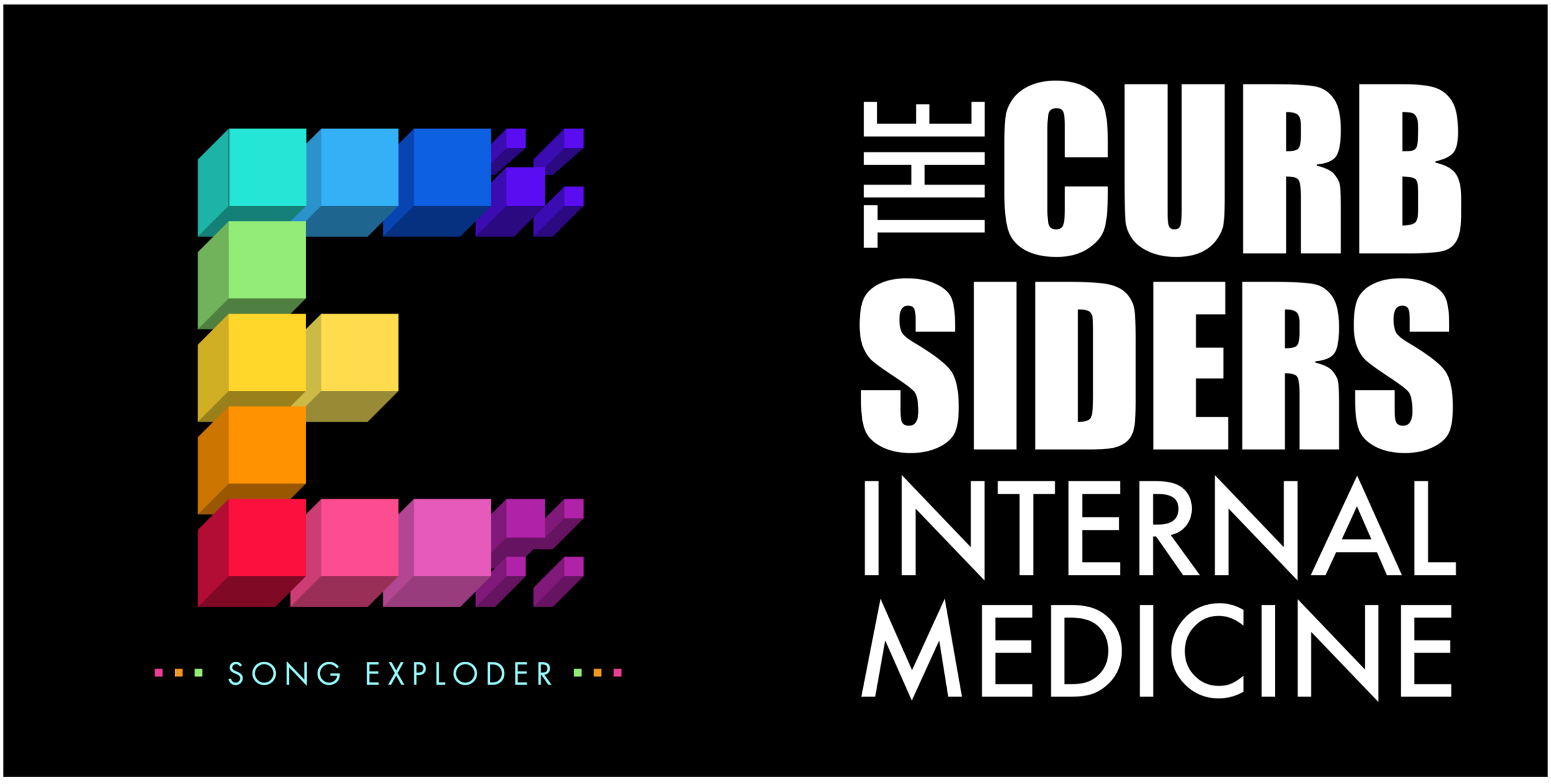
Laura W. Bush Institute for Women's Health, TTUHSC



