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JENNE PRESTHUS

Dr. James B. Presthus started a specialized gynecology practice with no obstetrics and little primary care.

Ob.Gyns. Finding Greener Pastures

BY MARY ELLEN SCHNEIDER
New York Bureau

Rising malpractice costs, insurance headaches, and long nights in labor and delivery may have some ob.gyns. searching for an exit from the specialty.

So what happens when physicians decide to make a change?

Dr. James B. Presthus, a gynecologic surgeon in Edina, Minn., used to work in a traditional ob.gyn. group practice, but over time, he became overwhelmed by the obstetrics side. Ultimately, he wanted to get back to what he enjoyed about medicine, the gynecological and surgical aspects of the specialty. "I didn't go into [ob.gyn.] with the intention of being a primary care physician," Dr. Presthus said. "I thought I would be a specialist."

So 6 years ago, Dr. Presthus and a friend opened up Minnesota Gynecology and Surgery. The practice offers some annual well woman care, but for the most part, the physicians are out of the primary care business. Dr. Presthus sees patients with gynecology problems ranging from chronic pelvic pain or abnormal bleeding to those with a desire for permanent birth control. The practice also provides on-site imaging and some in-office surgical procedures.

Dr. Presthus also is able to feed his interest in clinical research, because he set up his new practice to perform investigational studies.

Even though he had a heavy gynecology focus with his other group, Dr. Presthus said he still notices a difference in the day-to-day practice. For starters, he never has to cut short an appointment because he needs to rush off and deliver a baby. He also rarely gets after-hours phone calls from patients. "You have a life," he said.

Some physicians may be fearful of making this type of change
See **Greener Pastures** page 8

INSIDE



Meta-Analysis

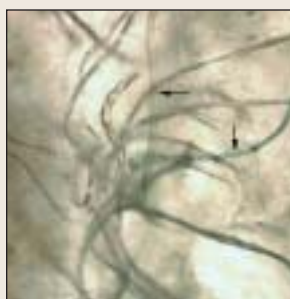
Cranberry juice, tablets, or capsules significantly reduced UTI incidence.

PAGE 15

Z-FAST T

Up-front zoledronic acid was more effective than delayed initiation in women taking aromatase inhibitors.

PAGE 18



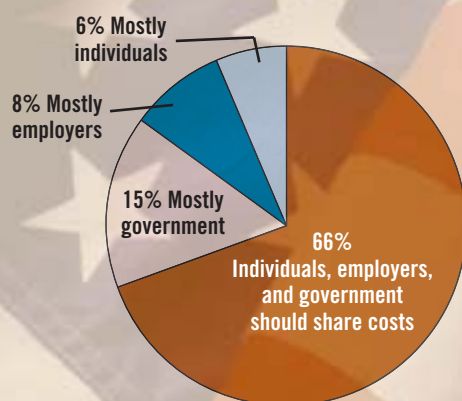
Mystery Malady

The CDC will study the controversial dermatologic condition Morgellons.

PAGE 22

VITAL SIGNS

Who Should Pay for Americans' Health Insurance?



Notes: Based on a 2007 survey of 3,501 adults. Does not total 100% because "did not answer" and "don't know" were not included.
Source: Commonwealth Fund Biennial Health Insurance Survey

Magnesium Sulfate In Pregnancy Cuts CP in Preemies

Risk of death at 2 years did not decrease.

BY PATRICE WENDLING
Chicago Bureau

DALLAS — Magnesium sulfate during pregnancy protects the survivors of early preterm birth against cerebral palsy, but not death, according to results of a large phase III multicenter trial.

The composite primary outcome of moderate to severe palsy or death at 2 years was not reduced by magnesium sulfate in the BEAM (Beneficial Effects of Antenatal Magnesium Sulfate) trial, Dr. Dwight Rouse, principal investigator, and associates reported at the annual meeting of the Society for Maternal-Fetal Medicine.

The composite outcome occurred in 11.3% of the infants of

1,041 women treated with magnesium sulfate during labor versus 11.7% of the infants of 1,095 women who received placebo (relative risk 0.97).

However, when analyzed separately, the benefits of magnesium sulfate were substantial, Dr. Rouse said, with moderate to severe cerebral palsy occurring in significantly fewer offspring of magnesium sulfate pregnancies than of placebo pregnancies (1.9% vs. 3.5%, RR 0.55). The rate of stillbirth or death was not significantly different between groups (9.5% vs. 8.5%, RR 1.12).

