

Displaced by Storms, but Still Practicing Medicine

BY JENNIFER LUBELL
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In the wake of the severe hurricane season in the Gulf Coast region, thousands of displaced physicians are searching for ways to keep practicing medicine.

For some, this means relocating to another part of the country or holding down a temporary job in the hopes they'll someday reclaim their practice

from flood-ravaged areas and regroup with their patients.

Family physician Kim Edward LeBlanc, M.D., who heads the department of family medicine at the Louisiana State University School of Medicine in New Orleans, said his entire department was displaced from that city after Hurricane Katrina.

"The department had 10,000-15,000 patients, if not more," he said in an interview.

Dr. LeBlanc has since relocated to his brother's home in Baton Rouge, La., where he plans to establish a private clinic for his patients. In the meantime, he and his department have been busy setting up other clinics in the neighboring cities of Lafayette, Lake Charles, and Kenner. The goal is to resume some functionality and start seeing patients again, to continue the training of residents and students, and to help the evacuees, he said.

Residents have been sent to a variety of areas to help out, including Angola Prison, and a small hospital called Lallie Kamp, which is part of the state's charity system and has a lot of evacuees, he said.

"I've little hope that it will ever be the same again," said internist/infectious disease specialist Michael Hill, M.D., whose group practice has disintegrated since the hurricanes.

Of the 26 physicians who made up the multispecialty practice in various locations around New Orleans, "only 6 or 7 are going to be returning to the area," Dr. Hill said in an interview. "Most are going to be relocating to other states, while others are in Shreveport, Baton Rouge, or Lafayette. We've just dispersed around the state in areas not affected by the hurricane."

David D. Teuscher, M.D., an orthopedic surgeon who works at several hospitals in Beaumont, Tex., reported at press time that the area was uninhabitable in the aftermath of Hurricane Rita. The city is operating at limited capacity, he said in an interview.

"There's no potable water. Everything's operating on generators, and the National Guard isn't permitting anyone to come in. Physicians and families have fled these regions and have gone to live with family in other parts of the state and the country." At press time, he was communicating with his staff through a daily conference call and said he hoped to restart operations at the Beaumont hospitals by early October.

Nancy G. Michaelis, M.D., an internist from Chalmette, La., obtained a temporary license to practice in Virginia. Overall, she's had three job offers, but in an interview said she's "desperately trying to get back to New Orleans." For now, it looks like she'll be practicing in Virginia for quite some time.

"My house survived quite well ... [but] St. Bernard Parish was completely destroyed. The two hospitals that I went to, Chalmette Medical Center in St. Bernard and Pendleton Memorial Methodist Hospital in East New Orleans, are not operational anymore. Furthermore, the population I used to see is not there anymore."

Some physicians are considering a more permanent relocation. Otolaryngologist Michael S. Ellis, M.D., whose practice in Chalmette was flooded during Hurricane Katrina, is considering a move to North Carolina. Through his contacts in organized medicine, Dr. Ellis said he's been offered positions, both in private practice and in academic medicine, throughout the country.

"I've gotten job offers from North Carolina, Virginia, Tennessee ... Chicago," he said in an interview.

Many physicians like Dr. Michaelis thought they'd practice at a temporary location then come back to New Orleans, "but that's less likely to happen as time goes on," Dr. Hill said.

Telephone service has been spotty in some places, and it's been difficult for patients to navigate around the New Orleans area and get care, he said. His practice is trying to communicate with patients through newspaper ads and its Internet site, "which has updated where we are," he said.

At press time, Dr. Hill was working at the practice's offices in Covington, located north of Lake Pontchartrain, and in Slidell, La.

Two other physicians in the practice are working in the North Shore.

He and Dr. Ellis have been trying to organize a summit with members of Congress to establish a medical health care system within New Orleans. "We want to make sure that organized medicine has a voice" in this effort, he said.