Beth Garbitelli and Matthew Watto MD, FACP October 22, 2021

Overview

- Origin Stories
- Behind the Scenes
- Song Exploder
- Audience Questions

Timeline

2010 - Graduate Med School

2013 – Discover Podcasts

2014 – 3rd son born & existential crisis begins

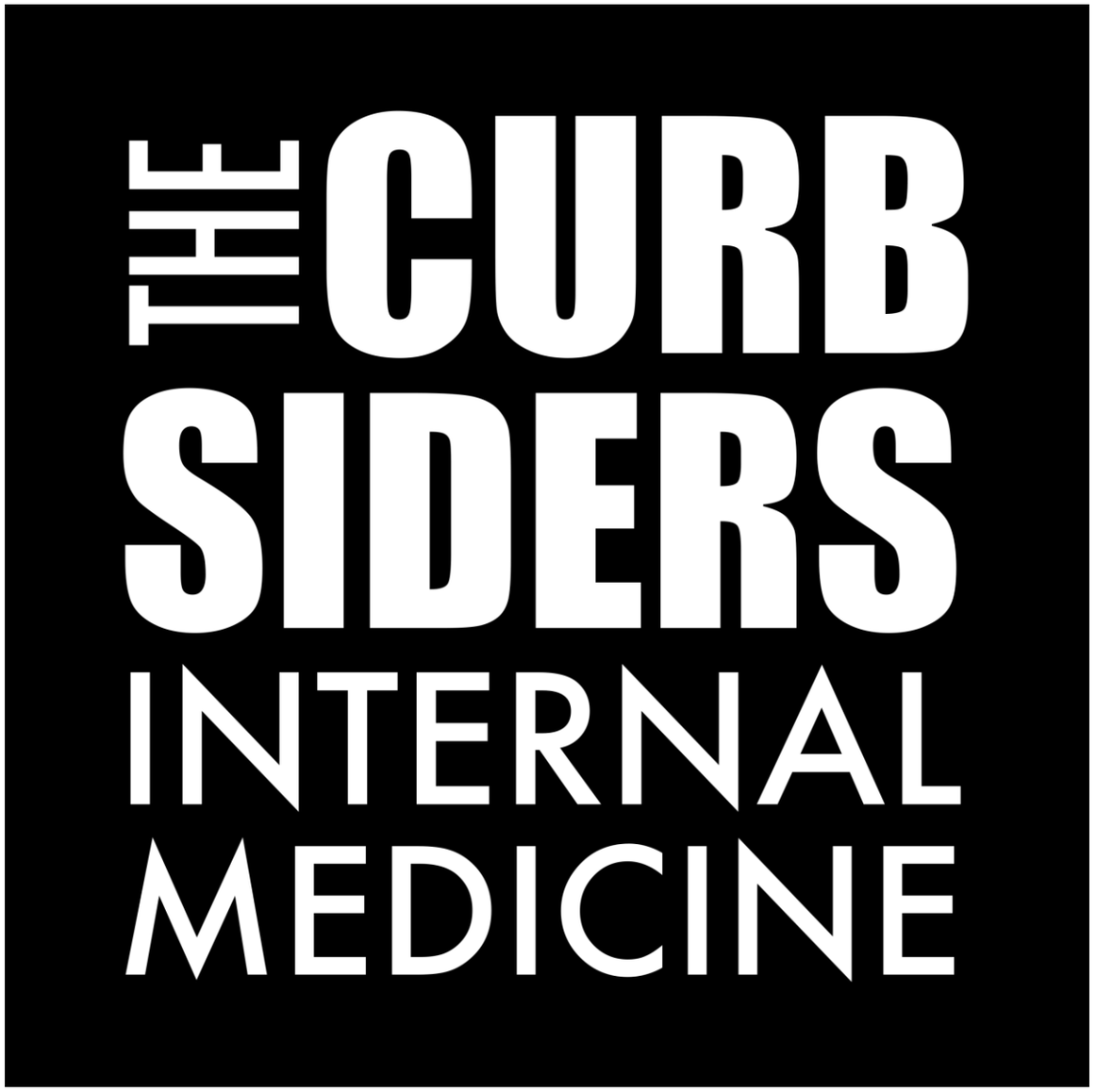
Existential Crisis

Career Entrepreneurship

- Ask, “What are my skills?”
- Start something. Then, try again.

