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A Physician's Guide to Surviving COVID Winter

By Rada Jones, MD

How can you survive this winter holding on to your temper, family, and job? Look out for #1. That's you. To care for others, you must care for yourself first. That's not selfish. That's smart. To protect those who need you, you must stay healthy and sane. How? These are my tips.

1 | Set rules for others and for yourself | Your sleep should be sacred. So should whatever time off you can schedule.

2 | Enlist help | So many grateful folks want to help healthcare workers. Your neighbors may be glad to walk your dog, run some errands, or grab a gallon of milk.

3 | Prioritize yourself | Pay someone to plow, buy groceries online, hire a housekeeper to save time for the things that really matter.

4 | Schedule time for yourself to exercise, meditate, pray, journal—whatever helps fill your well.

5 | Shut off the TV | Whether you're Democrat or Republican, you won't enjoy the news. Watch the Nature Channel, Hallmark, or the Food Channel. Watching food is fun, and it won't make you fat.

6 | Go outdoors | There's magic in nature and sunlight, whatever's left of it. Hike, snowshoe, and allow your lungs to breathe real air instead of the reconditioned germs they allow you in the hospital.

7 | Say no | That's a survival technique. Say no to parties, hugging strangers, doing things you shouldn't, and protecting others' feelings. Let them take care of their feelings. You take care of yourself.

8 | Cut yourself some slack | You aren't perfect. Nobody is. You'll make mistakes, gain a few pounds, step on some toes, maybe even lose it at times. So what? Just do the best you can.

9 | Read a book | Remember those things made of paper? You turn a page and land in a new world?

10 | Be careful with alcohol and substance use | They may feel good at the moment, but you'll be worse off in the long run.

11 | Watch old movies that make you laugh.

12 | Take a break from social media | Picking fights with random strangers won't help your mental health. Cut off those who hurt you.

13 | Get a cat | They have nine lives; that's why they are masters of survival. They ignore all unpleasantness, and they'll show you how. And they're the best nap helpers.

14 | Communicate | Ask coworkers how they handle the stress. They may teach you something, and if they don't, sharing the burden will help you both.

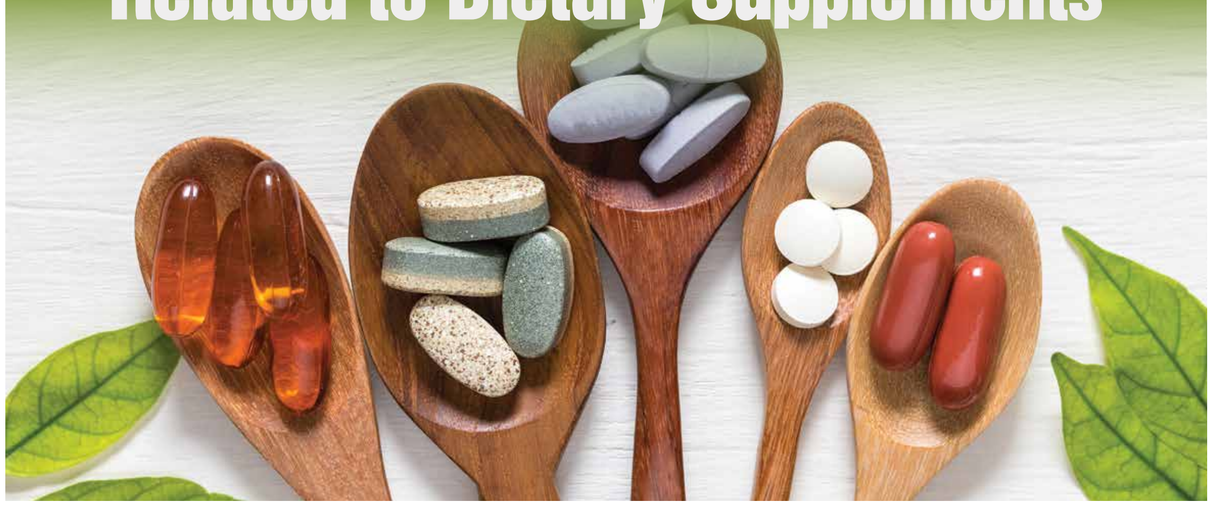
15 | Seek help before you lose it | Check out the CDC's resources on stress and coping.

16 | Pat yourself on the back | You're a darn hero! In recycled PPE, instead of shining armor, you saved fair maidens of all genders, ages, and persuasions. With a vaccine in sight, there's a light at the end of the tunnel.

Wishing you all health, joy, and happiness. See you all on the other side.

Rada Jones is an emergency physician and can be reached at her self-titled site, RadaJonesMD, and on Twitter @jonesrada. She is the author of Overdose.

ACNE
Related to Dietary Supplements



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Certain dietary supplements appear to be associated with acne, according to a study. The findings suggest that clinicians should be vigilant about asking patients who present with acne about their use of dietary supplements in addition to any prescription medications.

