

## THE REST OF YOUR LIFE

## 'Dr. Charlie' Goes to War

During voluntary tours of duty as an Army medical officer for Operation Iraqi Freedom—Camp Spearhead, Shuaiba, Kuwait, in 2003 and Forward Operating Base Warrior, Kirkuk, Iraq, in 2005—Dr. Charles L. Garbarino kept family members and friends informed about his experiences by typing e-mails and scribbling other thoughts in a diary.

When he returned home from his second tour of duty, those same family members and friends encouraged him to write a book about his experiences as a pediatrician who cared for soldiers in the combat zone.

"People said to me, 'you have to write a book,'" said Dr. Garbarino, a colonel in the New Jersey National Guard who practices pediatrics in West Orange, N.J. "They'd say, 'Your e-mails were so touching and they brought out so many emotions. You made us realize what war really is; you have to tell your story.' I said, 'I'm a street kid from Brooklyn and you want me to write a book.'"

A friend introduced him to Marc S. Goldberg, a writer who helped him sift through those e-mails and diaries to assemble "Pediatrician Soldier: The Man the Kids Call 'Dr. Charlie' Goes to War"

(Bloomington, Ind.: inuiverse.com, 2008).

Presented in essay form, the book includes Dr. Garbarino's candid thoughts about what it means to be deployed as a soldier; the pediatrician's role in caring for a soldier in a combat zone; postdeployment medical care; how posttraumatic stress disorder affects soldiers and their families; the impact of deployment on the family structure; and the role civilian pediatricians can play in caring for children of deployed soldiers.

A palpable theme throughout the book is the importance of bringing compassion to all aspects of medical care. In Iraq and in other theaters of combat in the Middle East, he explained, "what we have for the soldiers resembles a M\*A\*S\*H unit. You're doing the best you can. But the thing is, there is a lot more hand holding and compassion when you're out in that battlefield or in that combat zone with the soldier. People



"Physicians have to realize that just holding someone's hand is just as important as anything else," said Dr. Charles L. Garbarino, pictured in Kirkuk, Iraq, during one of his two tours of duty.

I think, is paramount. Physicians have to realize that just holding someone's hand is just as important as anything else."

A self-described no-nonsense kid from Brooklyn, Dr. Garbarino refuses to consider himself a hero for the service he provided on those two tours. "The real heroes are all the fallen soldiers and those who have come back emotionally, physically, or mentally traumatized," he emphasized. "Those are your heroes, as are all the people these soldiers left behind when they went to

war. There is one hero in my family. It's not me; it's my wife, Lydia."

He went on to note that when soldiers return from deployment, "We all return changed. I had some PTSD when I returned. One day, I was sleeping and I woke up in a cold sweat, saying, 'I gotta get it! I gotta get it!' I finally realized I was home, and that what I was reaching for was my weapon. I've been okay, but so many soldiers are coming back with physical problems such as missing limbs, or they've been mentally traumatized. They hear somebody drop a box and they duck."

All royalties from "Pediatrician Soldier" benefit Our Military Kids, an organization that provides support to children of deployed and severely injured National Guard and Military Reserve personnel ([www.ourmilitarykids.org](http://www.ourmilitarykids.org)).

"Pediatrician Soldier" is available at [www.amazon.com](http://www.amazon.com), [www.barnesandnoble.com](http://www.barnesandnoble.com), or [www.iuniverse.com](http://www.iuniverse.com).

By Doug Brunk

## E-MAIL US YOUR STORIES

The purpose of "The Rest of Your Life" is to celebrate the interests and passions of physicians outside of medicine. If you have an idea for this column or would like to tell your story, send an e-mail to [d.brunk@elsevier.com](mailto:d.brunk@elsevier.com).

### Rx Only

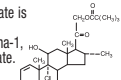
## Cloderm® Cream, 0.1%

(clocortolone pivalate)

FOR TOPICAL DERMATOLOGIC USE ONLY—NOT FOR OPHTHALMIC, ORAL, OR INTRAVAGINAL USE. WARNING: KEEP OUT OF REACH OF CHILDREN

**DESCRIPTION:** Cloderm Cream 0.1% contains the medium potency topical corticosteroid, clocortolone pivalate, in a specially formulated water-washable emollient cream base consisting of purified water, white petrolatum, mineral oil, stearyl alcohol, polyoxy 40 stearate, carbomer 934P, edetate disodium, sodium hydroxide, with methylparaben and propylparaben as preservatives.