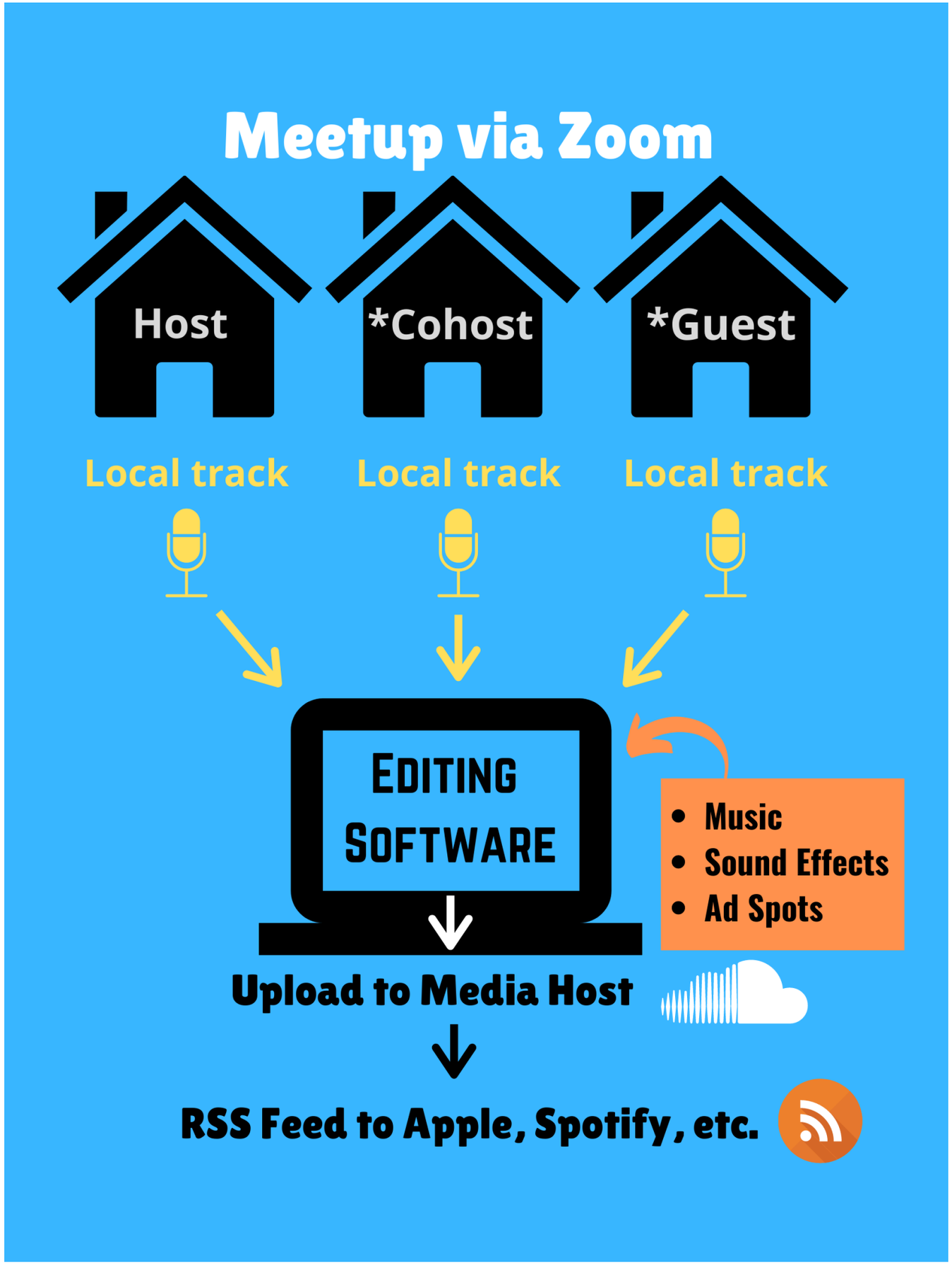
Kashlak Opens

February 2016



Running a medical podcast

Behind the Scenes



Distributed Team

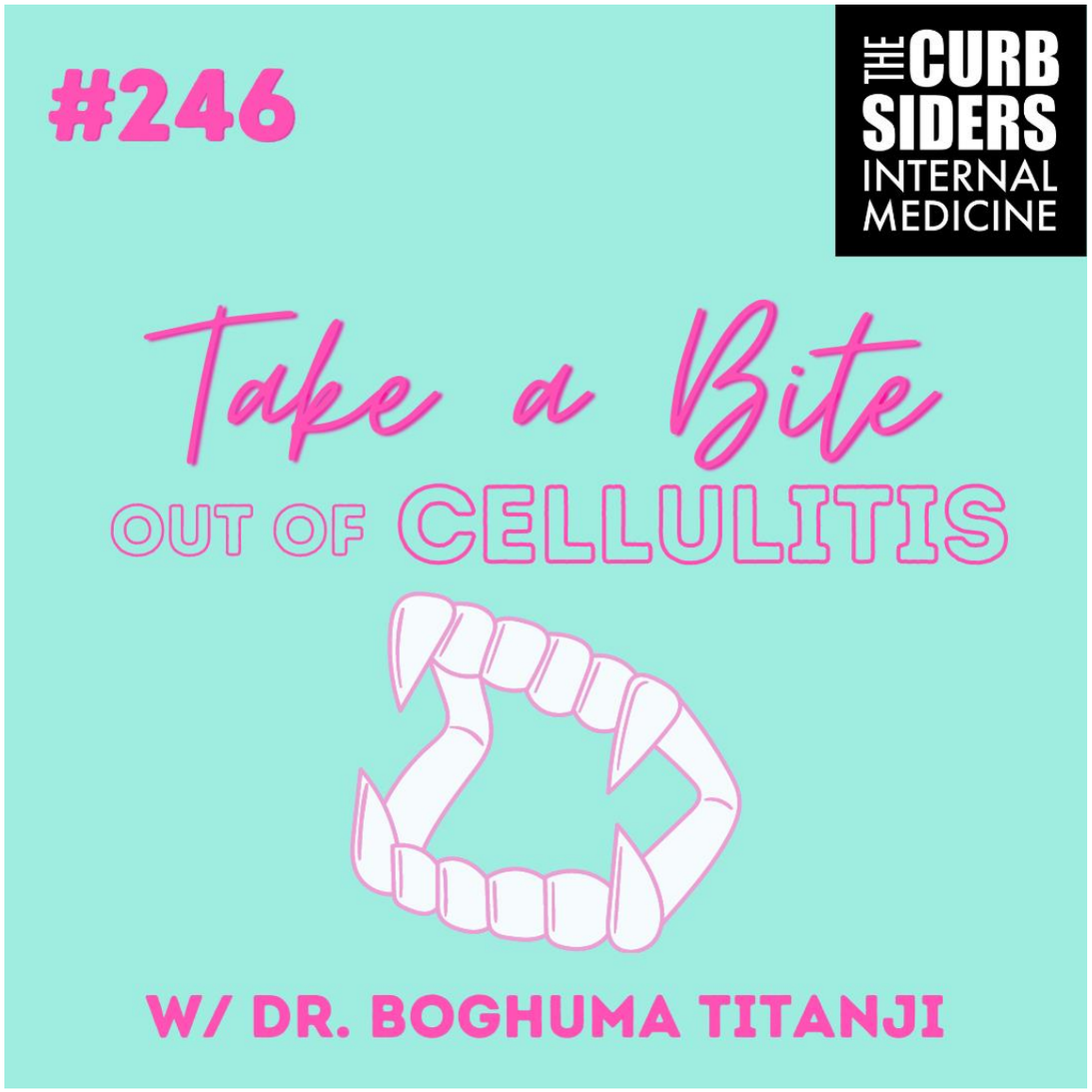
slack

Origin of “Garbs”

Polymath

- Medical Student
- Podcaster
- Artist
- Producer
- Journalist
- Patent Paralegal
- Baker
- Hockey Player


Diabetes FAQ
with Dr. Jeff Colburn
THE CURB SIDERS INTERNAL MEDICINE


#246
THE CURB SIDERS INTERNAL MEDICINE
Take a Bite
OUT OF CELLULITIS
W/ DR. BOGHUMA TITANJI

THE CURBSIDERS INTERNAL MEDICINE

Understanding

HEART FAILURE

with

PRESERVED EJECTION FRACTION

Heart failure: Syndrome involving shortness of breath, volume overload, and elevated natriuretic peptide.