"We conclude that magnesium sulfate protects the survivors of early preterm birth from cerebral palsy."
See **Cerebral Palsy** page 5

New Bulletin on Asthma in Pregnancy: Use Step Care

BY BRUCE K. DIXON
Chicago Bureau

The ultimate goal of asthma therapy in pregnancy is to maintain adequate oxygenation of the fetus by preventing hypoxia in the mother, and that requires step-therapy medical management with the lowest possible doses of medication, according to new clinical management guidelines from the American College of Obstetricians and Gynecologists.

Although women with mild, intermittent asthma do not need control therapy, inhaled corti-

costeroids are recommended as first-line control therapy for persistent asthma during pregnancy, according to the ACOG Practice Bulletin (Obstet. & Gynecol. 2008;111:457-64).

Calling asthma the most serious medical problem in pregnancy, Dr. Mitchell P. Dombrowski warned against complacency. "There's always danger in thinking that everything will be fine and the fetus will be okay," said Dr. Dombrowski, chairman of the department of obstetrics and gynecology at St. John's Hospital in Detroit.

See **Asthma** page 6

Alternatives to Traditional Practice

Greener Pastures from page 1

because obstetrics is such a large portion of what they do, Dr. Presthus said. But there is a huge unmet need for physicians to focus on gynecology. Many patients just aren't aware of what is available to them in terms of management and treatment, he said.

Other physicians are searching for a way to stay in obstetrics but leave behind the expenses and administrative hassles of office practice.

That's what attracted Dr. Guy Venezia to his current position as medical director for the house laborist program at SSM St. Joseph Hospital of Kirkwood in St. Louis.

He practiced in traditional ob.gyn. groups for 8 years before making the switch and said the new job allows him to have a positive work-life balance.

The house ob.gyn. physicians at his hospital provide 24/7 coverage for labor and delivery and the emergency room. He works 40 hours or more in his house physician role and spends additional time on administrative tasks and patient safety initiatives.

Having a predictable schedule means that he's able to spend more time being a husband and father. The real upside for Dr. Venezia is that he gets to have a home life while still doing obstetrics. He still admits and manages patients but the hospital handles the hassles from patient insurance to malpractice coverage. "You're really free to practice medicine," he said.

The other plus about working in the hospital is the opportunity to be involved in quality improvement initiatives, he said. Dr. Venezia also is involved in the

implementation of the hospital system's electronic medical record system. "There are a lot of different roles where hospitals are looking for doctors to get involved," he said.

Dr. Lauren Bales, an obstetric hospitalist in San Diego, didn't come to her position out of frustration with office practice. Instead, she landed there a bit by accident. She was seeking a job as a more traditional ob.gyn. in a large multispe-



'There are a lot of different roles where hospitals are looking for doctors to get involved.'

DR. VENEZIA

cialty group, but they were looking to hire an OB hospitalist. She decided to try the new position and has not regretted her decision.

In her current position, she works 3 nights a week in the hospital. The biggest draw of the OB hospitalist position for Dr. Bales is the ability to spend more time with her family and pursue outside interests. But it's not for everyone, she said. The position is a good fit for physicians who have been in practice for a while and are looking for something different, but she wouldn't advise new physicians to begin their careers this way. It's important to have about 10 years being grounded in the gynecology side of the specialty, she said.

Dr. Bales began work as an OB hospi-

talist shortly after leaving the U.S. Navy, where she practiced for 12 years. She still is able to practice gynecology during her reserve service, but it's difficult to maintain those skills, she said. "I do miss doing more gyn.," she noted. "But right now, the benefits outweigh the cons."

Some physicians are experimenting with different ways to practice ob.gyn., but the vast majority of ob.gyns. seem to be sticking to traditional office practices, said Allen Dye, divisional vice president of marketing for Merritt Hawkins & Associates, a national health care search firm that specializes in physician recruitment.

While laborists or OB hospitalists are getting a lot of press, the field hasn't exploded the way hospitalist practice has on the internal medicine side, he said.

In ob.gyn., there tends to be a cycle in which older physicians transition to gynecology-only practice toward the end of their careers and hire a new associate in their practice to handle obstetrics, Mr. Dye said. In the late 1990s and early 2000s, that life cycle began to speed up, and physicians started making that transition earlier.

But don't count out the laborist trend completely, said Dr. Haywood L. Brown, chair of the American College of Obstetricians and Gynecologists' Council on Residency Education in Obstetrics and Gynecology and chair of the department of obstetrics and gynecology at Duke University, Durham, N.C. "I think we're going to see more and more it," he said.

