

THE REST OF YOUR LIFE

Feeling the Burnout?

Dr. Darrell A. Campbell Jr. followed in his father's footsteps and became a surgeon. But the young Dr. Campbell is careful not to follow in his father's footsteps of letting his work consume him to the point of burnout.

"I saw it firsthand when I was growing up," recalled Dr. Campbell, assistant dean and chief of clinical affairs at the University of Michigan Health System, Ann Ar-

bor. For my father, "there was a progressive loss of interest in the profession and a turning away from it, not being as excited about the practice of medicine as he had been before. I know it was because he was in solo private practice for many years. Cumulative stress had that influence on him."

Physician burnout interests Dr. Campbell so much that he led a study to assess

its prevalence among 582 American surgeons (Surgery 2001;130:696-705). His study found that 32% of surgeons showed high levels of emotional exhaustion, 13% showed high levels of depersonalization, and 4% showed evidence of perceived lack of personal accomplishment, which are three hallmark components of burnout, he said.

Physicians who experience this have "a

progressive loss of interest in what they're doing and feel that they don't have anything left to give their patients," Dr. Campbell said. "It's important to make the distinction between burnout and depression. Burnout is more of a reference to your work setting, whereas depression is a more global type of phenomenon, which would extend to every aspect of your life."

Surgeons aren't the only physicians at risk for burnout. In a yet-to-be published study of 1,800 members of the Michigan State Medical Society, Dr. Campbell and his associates found that about 30% of surgeons suffered from high levels of emotional exhaustion, while the prevalence was nearly 60% for radiologists and physicians in family medicine.

They also found that physicians who practice in communities of less than 50,000 people were more likely to report feeling burned out, compared with their

counterparts who practice in communities with a population of 100,000 or more. "I think it's because of the stresses of practicing alone or in small places where there's not a lot of networking [or the] ability to talk about problems" with other physicians, and getting their help with on-call coverage, Dr. Campbell explained.

The consequences of all this are troubling, he added, because burned-out physicians are more likely to retire early and not join professional medical societies. "They don't become as involved in the future of the profession, which is a bad thing," he said. "And I think there are questions about their performance. Some data [suggest] that burnout can affect your performance as a physician."

Several factors in what Dr. Eugene V. Boisauvin called "the hassle factor" of modern medical practice may contribute to burnout. "That is, the idea that a lot of the enjoyment has been taken out of it; the regulations have become overwhelming; [and] the pressures from patients, third-party payers, and liability issues have mounted to the point that physicians feel they are not enjoying their professional role as being doctors and what they're doing is not what they went into medicine for," said Dr. Boisauvin, an internist who is a professor of medicine at the University of Texas Health Science Center at Houston.

The current state of medicine isn't the only trigger. Many people in today's society are "overbooked," including children, noted Dr. Rebecca E. Moskwinski, a family physician who works in the student health center at the University of Notre Dame, Indiana.

Continued on following page

CLOBEX® (clobetasol propionate) Spray, 0.05%

Rx Only

BRIEF SUMMARY

INDICATIONS AND USAGE: CLOBEX® (clobetasol propionate) Spray, 0.05% is a super-high potent topical corticosteroid formulation indicated for the treatment of moderate to severe plaque psoriasis affecting up to 20% body surface area (BSA) in patients 18 years of age or older (see PRECAUTIONS). Treatment should be limited to 4 consecutive weeks. The total dosage should not exceed 50 g (59 mL or 2 fl. oz.) per week.

Before prescribing for more than 2 weeks, any additional benefits of extending treatment to 4 weeks should be weighed against the risk of HPA axis suppression.

Patients should be instructed to use CLOBEX® (clobetasol propionate) Spray, 0.05% for the minimum amount of time necessary to achieve the desired results (see PRECAUTIONS).

Use in patients younger than 18 years of age is not recommended because safety has not been established and because numerically high rates of HPA axis suppression were seen with other clobetasol propionate topical formulations (see PRECAUTIONS: Pediatric Use).

CONTRAINDICATIONS: CLOBEX® (clobetasol propionate) Spray, 0.05% is contraindicated in patients who are hypersensitive to clobetasol propionate, to other corticosteroids, or to any ingredient in this preparation.

PRECAUTIONS:

General: Clobetasol propionate is a highly potent topical corticosteroid that has been shown to suppress the HPA axis at the lowest doses tested.