EJECTION FRACTION (EF) RANGES

EF < 40% = Heart Failure with Reduced Ejection Fraction (HFrEF)
40% < EF < 50% = 'Gray Zone' (Tx depends on context)
EF >50% = Heart Failure with Preserved Ejection Fraction (HFpEF)

PATHOPHYSIOLOGY

•N=O

Research shows it may be caused by deficiency in nitric oxide and impairment in nitric oxide signaling.

Obesity-driven upregulation of inflammatory markers may be one of the underlying etiologies in HFpEF. Inflammatory markers reduce cyclic GMP signaling activity, decreasing nitric oxide creation which leads to more reactive oxygen species, vascular compartment stiffness, damage, and fibrosis.

Hypertension can lead to both HFrEF and HFpEF. Left Ventricular Hypertrophy (LVH) is not a requirement part of the pathophysiology.

UP TO 50% OF HEART FAILURE PATIENTS HAVE PRESERVED EJECTION FRACTION

WORK UP FOR CAD?

New HFpEF diagnosis: high likelihood of CAD

Options:
Catheterization
Coronary CT

Exercise-induced symptoms of heart failure (BUT asymptomatic at rest)?

Right heart catheterization can help better evaluate.

THE CURBSIDERS INTERNAL MEDICINE ACP

BURPS, BURNS, AND ACID CHURNS

PATHOPHYSIOLOGY OF GERD

MORE FREQUENT TRANSIENT RELAXATION OF THE LOWER ESOPHAGEAL SPHINCTER LEADING TO ACID REFLUX IN THE ESOPHAGUS CAUSING 'HEARTBURN'

RISK FACTORS

physical abnormalities (diaphragm defects, hiatal hernia), delayed stomach emptying (narcotic use, gastroparesis), obesity, and all trimesters of pregnancy

INITIAL DIAGNOSIS

- **OFTEN MADE ON SX ALONE: HEARTBURN AND/OR REGURGITATION**
- **NON-CLASSIC SX INCLUDE DYSPHAGIA, CHEST PAIN, HOARSENESS, COUGH, NAUSEA, ENAMEL LOSS**
- **CONSIDER DYSPEPSIA IF PAIN PREDOMINANT SYMPTOM AND RULE OUT H.PYLORI**
- **CARDIAC WORKUP FOR PATIENTS PRESENTING WITH CHEST PAIN**

ALARMS

DYSPHAGIA

SUDDEN ONSET IN OLDER PATIENT

>5% BODY WEIGHT LOSS

FOOD IMPACTION

TREATMENT:

LONG TERM MONITORING

- Assess for Barrett's Esophagus if >5 yrs of unmanaged GERD
- Annual creatinine level & CBC/serum ferritin
- B12 levels every five years
- Magnesium levels in symptomatic patients

DAILY SYMPTOMS:

OMEPRAZOLE, ESOMEPRAZOLE, & PANTOPRAZOLE

8 week trial, once daily, 30-60 min before meal, step down to effective dose or reassess if no benefit

INTERMITTENT SYMPTOMS (2 OR LESS A WEEK):

ANTACIDS OR OTC H2 BLOCKER AS NEEDED

Lifetime PPI: dilated peptic stricture, significant esophagitis, Barrett's Esophagus

Consider surgery for patients unwilling to take PPI or with discreet anatomical abnormality

LIFESTYLE CHANGES

Coffee, chocolate, mints, wine, spicy/citrus foods may aggravate GERD but **not always helpful to eliminate all these types of foods** unless clear pattern of reflux from specific food

