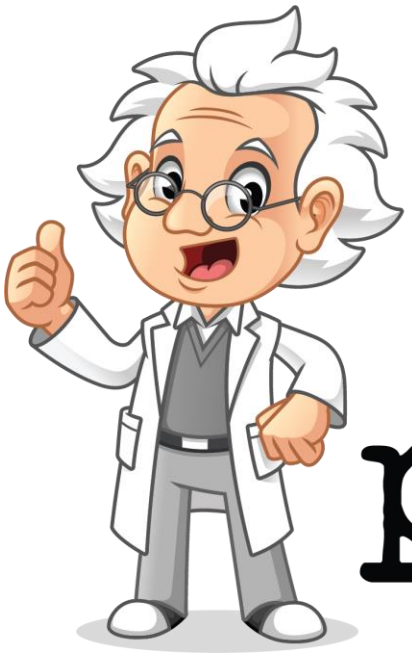

the PRUDENT prescriber

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February 2024

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Pearls from UCSF's 2023 Controversies in Women's Health - Part 2

Once again, this annual conference offered a practical update for caring for the superior gender. The faculty for this conference were all senior professors at UCSF who are gifted teachers.

Anemia in Women's Health: We Can Do Better Rethinking Iron Deficiency - Andrew Leavitt, MD

Dr Leavitt quotes this study:
In a JAMA (2023:329(24) research letter, looking at 3490 women ages 12-21years (2003-2020):

Overall prevalence of iron deficiency was:
- 38.6% using 25 µg/L ferritin cutoff
- 17.0% using 15 µg/L ferritin cutoff

Overall prevalence of iron-deficiency anemia was:
- 6.3% using 12.0 mg/dL hemoglobin cutoff
- 11.0% using 12.5 mg/dL hemoglobin cutoff

Reducing weight reduces breast cancer risk
- Meta-analysis – OR=0.82; 95%CI 0.67-0.97
- WHI – postmenopausal women – HR=0.88; 95%CI 0.78–0.98
- Nurses' Health Study – HR=0.77; 95%CI 0.65–0.91
- Bariatric surgery – Premenopausal HR = 0.72; 95%CI 0.54-0.94 – Postmenopausal HR = 0.55; 95%CI 0.42-0.72

Among individuals with iron deficiency: 83.6% (95% CI, 80.8%-86.4%) were not anemic.

Author's Take Home points:

- Iron deficiency is extremely common (39%) among young women, and we should be screening for it routinely with serum ferritin.
- Iron deficiency has a broad range of symptoms:
  - Fatigue
  - Shortness of breath/dyspnea on exertion/exercise intolerance
  - Sleep disturbances
  - Brain fog
  - Hair loss
  - Pica
  - Mental health/mood disorders
- Anemia and microcytosis are late events as one becomes iron deficient.
- Iron deficiency: Factors that should get your attention:
  - Vegetarian/vegan diet
  - Eating disorder
  - Heavy menstrual bleeding
  - Multiparous women (especially if closely spaced pregnancies)
  - Hispanic, Non-Hispanic Black

Gynecological Issues in Older Women – Rebecca Jackson, MD

Long and Short of Menopause Hormone Therapy (MHT) for vasomotor symptoms

- Hot Flashes significantly impact QOL—poor sleep, concentration, mood.
- Benefits of MHT outweigh risks for majority of symptomatic women less than 60 years or less than 10 years post menopause.
- Give for 3 to 5 years. Stop at age 65 at the latest.
- Transdermal estrogen is safer than oral.
- Micronized progesterone is probably safer than synthetic progestins.
- For women without a uterus, estrogen only is quite safe.

Best Practices in Managing Depression and Anxiety in Women - Emma Samelson-Jones, MD

Which med first for major depression?

1) What worked before for a patient.
2) Not what didn't work before (and find out what these were!) 3) SSRI (sertraline, escitalopram) OR bupropion. Fluoxetine, paroxetine, citalopram, fluvoxamine are also choices.

Psycho-education for SSRIs

1) Take 2-4 weeks at given dose to begin to work.
2) Possible side effects:
   - Early side effects - GI symptoms, increased anxiety or agitation, difficulty sleeping, sedation, dizziness, headaches
   - Longer term side effects (weight gain, sexual side effects)
   - Increased suicidal thinking (for people under 25)
3) Establish hope and maximize the placebo effect

Adequate trial of SSRI for MDD

- 4 weeks at a moderate dose with no response
- Moderate dose - fluoxetine 40mg, paroxetine 40mg, escitalopram 20mg, citalopram 40mg, sertraline 100mg
- If partial response at moderate dose (SSRIs), consider a longer trial +/- increased doses.

Maintenance or discontinuation of anti-depressants in primary care

- Randomized, double-blinded, placebo-controlled multi-center trial based in the UK (2021)
    - All patients had recurrent depression (at least prior 2 episodes of MDD), had been on medication for at least 2 years, were not currently depressed, and were willing to stop their medications.
    - Taper: half their antidepressant dose for 1 month, then the half-dose alternating with placebo for 1 month, then placebo daily. (Lewis, NEJM, 2021)
- Results:
    - Two out of five people who remain on their medications will experience a relapse of depression within the next year.
    - Three out of five people who stop their medication will experience a relapse in the next year and two out of five people who stop their meds will not experience a relapse in the next year.
    - Unfortunately, we don't have data about the impact of stopping medications on the longer-term course of MDD (5 to 10 years after stopping the medication).