Dr. LeBlanc's goal is to return to New Orleans and resume practice at LSU. "We optimistically look at being back in January. We all want to do that—the dean of the medical school has emphatically stated that that's what we're doing." ■

Respiratory	asthma, bronchospasm, dyspnea
Skin and Appendages	alopecia, angioedema, bullous eruption, erythema multiforme, photosensitivity reaction, pruritus, exfoliative dermatitis, Stevens-Johnson syndrome, sweating increased, toxic epidermal necrolysis, urticaria
Special Senses	abnormal vision, conjunctivitis, taste perversion, tinnitus
Urinary System	albuminuria, BUN increased, creatinine increased, hematuria, interstitial nephritis, renal failure

OVERDOSAGE

There is limited experience with meloxicam overdose. Four cases have taken 6 to 11 times the highest recommended dose; all recovered. Cholestyramine is known to accelerate the clearance of meloxicam.

Symptoms following acute NSAID overdose are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Severe poisoning may result in hypertension, acute renal failure, hepatic dysfunction, respiratory depression, coma, convulsions, cardiovascular collapse, and cardiac arrest. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose.

Patients should be managed with symptomatic and supportive care following an NSAID overdose. In cases of acute overdose, gastric lavage followed by activated charcoal is recommended. Gastric lavage performed more than one hour after overdose has little benefit in the treatment of overdose. Administration of activated charcoal is recommended for patients who present 1-2 hours after overdose. For substantial overdose or severely symptomatic patients, activated charcoal may be administered repeatedly. Accelerated removal of meloxicam by 4 gm oral doses of cholestyramine given three times a day was demonstrated in a clinical trial. Administration of cholestyramine may be useful following an overdose. Forced diuresis, alkalization of urine, hemodialysis, or hemoperfusion may not be useful due to high protein binding.

DOSAGE AND ADMINISTRATION

Osteoarthritis and Rheumatoid Arthritis

Carefully consider the potential benefits and risks of MOBIC and other treatment options before deciding to use MOBIC. Use the lowest effective dose for the shortest duration consistent with individual patient treatment goals (see **WARNINGS**).

After the response to initial therapy with MOBIC, the dose should be adjusted to suit an individual patient's needs.

For the relief of the signs and symptoms of osteoarthritis the recommended starting and maintenance oral dose of MOBIC is 7.5 mg once daily. Some patients may receive additional benefit by increasing the dose to 15 mg once daily. For the relief of the signs and symptoms of rheumatoid arthritis, the recommended starting and maintenance oral dose of MOBIC is 7.5 mg once daily. Some patients may receive additional benefit by increasing the dose to 15 mg once daily.

MOBIC oral suspension 7.5 mg/5 mL or 15 mg/10 mL may be substituted for MOBIC tablets 7.5 mg or 15 mg, respectively.

The maximum recommended daily oral dose of MOBIC is 15 mg regardless of formulation.

Pauciarticular and Polyarticular Course Juvenile Rheumatoid Arthritis (JRA)

MOBIC oral suspension is available in the strength of 7.5 mg/5 mL. To improve dosing accuracy in smaller weight children, the use of the MOBIC oral suspension is recommended. For the treatment of juvenile rheumatoid arthritis, the recommended oral dose of MOBIC is 0.125 mg/kg once daily up to a maximum of 7.5 mg. There was no additional benefit demonstrated by increasing the dose above 0.125 mg/kg once daily in these clinical trials.

Juvenile Rheumatoid Arthritis dosing using the oral suspension should be individualized based on the weight of the child:

Weight	0.125 mg/kg	
	Dose (1.5 mg/mL)	Delivered dose
12 kg (26 lb)	1.0 mL	1.5 mg
24 kg (54 lb)	2.0 mL	3.0 mg
36 kg (80 lb)	3.0 mL	4.5 mg
48 kg (106 lb)	4.0 mL	6.0 mg
>60 kg (132 lb)	5.0 mL	7.5 mg

Shake the oral suspension gently before using.

MOBIC may be taken without regard to timing of meals.