- Weight loss (even if normal BMI)
- Elevate head of the bed
- Do not eat or drink before long periods laying down

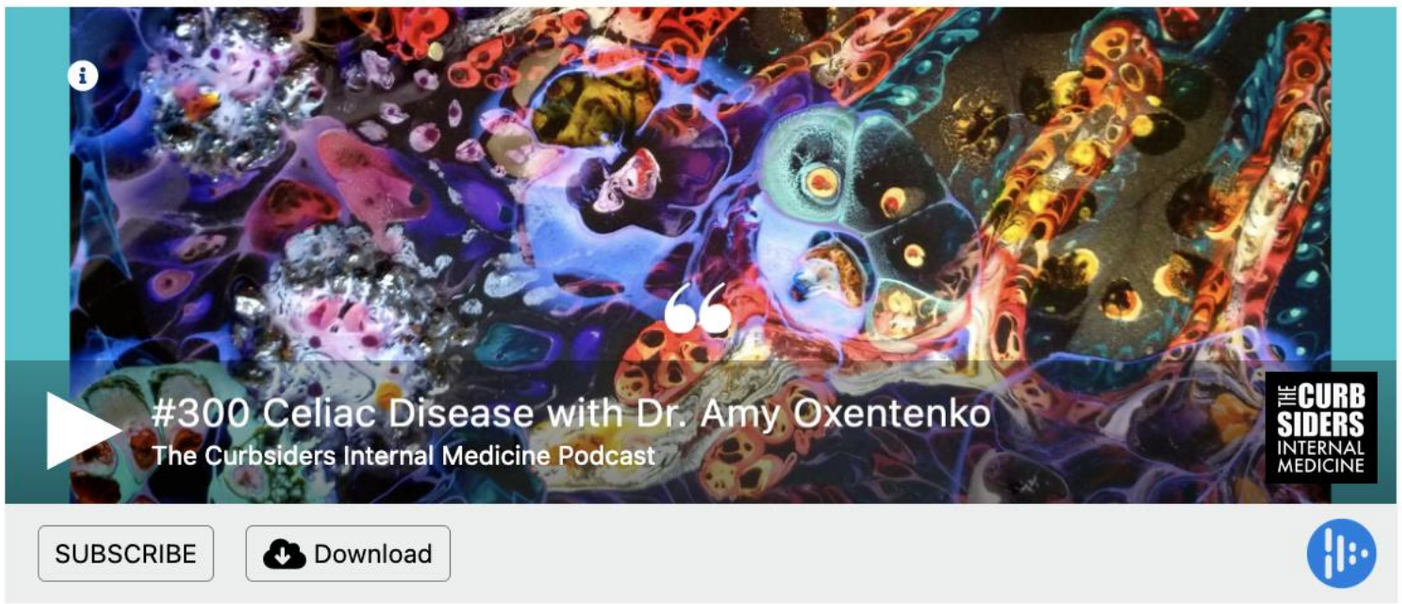
Sources: The Curbsiders Interview with Dr. Amy Oxentenko; American Gastroenterological Association 2008, Kellerman 2017, Talley 2015, Richter 2018, Ranjitkar 2012

Graphic created by: @bethgarbitelli

#300 Celiac Disease with Dr. Amy Oxentenko

OCTOBER 18, 2021 By MATTHEW WATTO, MD — LEAVE A COMMENT (Edit)

Tighten up your glute-n facts!



Tighten up your glute-n facts! Take control of celiac disease (CD) with gastroenterologist, Dr. Amy Oxentenko (Chair of Medicine at Mayo Clinic AZ, @AmyOxentenkoMD). Learn how to recognize both classic and non-classical features of CD and understand diagnostic testing, management and proper follow-up for patients.

Claim free CME for this episode at curbsiders.vcuhealth.org!