Pregabalin (Lyrica) off-label for anxiety

- Ca channel blocker that reduces neuronal excitability. • Approved for anxiety in Europe; approved for neuropathic pain, partial seizures, fibromyalgia in US
- Dosing: Start 50mg daily -> Bid. Usual anti-anxiety dose 150-300 mg/day, divided bid. Max 600 mg/day. XR available for once daily dosing
- Onset of action for anxiety ~1 week -- faster than SSRIs • Side effects: sedation, dizziness, weight gain, peripheral edema.
- Controlled substance with less risk tolerance/withdrawal than benzos.

Obesity Management: Updates on Lifestyle Change and Medications – Diana Thiara, MD

Lifestyle Change:

- The diet you adhere to for the long term is the best diet for your patient
- Macronutrient composition does NOT predict weight loss
- Intermittent fasting is associated with weight loss, but due to caloric restriction
- Goal: Calorie Reduction (-500 cal/d)
- Self-monitoring is key
- Weight cycling is harmful

Hormones and weight gain:

Most hormonal contraceptives list weight gain as a possible side effect, research suggests otherwise.

- OCPs
    - Cochrane review of 49 RCTs
    - No clear weight gain
    - Evidence is "insufficient"
- Depo-provera
    - Large RCT, 700 women
    - 5.1 kg weight gain over 36 months
- Hormonal IUD
    - Weight gain, likely water retention
    - Usually subsides ~3 months
- HRT
    - Cochrane review of 28 RCTs
    - No weight gain for estrogen vs nonHRT or estrogen + progesterone. vs nonHRT

Sustainable calorie reduction

- Eat food

- Not too much (focus on portion control)
- Mostly plants

Exercise
- Has great health benefits and is key for maintenance of weight loss
- On its own, may not contribute to initial weight loss - exercise 150 Minutes per week

Anti-obesity drugs
- STEP Trial
  - Semaglutide (GLP-1) Treatment Effect in People with Obesity (STEP) Trial 1 2000 participants with obesity, DM excluded
  - Randomized to Semaglutide 2.4 mg/week vs placebo
  - Duration: 68 Weeks Lifestyle Intervention:
    - Individual counseling sessions q4 weeks
    - Reduced-calorie diet (500-kcal deficit/day)
    - Increased physical activity (150 min/week)
    - Daily self-monitoring, reviewed at counseling sessions
- Results of STEP trial
  - Semaglutide group lost 14.9% of body weight at 68 weeks.
  - Placebo group lost 2.4% of body weight at 68 weeks.
  - Semaglutide group lost 15.2% of body weight at 104 weeks. Placebo group loss 2.4% of body weight at 104 weeks.
- SELECT Trial:
  - Semaglutide Effects on Cardiovascular Outcomes in People With Overweight or Obesity
- Results of SELECT Trial:
  - At 48 weeks, Semaglutide was superior to placebo in cardiovascular composite outcomes, CHF outcomes and deaths from all causes by hazard ratios of 0.80–0.85.
- SURMOUNT Trial:
  - Tirzepatide (GLP-1 and GIP) in Participants with Obesity or Overweight.
- Results of SURMOUNT trial

Drug	Overall percentage change in body weight
Placebo	-3.1%
Tirzepatide 5mg	-15.0%
Tirzepatide 10mg	-19.5%%
Tirzepatide 15 mg	-20.9%

With all anti-obesity meds, if there's not a 3% weight loss in 12 weeks, it's not working and stop the medication

GLP1 & GLP1/GIP Use in Women – Special Considerations
- STEP & SURMOUNT Trials were largely women (73%, 68%)
- Women on anti-obesity meds tend to lose more weight than men 18.4% vs 12.9%
- Women less than 35 tend to lose the most weight
- Women > 60 yo have 20% higher risk of developing sarcopenia than men
- Contraindicated for use in pregnancy, rec stopping 2 months preconception
- Women face more obesity bias, societal pressure to be thin
- Women of minority communities, transgender women face even more bias

So, Long COVID

How to sift sense from nonsense, the wit from the chaff,
Whilst the very whist of the walk the past has trashed?

Naïve were our cells to the new invader
Naïve our defenses against the raider.

Naïve a belief in our old endeavors
Never a doubt that we could ever

Hold the tide back with nets and levers
If only we could all just pull together.

The bug blew in like a chattering flu
With no way to test what's what, who's who

Skipping from "them" to me and you.
Changing coats as it pounded through.

Wreaking havoc along its way
Shifting and drifting in the day to day.

Afflicting the masses in wave after wave
Infectious hall passes, if not to the grave.

Then treading that path in ways unknown
Leaving tracks upon tracks and turning stones.

Now the efforts we made to block the trails
May cover the signs of wins and fails.

As the storm itself in its terrible wake
Has clouded our minds between real and fake.

And tired our bodies and shortened our breath
And mixed up our senses and fixed up our deaths

So that who the hell knows what's naughty or nice
Truth can be gleaned from any device?

Myself, I'm still cloudy and learning to breathe
So tired, retired, and glad of reprieve

While newly found newbies must battle the seas
From flotsam and jetsam new paths to conceive.

Thomas J. Orr
Epidemiologist, Poet

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