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Katrina Dislocated Nearly 6,000 Doctors

A recent study from the University of North Carolina at Chapel Hill estimates that Hurricane Katrina and flooding in New Orleans may have dislocated up to 5,944 active, patient-care physicians, the largest single displacement of doctors in U.S. history.

It's expected that Hurricane Rita may boost the total to an unknown degree, according to the as-yet-unpublished study.

Approximately 6,000 "physicians doing primarily patient care in the 10 counties and parishes in Louisiana and Mississippi that have been directly affected by Katrina flooding," said the study's author Thomas C. Ricketts III, M.D., deputy director for policy analysis at the university's Cecil G. Sheps Center for Health Services Research.

Of the physicians in the Katrina flood-affected areas, which included six Louisiana and four Mississippi counties or parishes, most doctors—2,952—were specialists, with 1,292 in primary care and 272 in ob.gyn. practice.

Data for the analysis were drawn from the American Medical Association's master file of physicians for the month of March and FEMA-posted in-

formation, as well as data from the American Association of Medical Colleges, Tulane University and Louisiana State University medical schools, the Texas Board of Medicine, and the state of Louisiana.

In an interview, Dr. Ricketts said most of the calls he's gotten to date have either been from physician recruiters or from practices in various parts of the country, asking for names of physicians who need a job.

Locum tenens or temporary positions have been an option for many of these physicians, according to Phil Miller, a spokesman for Merritt, Hawkins & Associates, a physician search firm based in Irving, Tex.

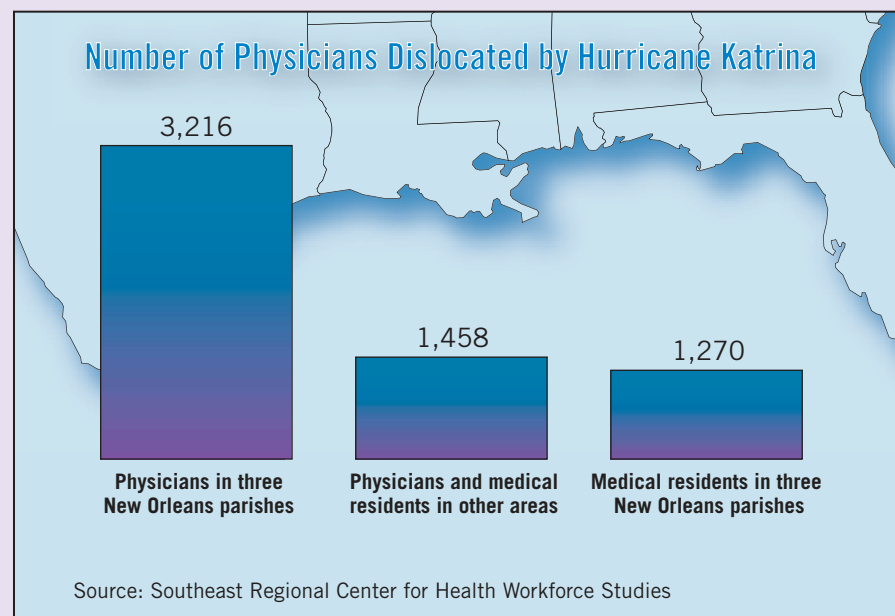
"We're working with physicians who don't have a site of service right now because their clinic's been damaged or under water, and they don't have any patients." In the meantime, these physicians still need income, and the locum tenens option offers them financial backing until they return to their practices, although "they're not sure whether they'll have a practice" anymore, he said.

Staff Care Inc., the locum tenens

agency of the Merritt, Hawkins group, has been placing physicians all over the country—in Texas, Oklahoma, the Carolinas, and Florida—Trey Davis, executive vice president for the agency, said in an interview. Hospitals and state licensing boards have facilitated this effort by making some exceptions to the normal guidelines to process state li-

censing and hospitals privileges, he said.

"We had a physician who contacted us a couple of days after Katrina hit. He flew his small, private plane to a location in Oklahoma and did a face-to-face interview with a government facility. Within 4 days, we pushed his privileges through, and he was seeing patients in less than a week."



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June 2005