Chemically, clocortolone pivalate is 9-chloro-6 $\alpha$ -fluoro-11 $\beta$ , 21-dihydroxy-16 $\alpha$ , methylpregna-1, 4-diene-3, 20-dione 21-pivalate. Its structure is as follows:



### CLINICAL PHARMACOLOGY:

Topical corticosteroids share anti-inflammatory, antipruritic and vasoconstrictive actions.

The mechanism of anti-inflammatory activity of the topical corticosteroids is unclear. Various laboratory methods, including vasoconstrictor assays, are used to compare and predict potencies and/or clinical efficacies of the topical corticosteroids. There is some evidence to suggest that a recognizable correlation exists between vasoconstrictor potency and therapeutic efficacy in man.

**Pharmacokinetics:** The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle, the integrity of the epidermal barrier, and the use of occlusive dressings.

Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids. Thus, occlusive dressings may be a valuable therapeutic adjunct for treatment of resistant dermatoses. (See **DOSE AND ADMINISTRATION**).

Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins in varying degrees. Corticosteroids are metabolized primarily in the liver and are then excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also excreted into the bile.

### INDICATIONS AND USAGE:

Topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

### CONTRAINDICATIONS:

Topical corticosteroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

### PRECAUTIONS:

**General:** Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients.

Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Therefore, patients receiving a large dose of a potent topical steroid applied to a large surface area or under an occlusive dressing should be evaluated periodically for evidence of HPA axis suppression by using the urinary free cortisol and ACTH stimulation tests. If HPA axis suppression is noted, an attempt

should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid.

Recovery of HPA axis function is generally prompt and complete upon discontinuation of the drug. Infrequently, signs and symptoms of steroid withdrawal may occur, requiring supplemental systemic corticosteroids.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity. (See **PRECAUTIONS: Pediatric Use**).

If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted.

In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

**Information for the Patient:** Patients using topical corticosteroids should receive the following information and instructions:

1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.

2. Patients should be advised not to use this medication for any disorder other than for which it was prescribed.

3. The treated skin area should not be bandaged or otherwise covered or wrapped as to be occlusive unless directed by the physician.

4. Patients should report any signs of local adverse reactions especially under occlusive dressing.

5. Parents of pediatric patients should be advised not to use tight-fitting diapers or plastic pants on a child being treated in the diaper area, as these garments may constitute occlusive dressings.

**Laboratory Tests:** The following tests may be helpful in evaluating the HPA axis suppression:

Urinary free cortisol test  
ACTH stimulation test

**Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of topical corticosteroids.

Studies to determine mutagenicity with prednisolone and hydrocortisone have revealed negative results.

**Pregnancy Category C:** Corticosteroids are generally teratogenic in laboratory animals when administered systemically at relatively low dosage levels. The more potent corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well-controlled studies in pregnant women on teratogenic effects from topically applied corticosteroids. Therefore, topical corticosteroids should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

**Nursing Mothers:** It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids are secreted into breast milk in quantities not likely to have deleterious effect on the infant. Nevertheless, caution should be exercised when topical corticosteroids are administered to a nursing woman.

**Pediatric Use:** Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing's syndrome than mature patients because of a larger skin surface area/body weight ratio.

Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include linear growth retardation, delayed weight gain, low plasma cortisol levels, and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilloedema.

Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of children.

### ADVERSE REACTIONS:

The following local adverse reactions are reported infrequently with topical corticosteroids, but may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence:

Burning  
Itching  
Irritation  
Dryness  
Folliculitis  
Hypertrichosis  
Acanthosis  
Hypopigmentation  
Perioral dermatitis  
Allergic contact dermatitis  
Maceration of the skin  
Secondary infection  
Skin atrophy  
Striae  
Milium

**OVERDOSAGE:** Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects (see **PRECAUTIONS**).

### DOSE AND ADMINISTRATION:

Apply Cloderm (clocortolone pivalate) Cream 0.1% sparingly to the affected areas three times a day and rub in gently.

Occlusive dressings may be used for the management of psoriasis or recalcitrant conditions.

If an infection develops, the use of occlusive dressings should be discontinued and appropriate antimicrobial therapy instituted.

### HOW SUPPLIED:

Cloderm (clocortolone pivalate) Cream 0.1% is supplied in a 30 gram pump bottle, 45 gram and 90 gram tubes.

Store Cloderm Cream between 15° and 30° C (59° and 86° F).  
Avoid freezing.

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