In studies evaluating the potential for hypothalamic-pituitary-adrenal (HPA) axis suppression, using the Cosyntropin Stimulation Test, CLOBEX® (clobetasol propionate) Spray, 0.05% demonstrated rates of suppression that were comparable after 2 and 4 weeks of twice-daily use (19% and 15-20%, respectively), in adult patients with moderate to severe plaque psoriasis ($\geq 20\%$ BSA). In these studies, HPA axis suppression was defined as serum cortisol level ≤ 18 $\mu\text{g/dL}$ 30-min post cosyntropin stimulation. (See CLINICAL PHARMACOLOGY).

Patients with acute illness or injury may have increased morbidity and mortality with intermittent HPA axis suppression. Patients should be instructed to use CLOBEX® (clobetasol propionate) Spray, 0.05% for the minimum amount of time necessary to achieve the desired results (see INDICATIONS AND USAGE).

Systemic absorption of topical corticosteroids has caused reversible adrenal suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment.

HPA axis suppression has not been evaluated in psoriasis patients treated with CLOBEX® (clobetasol propionate) Spray, 0.05% who are less than 18 years old. Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios (see PRECAUTIONS: Pediatric Use). The potential increase in systemic exposure does not correlate with any proven benefit, but may lead to an increased potential for hypothalamic-pituitary-adrenal (HPA) axis suppression.

Conditions which increase 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 applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of adrenal suppression (see laboratory tests below). If adrenal 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 upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur requiring supplemental systemic corticosteroids. For information on systemic supplementation, see prescribing information for those products.

If irritation develops, CLOBEX® (clobetasol propionate) Spray, 0.05% should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a failure to heal rather than noting a clinical exacerbation, as with most topical products not containing corticosteroids.

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, use of CLOBEX® (clobetasol propionate) Spray, 0.05% should be discontinued until the infection has been adequately controlled.

CLOBEX® (clobetasol propionate) Spray, 0.05% should not be used in the treatment of rosacea or perioral dermatitis, and should not be used on the face, groin, or axillae.

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

- This medication is to be used as directed by the physician and should not be used longer than the prescribed time period.
- This medication should not be used for any disorder other than that for which it was prescribed.
- The treated skin area should not be bandaged, otherwise covered, or wrapped so as to be occlusive unless directed by the physician.
- Patients should wash their hands after applying the medication.
- Patients should report any signs of local or systemic adverse reactions to the physician.
- Patients should inform their physicians that they are using CLOBEX® (clobetasol propionate) Spray, 0.05% if surgery is contemplated.
- This medication is for external use only. It should not be used on the face, underarms, or groin area. Also avoid contact with the eyes and lips.
- As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, contact the physician.
- Patients should not use more than 50 g (59 mL or 2 fl. oz.) per week of CLOBEX® (clobetasol propionate) Spray, 0.05%.

Instructions to the Pharmacist:

- Remove the spray pump from the wrapper
- Remove and discard the cap from the bottle
- Keeping the bottle vertical, insert the spray pump into the bottle and turn clockwise until well-fastened
- Dispense the bottle with the spray pump inserted

Laboratory Tests: The cosyntropin stimulation test may be helpful in evaluating patients for HPA axis suppression.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential of clobetasol propionate.

Clobetasol propionate was negative in the *in vitro* mammalian chromosomal aberration test and in the *in vivo* mammalian erythrocyte micronucleus test.

The effect of subcutaneously administered clobetasol propionate on fertility and general reproductive toxicity was studied in rats at doses of 0, 12.5, 25, and 50 $\mu\text{g/kg/day}$. Males were treated beginning 70 days before mating and females beginning 15 days before mating through day 7 of gestation. A dosage level of less than 12.5 $\mu\text{g/kg/day}$ clobetasol propionate was considered to be the no-observed-effect-level (NOEL) for paternal and maternal general toxicity based on decreased weight gain and for male reproductive toxicity based on increased weights of the seminal vesicles with fluid. The female reproductive NOEL was 12.5 $\mu\text{g/kg/day}$ (ratio of animal dose to proposed human dose of 0.03 on a $\text{mg/m}^2/\text{day}$ basis) based on reduction in the numbers of estrous cycles during the pre-cohabitation period and an increase in the number of nonviable embryos at higher doses.

Pregnancy: Teratogenic effects: Pregnancy Category C.

Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application to laboratory animals.

Clobetasol propionate is absorbed percutaneously, and when administered subcutaneously it was a significant teratogen in both the rabbit and the mouse. Clobetasol propionate has greater teratogenic potential than steroids that are less potent.

The effect of clobetasol propionate on pregnancy outcome and development of offspring was studied in the rat.