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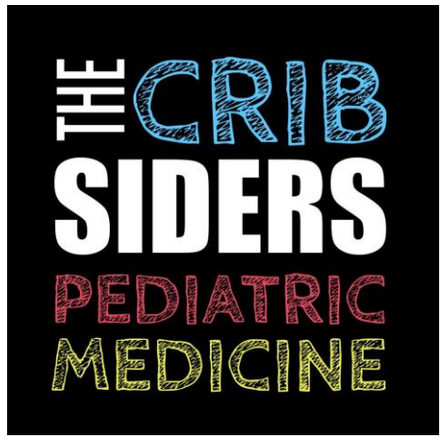
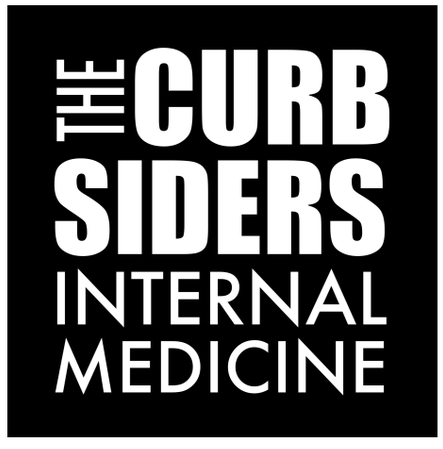
Knowledge Food Inc.