The idea holds advantages for both physicians and hospitals and even has appeal on the academic side since laborists can supervise residents, he said. In fact, Duke is considering a proposal to begin a laborist program at the university's community hospital. ■

Stress May Up Schizophrenia Risk in Progeny

Severe stress in the first trimester of pregnancy was linked in a population-based study to an increased risk of a woman's offspring developing schizophrenia as an adolescent or adult.

Maternal exposure to war, famine, and atomic bombs all have been studied as possible stressors predisposing offspring to schizophrenia, and most studies report a positive association between population exposure and schizophrenia risk in offspring.

But these stressors "may combine several risk factors other than emotional stress, including malnutrition, ionizing radiation, and infectious disease," Ali S. Khashan of the University of Manchester (England) and his associates wrote.

They used medical databases in Denmark to assess 36,193 pregnancies in 1973-1995 in which a first-degree relative of the mother died or was diagnosed as having a serious illness during the pregnancy. A total of 7,331 offspring developed schizophrenia in adolescence or adulthood (Arch. Gen. Psychiatry 2008; 65:146-52).

Maternal exposure to death or serious illness in a close relative during the first trimester raised the risk of schizophrenia to a relative risk of 1.67, compared with control subjects.

In contrast, exposure to death or serious illness during the 6 months before conception or after the first trimester had no effect on subsequent schizophrenia risk.

—Mary Ann Moon

Stop-Smoking Drug Gets Suicide Warning

BY TIMOTHY F. KIRN
Sacramento Bureau

The Food and Drug Administration is evaluating postmarketing adverse event reports of serious neuropsychiatric symptoms—including agitation, depressed mood, and suicidal ideation and behavior—in people taking the smoking-cessation drug varenicline (Chantix), the agency said in a Feb. 1 public health advisory.

The FDA asked varenicline's manufacturer, Pfizer Inc., to make this information more prominent on the medication label's warnings and precautions section. Pfizer had updated the drug's label on Jan. 18.

In announcing the advisory, FDA officials said that evidence was accumulating that some patients taking varenicline may become susceptible to mood changes, depression, and erratic behavior. Agency officials said they believe that these symptoms are caused by the drug itself, rather than by nicotine withdrawal.

In some of the cases, the patients had still been smoking during treatment with varenicline, and thus were not withdrawing from nicotine, said Dr. Bob Rappaport, director of the division of anesthesia, analgesia, and rheumatology products for the FDA.

"We've become increasingly concerned

as there are a number of compelling cases that truly look as if they are the result of the exposure to the drug and not to other causes," Dr. Rappaport said at a press briefing about the FDA action. There have been 39 reported suicides and 491 reports of patients considering or attempting suicide while being treated with Varenicline, FDA officials said at the briefing.

"We've seen cases of patients who had a history of depression and we have seen cases of people who had no history of depression," he added. "These events are occurring sporadically, and at times in people who had no history of psychiatric disease or changes in behavior in the past."

FDA estimates that about 5 million people have been prescribed the drug.

In addition to reporting neuropsychiatric symptoms, patients should be advised to call their health care provider immediately if they experience vivid, unusual, or strange dreams.

The warning also notes that patients with serious psychiatric illness, such as schizophrenia, bipolar disorder, or major depressive disorder, may experience a worsening of symptoms with the drug. Patients with psychiatric illness were not included in the clinical trials that supported FDA approval of varenicline. In response to questions about reports of vio-

lent behavior in people taking varenicline, FDA officials said that they are taking the reports seriously but are trying to proceed cautiously, noting that the drug has been a useful smoking-cessation tool.

"This is an extremely important drug and a very effective drug in treatment to allow patients to quit smoking," Dr. Rappaport said.

Dr. Celia Winchell of the FDA's Center for Drug Evaluation and Research noted that it is not clear how the drug might be causing the adverse neuropsychiatric symptoms, because it is thought to bind only to the same brain receptor as nicotine.

She also said that the symptoms were not noted in any of the 4,000 persons treated with the drug in the clinical trials that led to approval.

Withdrawal from the drug also may be associated with the symptoms, Dr. Rappaport noted. The FDA has received some reports of patients who began having symptoms after stopping the drug; the agency is investigating those reports.

Varenicline, a selective nicotinic acetylcholine receptor partial agonist, was approved by the FDA following a priority review in 2006. The drug reportedly reduces craving for tobacco and blocks much of the pleasurable effect of nicotine when tobacco is smoked. ■

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