When treating patients with acne, obtaining an accurate medication history is recommended to determine if these therapies are potential causes of acne. In addition to certain prescription medications, certain dietary supplements have also been linked to acne. "A number of case reports and case series have described the onset of acne with certain dietary supplements," explains Rajani Katta, MD. "Dietary supplement use is common in the United States, with multiple surveys showing that about half of American adults consume some type of supplement. Unfortunately, many patients are unaware that these supplements are not FDA-approved. Furthermore, side effects may be underreported because there are no post-marketing surveillance programs required for dietary supplements."

Dr. Katta and colleagues published a review article in the *Dermatology Online Journal* that described clinical findings reported in the literature on supplement-induced acne. "Our goal was to collect information on which dietary supplements have been reported as a cause of acne," Dr. Katta says. Specifically, the authors reviewed dietary supplements containing vitamins B6 and B12, iodine, and whey protein, as well as "muscle-building" supplements that may potentially be contaminated with anabolic-androgenic steroids (Table). The review also presented data on specific mechanisms of action—known or hypothesized—for each supplement.

VITAMINS B6 AND B12 | "One of the most important findings from our review is that even common everyday supplements like vitamins B6 and B12 may cause acne," says Dr. Katta. "These vitamins have been linked to acne when used in high doses." Acne lesions associated with high-dose vitamin B6 and B12 supplements have been described as monomorphic and although the pathogenesis is unknown, a number of hypotheses have been proposed.

IODINE | According to the review, iodine-related acne may be related to the use of kelp supplements and has been reported as monomorphic, inflammatory pustules on the face and upper trunk. Dr. Katta and colleagues note that iodine may be found in some vitamin and mineral supplements as well as in kelp seaweed supplements.

WHEY PROTEIN | Whey protein supplements, which are derived from milk, have become increasingly popular for bodybuilding, especially among adolescents, and are believed to support muscle growth because they are rich in branched chain amino acids. "Protein supplements should be used with caution," Dr. Katta says. "Whey protein supplements and certain bodybuilding supplements have been linked to acne." Although the pathogenesis is not known, theories have focused on hormonal effects related to dairy.

ANABOLIC-ANDROGENIC STEROIDS | Acne is a common side effect of anabolic-androgenic steroid use by bodybuilders, but steroids may also be present in dietary supplements for building muscle. "Many of my patients are surprised to hear that muscle-building or bodybuilding supplements may be contaminated with anabolic-androgenic steroids," says Dr. Katta. "For example, a study of 776 dietary supplements from the FDA's tainted supplements database found that 89% of muscle-building supplements were adulterated with steroid-like ingredients or synthetic steroids." As such, it is important to ask patients about use of any muscle-building supplements, not just anabolic-androgenic steroids.

Get Proactive

Dr. Katta says it is important for physicians to directly ask patients with acne about use of dietary supplements in addition to prescription medications. "We cannot rely on a written medication history alone, because questionnaires often fail to adequately address full nutritional supplement use," she says. "Instead, clinicians should verbally elicit this information. We should explicitly ask if patients are taking any vitamins or muscle-building or bodybuilding supplements. We also need to ask if they take iodine, kelp, or other seaweed. If they answer yes, we need to provide education on the potential risks of these seemingly innocuous dietary supplements."

According to Dr. Katta, since most of the literature on acne due to supplement use comes from case reports and case series, larger research studies are needed to better understand the mechanisms by which acne develops. "We also need to determine if other supplements might potentially be linked to acne," she says. "Another important question for future research is how to determine which patients are most susceptible to supplement-induced acne. As we gain these insights, we hope these data will better inform our discussions with patients."

Table Summarizing Acne Associated With Dietary Supplements

Supplement	Clinical Findings	Described Notable Features
Vitamin B6/B12	Monomorphic lesions, facial papulopustules, and widespread papules found on neck, shoulders, arms, chest, and/or back	Reported with high-dose B12 supplements and from combination of B12 with B1, B2, or B6
Iodine	Monomorphic, inflammatory pustules, facial and upper trunk involvement, and can resemble acne triggered by steroids	May be found in vitamin and mineral supplements as well as kelp seaweed supplements
Whey Protein	Papulonodular acne on the trunk. Some reports included facial acne, others did not	Concentrated whey supplements used by bodybuilders have the same whey content as 6 to 12 liters of milk
Anabolic-Androgenic Steroids (muscle building supplements)	Acne fulminans, acne conglobata, or acne papulopustulosa with male pattern hair loss and/or hirsutism	89.1% of adulterated "muscle building supplements" tainted with steroid-like ingredients or synthetic steroids, per the FDA Tainted Supplements database

Source: Adapted from: Zamil DH, et al. *Dermatol Online J.* 2020:26(8):2.