- >50 Curbsiders
- >20 institutions
- International team

DOWNLOADS—30D

628,986 1%

REVIEWS—30D

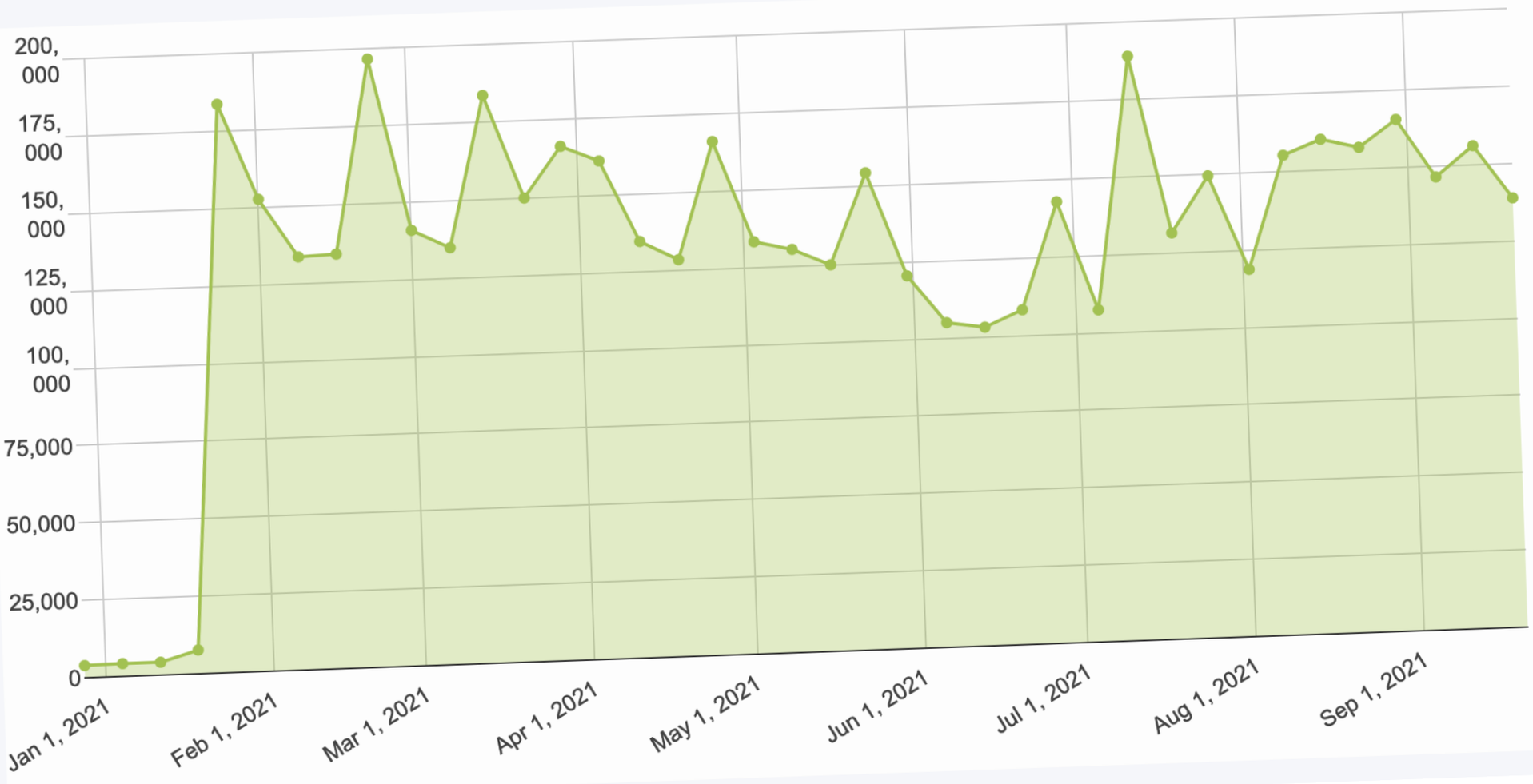
6 200%

AVERAGE RATING

4.8

Weekly | 01/01/2021 | 09/26/2021

Downloads



CONTENT WARNING

This discussion will feature serious discussion of challenging material. If this is triggering for anybody who's listening:

1. National Suicide Prevention Lifeline 1-800-273-8255.

2. Crisis Text Line: Text HOME to 741741

THE CURB SIDERS INTERNAL MEDICINE

REBOOT 129

Depression & Suicide

w/Elisabeth Poorman MD

Fresh intro by Nora Taranto MD, Beth Garbitelli

We Were Reluctant

Is this our mission?

Will anyone listen?

It’s too personal.

Why We Proceeded

Silence is the true sickness

“I was looking around at people that I practiced with and I realized so many of them had told me in confidence about what they had experienced, but they weren't willing to discuss it…and it seemed to me that, that this was the true sickness…I didn't want other people to experience this and feel like they were the only one.”

Dr. Elisabeth Poorman

What was the audience’s reception?

We’ll tell you later…

“Congrats on graduation, now it’s time to find a therapist”

Rethink the white coat ceremony

“It’s really important for family members to know that this (depression) is something that's going to touch a lot of us and that it's also going to affect them.”

“It really like makes me think, why don't all the deans address this openly and help them (partners/families) understand and prepare.”

Dr. Elisabeth Poorman

Struggle is a late sign

“By the time people are making mistakes and they're visibly struggling they've probably been struggling for a while. They're probably a lot sicker than you realize because physicians will prioritize work over everything else.”

Dr. Elisabeth Poorman

Self Care

“The pace of work, particularly in residency, is a problem that continues forever. It makes it very difficult for us to give ourselves the space that we need to heal when difficult, traumatic things are happening, or, even normal things like, maternity leave or having a flu. It's really hard to prioritize, taking care of ourselves.”

Dr. Elisabeth Poorman

SSRIs and Therapy

"I was looking for career advice, but…it turned out that basically half the room raised their hand saying that they were on an SSRI and I was very surprised because these are high achieving, positive senior residents of mine who at that time did not fit the phenotype of who I thought would be seeing a therapist regularly, or getting an SSRI."

Dr. Shreya Trivedi

Empathy has 2 edges

“I'm the kind of person that if I walk into her room and someone is really sad or really angry…I will walk out of the room carrying that feeling in myself as if it's my own. That is an incredible tool for me clinically, but, it also makes it very difficult to work in a high stress emotional situation…the mantra that was repeated to me in medical school was be more empathetic, be more emotionally present with your patients. But, I think that’s a useful thing for people who don't have a lot of natural empathy. But, for those of us who do have a lot, actually what we need to do is to learn to recognize what the other person is experiencing, but also maintain our own boundaries and our own emotional health.” *Dr. Elisabeth Poorman*

Early Career Loneliness

“I would say that in residency the problem is exhaustion and in practice, once you're out of residency, the problem is loneliness and isolation.“

Dr. Elisabeth Poorman

Audience Reception?

Solutions

Educate partners, families

Preemptively plan to fortify yourself

Mandatory therapy

Acknowledgment & Support from Leadership

Tear down the “culture of endurance”

Questions?

Thanks to TTUHSC