center for Health Policy and Ethics, feels that physicians need to continue treatment because of an “enormous and totally groundless fear of lawsuits.” Albert Jensen, chairman Dept. of Medical History and Ethics, University of Washington Medical School said, “The issue is 2,000 years old. Today the point is to give people the right, based on autonomy and freedom, to end their own lives.” Christine Mitchell (leading nurse in bioethics) with Children’s Hospital and Harvard Medical School said, “Euthanasia is being reexamined because prolonged life has resulted in more suffering and undignified death.”

S.Y. Tan, chairman of St. Francis hospital’s Ethics committee reported that 2,500 Hawaii physicians were surveyed on euthanasia. “The first 500 responses indicated few physicians favored assisted suicide. The majority would respect wishes to withdraw treatment and allow natural death. A minority would go further and approve physician involvement. Even a smaller percent would do it themselves.” S.Y. Tan says, “The medical profession sometimes ignores patients’ wishes regarding treatment at the end of their lives. The unwillingness to listen comes from equating death with clinical death so they treat patients at all costs. It’s war against disease and disease something to defeat and to conquer.”

Elected, Appointed and Honored
Ruth Matsuri, Hilo pediatrician for more than 22 years was recently awarded the Hawaii County Medical Society Physician of the Year Award. Ruth is most noted as an effective and articulate advocate for prevention of child abuse.
Cardiologist Danilo Canete was appointed in January as the new medical director of the Heart Center at St. Francis Medical Center.

Physician Moves
Nephrologist-Internist Hesun Hau joined the partnership of Richard Shim, Aaron Nada and David Ono with offices at 1520 Lihiha Street, Suite 302, and branch offices at Kailua Professional Bldg, I, Pali Momii Medical Center, Suite 420, St. Francis Medical Center-West on the Big Island, Kauai and Maui.
General surgeon Francis Oda retired as of January 1. Benjamin Tom and Mari Nakashizuka assumed his practice.
General surgeon Gene Robinson opened his offices at Kapoalani Medical Center POB, Suite 904 and KMC at Pali Momii, Suite 140.
Cardiac surgeon Richard Mamiya retired from his surgical practice to devote full time to his new endeavor.
Cardiologist Kazuo Misumi joined the Cardiology Associates Inc. (Masahori Mori, William Dang Jr., and Samuel Dacanay) with offices at KMC Pali Momii, Suite 200, Queen’s POB II, Suite 409, Wahiawa General hospital, Kilani Clinic and St. Francis-West Medical Plaza.
Ophthalmologist Anthony Martyak joined Straub Quality Care and will be available at Straub’s Pali Momii. Kailua and Hawaii Kai offices. Pediatrician Richard Ho retired effective March 1 and Darrell Natori assumed his practice at 1380 Lusitana Street, Suite 501.
Pediatric surgeon Y.C. Huang opened his office at 615 Piikoi St., Ph. No. 4 and St. Francis West Medical Bldg., Suite 208.
Dermatologist Randall Nita closed his office at Kuakini Medical Plaza and transferred his records to Jan Mitsunaga at Queens POB II.
Kristi Adachi, otolaryngologist and head and neck surgeon opened her office at Kapoalani Medical Center, Pali Momii Medical Office, Suite 482.
Neurosurgeon William Won retired effective April 30. His medical records will be transferred to Maxwell Urata at Kuakini Medical Plaza and to William Obana at Queens POB I.

Conference Notes
Controlling Lipids in Type II
Lecture by VP Daniel Rader from the University of Pennsylvania Medical School, at QMC-UH, February 16, 1996.

Background
- Scandinavian survival study
  - 42% less CAD mortality
  - 32% less total mortality
- West of Scotland Coronary Prevention Study
  (Propranolol 40 mg/d in patients with elevated cholesterol and no MI):
  - 36% less non-fatal MI
  - No rise in non-cardiovascular deaths
  - 22% less total mortality

General Discussion
- Lipid lowering changes the plaque itself i.e. treatment modifies the lesion.
  - Diabetics have macrovascular lesions because of elevated chylomicrons, LDL, triglyceride and low HDL.
  - Metformin
    - Synergistic with sulfonylureas
    - Lowers triglyceride
    - Side effects: diarrhea, and lactic acidosis
    - Avoid use in serum creatinine over 1.4 and liver dysfunction.

Treatments based on LDL levels
- c CHD ≥ 130 < 100
- ≤ 2 risk factors ≥ 190 < 160

Diabetic Dyslipidemia
- Bile Acids—raise Triglyceride
- Niacin—not good for DM esp Type II
- “Statins”—first line therapy for Type II
  - Mevacor
    - Provastatin (*drugs of choice)
    - Zocor (Simvastatin)
  - Les Col

Triglyceride Levels
- Normal—less than 200
- Moderately high—200 to 400
- High—400 to 1000
- Very High—over 1000

Treatment of Triglyceridemia
- Diet and physical activity
- Drug Therapy
  - Fibrous Acid—
    - Lopid and Fenofibrate (available in Europe)
  - Nicotinic Acid
  - Fish Oils
  - Metforin esp in NIDDM
  - Lopid (Gemfibrozil)
  - Stimulates hydrolysis of triglycerides but raises LDL and total cholesterol. Therefore combination with “Statins” indicated.

Combination Therapy
- Lopid with Mevacor
  - May raise CPK (myopathy); severe myopathy e.g. CPK over 10,000 can cause acute renal failure.
- Incidence of myopathy with Mevacor
  - Lopid with Mevacor 5%, Niacin with Mevacor 2% and Cyclosporin with Mevacor 30%.
- Lopid with Provastatin
  - No cases of myopathy, low incidence adverse effects, lowers total cholesterol, lowers LDL, lowers triglyceride, and raises HDL.
  - Niacin—How to start Niacin
  - 100mg tid (q 2 to 3 days); 200 mg tid; 500 mg tid (after a month); 1000 mg tid. No control studies available; No long term hepatotoxicity
  - Estrogen—First line therapy for postmenopausal women with hypercholesterolemia. Avoid in women with triglycerides over 500 (ERT raises triglycerides)
  - Fish Oils (1 cap = 1 gm) Dose 3 gms tid (9 gms/d)

145