Clobetasol propionate was administered subcutaneously to female rats twice daily (0, 12.5, 25, and 50 $\mu\text{g/kg/day}$) from day 7 of presumed gestation through day 25 of lactation or day 24 presumed gestation for those rats that did not deliver a litter. The maternal NOEL for clobetasol propionate was less than 12.5 $\mu\text{g/kg/day}$ due to reduced body weight gain and feed consumption during the gestation period. The reproductive NOEL in the dams was 25 $\mu\text{g/kg/day}$ (ratio of animal dose to proposed human dose of 0.07 on a $\text{mg/m}^2/\text{day}$ basis) based on prolonged delivery at a higher dose

level. The no-observed-adverse-effect-level (NOEL) for viability and growth in the offspring was 12.5 $\mu\text{g/kg/day}$ (ratio of animal dose to proposed human dose of 0.03 on a $\text{mg/m}^2/\text{day}$ basis) based on incidence of stillbirths, reductions in pup body weights on days 1 and 7 of lactation, increased pup mortality, increases in the incidence of umbilical hernia, and increases in the incidence of pups with cysts on the kidney at higher dose levels during the preweaning period. The weights of the epididymides and testes were significantly reduced at higher dosages. Despite these changes, there were no effects on the mating and fertility of the offspring.

There are no adequate and well-controlled studies of the teratogenic potential of clobetasol propionate in pregnant women. CLOBEX® (clobetasol propionate) Spray, 0.05% should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in human milk, caution should be exercised when CLOBEX® (clobetasol propionate) Spray, 0.05% is administered to a nursing woman.

Pediatric Use: Use in patients under 18 years of age is not recommended, because safety has not been established and because numerically high rates of HPA axis suppression were seen with other clobetasol propionate topical formulations. Safety and effectiveness in pediatric patients treated with CLOBEX® (clobetasol propionate) Spray, 0.05% have not been established (see PRECAUTIONS: General). Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of HPA axis suppression and Cushing's syndrome when they are treated with topical corticosteroids. They are therefore also at greater risk of glucocorticosteroid insufficiency during and/or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children.

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

Geriatric Use: Clinical studies of CLOBEX® (clobetasol propionate) Spray, 0.05% did not include sufficient numbers of patients aged 65 and over to adequately determine whether they respond differently than younger patients. In the two Phase 3 studies, 21 of the 240 patients (9%) were over the age of 65. In general, dose selection for an elderly patient should be made with caution, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS: In controlled, clinical trials with CLOBEX® (clobetasol propionate) Spray, 0.05%, the most common adverse reaction was burning at the site of application [40% of subjects treated with CLOBEX® (clobetasol propionate) Spray, 0.05% and 47% of subjects treated with Spray Vehicle]. Other commonly reported adverse reactions for CLOBEX® (clobetasol propionate) Spray, 0.05% and Spray Vehicle, respectively, are noted in Table 2.

Table 2 - Commonly Occurring Adverse Events

Adverse Reaction	Clobetasol Propionate 0.05% Spray (N=120)	Vehicle Spray (N=120)
System Organ Class		
General disorders and administration site conditions	50 (42%)	56 (47%)
Application site atrophy	0 (0%)	1 (1%)
Application site burning	48 (40%)	56 (47%)
Application site dryness	2 (2%)	0 (0%)
Application site irritation	1 (1%)	0 (0%)
Application site pain	1 (1%)	2 (2%)
Application site pigmentation changes	1 (1%)	0 (0%)
Application site pruritus	4 (3%)	3 (3%)
Infections and infestations	17 (14%)	12 (10%)
Influenza	0 (0%)	2 (2%)
Nasopharyngitis	6 (5%)	3 (3%)
Pharyngitis streptococcal	1 (1%)	0 (0%)
Upper respiratory tract infection	10 (8%)	2 (2%)
Skin and subcutaneous tissue disorders	4 (3%)	2 (2%)
Eczema asteatotic	2 (2%)	0 (0%)

Other adverse events occurred at rates less than 1.0%. Most local adverse events were rated as mild to moderate and they are not affected by age, race or gender. The following additional local adverse reactions have been reported with topical corticosteroids. They may occur more frequently with the use of occlusive dressings and higher potency corticosteroids, including clobetasol propionate. These reactions are listed in an approximate decreasing order of occurrence: folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, striae and miliaria. Systemic absorption topical corticosteroids has produced hypothalamic-pituitary-adrenal (HPA) axis suppression manifestations of Cushing's syndrome, hyperglycemia and glucosuria in some patients.

OVERDOSAGE: Topically applied CLOBEX® (clobetasol propionate) Spray, 0.05% can be absorbed in sufficient amount to produce systemic effects. (See PRECAUTIONS).