Dealing With Non-Compliant Patients: Using Facts in Your Defense

The following is a continuation of the MedLaw column in the January issue.

If, despite your best efforts, your patient suffers a poor outcome and you are being sued for malpractice, you would ideally like to stop the process before it reaches the courtroom. To that end, your attorney would file a Motion for Summary Judgment, asking the judge to dismiss the case as a matter of law because the plaintiff cannot meet their burden of proof. The plaintiff would be required to "lay bare their proof" that it was actually your conduct that was the proximate cause of the harm.

The judge may decide the Motion on papers alone or may hold a hearing at which the attorneys can offer argument but there will not be any witnesses called. Your "witness" will, therefore, be the medical record. Courts generally loathe to deny a plaintiff their day in court, and so the record must be very clear as to the patient's resistance to your efforts to work with them and your informing them of the serious consequences of their non-compliance and of the likelihood that it would cause the very harm that they then suffered.

If this Motion fails and the matter proceeds to trial, you still have strong defenses to raise based on the patient's non-compliance:

- Contributory negligence is an archaic defense that is still retained in few jurisdictions. It holds that a plaintiff who has any fault at all in their injuries may not recover damages for those injuries. If you are in one of those jurisdictions, your ability to demonstrate that patient non-compliance contributed at all to the claimed harm will bar any recovery against you.
- Comparative negligence does exactly what its name implies: it compares the level of fault for each side. In some jurisdictions, no amount of plaintiff fault bars recovery, and in others, there is a cut-off beyond which the plaintiff is barred. If a case goes through, any recovery will be offset by the proportion of the plaintiff's fault. In any comparative negligence jurisdiction, patient non-compliance will be a critical issue, because even if the case is not barred and the patient wins, damages will be reduced.

The plaintiff's duty of mitigation applies to the conduct of the patient after a harm has been recognized. Plaintiffs must show that they did what they reasonably could to minimize the effect that the negligence for which they are suing had on them. Even if you do have actionable liability for an error of your own, a patient non-compliant with well-advised recommendations for correction comes into evidence and acts as a damages offset.

When dealing with a persistently non-compliant patient, think ahead to how you would counter a malpractice claim when you create the record. A clear contemporaneous record of the patient's ongoing non-compliant conduct despite your efforts to have them act in a medically responsible way is the key to a solid defense.

This article was written by Dr. Medlaw, a physician and medical malpractice attorney.

In Case You Missed It

Odds of Anxiety, Depression, ADHD Up With Congenital Heart Disease

Youth with congenital heart disease (CHD) have increased odds of anxiety and/or depression or attention-deficit/hyperactivity disorder (ADHD), regardless of disease severity, according to a study published in *Pediatrics*. Researchers conducted a comparative cross-sectional study using electronic health records from a tertiary care hospital between 2011 and 2016 to characterize anxiety, depression, and ADHD among youth with versus without CHD. A total of 118,785 patients aged 4 to 17 with more than one hospitalization or emergency department visit were included; 1,164 had CHD. The researchers found that 18.2% of the patients with CHD and 5.2% of those without CHD had a diagnosis or medication for anxiety or depression. Significantly higher odds of anxiety and/or depression or ADHD were seen for all youth with CHD. The odds of diagnosis or treatment for anxiety and/or depression were increased for children aged 4 to 9 with simple CHD (odds ratio [OR], 5.23) and for those with complex single ventricle CHD (OR, 7.46). The likelihood of being diagnosed or treated for anxiety and/or depression or ADHD was significantly lower for minority and uninsured youth, regardless of disease severity. "With these findings, we emphasize the importance of potential screening for anxiety, depression, and/or ADHD at a young age in patients with CHD, regardless of disease severity," the authors write.

Guidance Provided for Antibiotic Stewardship in Pediatrics

In an American Academy of Pediatrics policy statement, published in *Pediatrics*, guidance is provided for inpatient and outpatient antibiotic stewardship. The authors discuss inpatient and outpatient antibiotic stewardship programs (ASPs) in pediatrics, including essential personnel, infrastructure, and activities needed. They note that the American Academy of Pediatrics and Pediatric Infectious Diseases Society recommend establishing ASPs to improve antibiotic prescribing; the ASPs should include specialists with pediatric expertise. Ideally, inpatient ASPs should include a medical director and clinical pharmacist, both with expertise in pediatric infectious diseases and/or antibiotic stewardship. Core interventions for inpatient ASPs can use clinical guidelines, prior approval, and post-prescription review and feedback. Pharmacy-driven interventions can be included in inpatient ASPs. Standardized approaches for antibiotic prescribing, including clinical guidelines and/or decision support, should be considered for outpatient primary care practices, urgent care clinics, and emergency departments. Outpatient stewardship can focus on judicious antibiotic use and can emphasize use of the narrowest-spectrum antibiotics for the shortest duration of therapy to adequately treat infections.