DOSE AND ADMINISTRATION: CLOBEX® (clobetasol propionate) Spray, 0.05% contains a super-high potent topical corticosteroid; therefore treatment should be limited to 4 weeks. Treatment beyond 2 weeks should be limited to localized lesions of moderate to severe plaque psoriasis that have not sufficiently improved after the initial 2 weeks of treatment with CLOBEX® (clobetasol propionate) Spray, 0.05%.

The total dosage should not exceed 50 g (59 mL or 2 fluid ounces) per week because of the potential for the drug to suppress the hypothalamic-pituitary-adrenal (HPA) axis.

Therapy should be discontinued when control has been achieved. If no improvement is seen within 2 weeks, reassessment of diagnosis may be necessary.

Use in pediatric patients younger than 18 years is not recommended because of the potential for HPA axis suppression (see PRECAUTIONS: Pediatric Use).

Unless directed by physician, CLOBEX® (clobetasol propionate) Spray, 0.05% should not be used with occlusive dressings.

HOW SUPPLIED: CLOBEX® (clobetasol propionate) Spray, 0.05% is supplied in a 2-oz white HDPE bottle with a white polypropylene cap and white LDPE liner.

Store under controlled room temperature conditions of 20°C - 25°C (68°F - 77°F) with excursions permitted between 15°C and 30°C (59°F and 86°F). Do not freeze, refrigerate or store above 30°C. Spray is flammable; keep away from heat or flame.

US Patent No. 5,972,920

Marketed by:
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2003871-1005
Revised: October 2005

Continued from previous page

"We seem [to not be able] to really relax and 'do nothing' with the pace of modern life," said Dr. Moskwinski, who has six children aged 14-22. "Physicians especially are often 'givers' and don't know when to say no or to take a vacation."

Another potential trigger is being in a certain type of practice for the wrong reasons, including "money, prestige, [it's] what your dad did, [or] whatever," she said. "These people seem to burn out quicker than others. I have seen many completely change their type of practice (for instance, leave a busy private practice to do ER work) and they seem much happier for it."

She and other physicians interviewed offered the following tips on how to avoid burnout:

► **Strive for balance.** In Dr. Campbell's most recent study of Michigan physicians, those who described themselves as emotionally exhausted believed they were "out of balance" with respect to work, family, and their own personal growth and development. On the other hand, "physicians who are engaged, which is the opposite of burnout, said they tended to have good balance in those areas," Dr. Campbell noted. "What that balance is differs for every person, but the question is, are you comfortable with it? Do you feel good?"

► **Find meaning in your work.** "This sounds kind of trite, but it is absolutely true," Dr. Boisaubin said.

"Think back to why you went into medicine and what aspects of it you found most valuable. Most studies suggest that the majority of physicians enjoy their [doctor-] patient relationships most, even more than their technical skills or other achievements." Just finding the time to spend more than 7 minutes with a patient seems to be refreshing to many physicians, he said.

► **Tame technology.** Learn to turn off the cell phones, beepers, and your personal computer when you're not on call, advised Dr. Richard Swenson, a physician and researcher based in Menomonie, Wis. "The best thing to remember about time-saving technology is that it doesn't save time," he said. "It compresses time, devours time. Physicians who are on call to the universe 24/7 for their entire lives are not going to survive the experience. We've never had the level of accessibility that we have today. So they're going to have to learn how to find the off switch [and] not [check] e-mail at 2 o'clock in the morning."

The fallout from this 24/7 mentality is so bad that record numbers of people are checking into hotels in their own hometowns just to get away for the day. "At first, I was really annoyed by this, but then I thought, 'do what you have to do,'" Dr. Swenson said. "For some people, this could be the difference between burnout and survivability: the ability to find a stability zone that you can go to. Maybe you fish. Maybe it's a cabin or some place like that."

► **Learn to say no when you're feeling stretched.** "Physicians have to have well-defined boundaries," Dr. Swenson said. "It's not about selfishness; it's about self-care."

► **Find time for yourself.** Dr. Campbell said his father had no hobbies. However, "I do," he said. "I like to play the guitar. I have a Harley-Davidson motorcycle that

I ride all over the place. I love photography. I'm also active in [my] church."

Once a week Dr. Boisaubin blocks out about an hour and a half to attend a noon-time yoga class near his office. "The idea is to be active and do something . . . that you enjoy or [that] can produce relaxation for you," he said. "These are modest things people can achieve. No one can turn their life around dramatically in a short period of time. I usually say, 'pick one thing and try to stick with it.' If you can't even do that, then you probably need some professional help." ■

By Doug Brunk, San Diego Bureau



While on a recent motorcycle trip in New Zealand, Dr. Darrell A. Campbell Jr. got off the road long enough to enjoy one of the country's spectacular fjords.

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