NEJM Journal Watch

Physician's First Watch

— Weekly Roundup —

David G. Fairchild, MD, MPH, Editor-in-Chief

Weekly Roundup: Week Ending April 18, 2020

The stories you and our physician-editors found most interesting and important this week

The Latest in COVID-19 News: Week Ending Apr. 18

By the Editors

This week's novel coronavirus (COVID-19) news yielded potentially promising early results for remdesivir — but not for hydroxychloroquine in patients with hypoxic pneumonia. One analysis suggested that intermittent social distancing may need to be maintained through 2022, while another found very low or undetectable SARS-CoV-2-specific antibodies in 30% of recovered patients. Additionally, we saw more evidence of asymptomatic transmission. Catch up on these and all of our COVID-19 stories from the past week at the links below.

Our Physician-Editors Weigh In:

William E. Chavey, MD, MS: Many of the reports on COVID-19 have been what I have described as "science thinking out loud." While publicizing early results has been important, the more robust data on hydroxychloroquine show the risk of making treatment decisions based on preliminary evidence.

André Sofair, MD, MPH: As time passes, more treatment trials will come out to enable us to refine our treatment algorithms. The other important finding comes from the data on asymptomatic viral shedding. This should prompt states and hospitals to develop more robust social distancing and masking procedures even for asymptomatic people.

COVID-19: Smoking / Convalescent Plasma / Asthma / Poison Control Center Calls (Apr. 16) (Free)

COVID-19: Hydroxychloroquine & Hypoxic Pneumonia / Timing of Viral Shedding & Transmission / Coinfection with Other Respiratory Pathogens (Apr. 15) (Free)

COVID-19: Social Distancing Through 2022? / Infection in Healthcare Workers (Apr. 14) (Free)

SARS-CoV-2 Antibodies Undetectable in Some Recovered Patients (Apr. 13) (Free)

Universal Screening for SARS-CoV-2 at Delivery Could Identify Many Asymptomatic Women (Apr. 13) (Free)

Early Results of Remdesivir for COVID-19 Published (Apr. 12) (Free)

COVID-19 Update: Neurologic Symptoms / Early Attitudes / Drop in Flu (Apr. 12) (Free)

New COPD Guidelines Issued

By Amy Orciari Herman

The American Thoracic Society has issued guidelines on the pharmacologic management of chronic obstructive pulmonary disease (COPD) in the *American Journal of Respiratory and Critical Care Medicine*.

The main recommendations:

- For patients with COPD and dyspnea or exercise intolerance, use combination treatment with a long-acting β2-agonist (LABA) and long-acting muscarinic antagonist (LAMA) rather than LABA or LAMA monotherapy. This is the only recommendation rated "strong;" the rest are considered "conditional."
- For patients with dyspnea or exercise intolerance despite taking LABA/LAMA combination therapy, the group suggests adding inhaled corticosteroids in those who've had at least one COPD exacerbation in the prior year that required antibiotics, oral steroids, or hospitalization.
- For those taking triple therapy (LABA/LAMA/inhaled corticosteroid), the group suggests stopping the corticosteroid if

Question of the Week

Which one of the following next steps is most appropriate for managing chronic opioid therapy in an otherwise healthy 47-year-old man who has chronic, severe right-knee pain from an orthopedic injury sustained 6 months ago; whose pain has not been adequately controlled with physical therapy and nonopioid pharmacotherapy (acetaminophen 1000 mg every 8 hours and ibuprofen 800 mg every 8 hours); and who currently takes immediate-release oxycodone 5 mg every 4 hours as prescribed but reports that the pain relief only lasts 3 hours, leading him to wake up at night to take the next dose and interfering with his ability to function at work?

» Switch from immediate-release oxycodone 5 mg every 4 hours to extended-release oxycodone 15 mg every 12 hours

» Taper off opioids gradually, reducing the dose by 10% per week

» Switch to immediate-release morphine at a dose equivalent to 75% of the current oxycodone dose

» Shorten the oxycodone dosing interval from every 4 hours to every 3 hours

» Increase the oxycodone dose from 5 mg every 4 hours to 10 mg every 4 hours

VIEW CASE

The Physician's First Watch editors contributing to this issue were: André Sofair, MD, MPH, and William E. Chavey, MD, MS.

there have been no exacerbations in the past year.

- For patients with frequent and severe exacerbations while on optimal therapy, the group advises against maintenance oral corticosteroid therapy.

COPD treatment guideline in *American Journal of Respiratory and Critical Care Medicine* (Free PDF)

Background: Recent *NEJM Journal Watch General Medicine* coverage of triple therapy vs. dual long-acting bronchodilators for COPD (Your NEJM Journal Watch subscription required)

E-Consults Usually Appropriate in One Health System

By Kelly Young

Electronic consults were deemed appropriate most of the time in one integrated healthcare system, according to a study in the *Annals of Internal Medicine*.

Referring physicians sent specialists their questions within a shared electronic health record. Researchers looked at data on over 6500 e-consults across five specialties: psychiatry, infectious diseases, hematology, rheumatology, and dermatology. The proportion of e-consults that resulted in avoiding an in-person visit ranged from 62% in dermatology to 93% in psychiatry.

In a random subset of these patients, e-consults were appropriate in 70% of cases. That is, the question met the following criteria: it could not be answered by resources available at the point of care, it only dealt with logistical information, it was not highly urgent, and it was not so complex as to require an in-person consultation.

Editorialists, while recognizing the work's value "for local evaluation and quality improvement efforts," nonetheless call for "innovative approaches ... that estimate the effect of e-consults on quality and cost of care across health care systems and over time."

Annals of Internal Medicine article (Free abstract)

Annals of Internal Medicine editorial (Subscription required)

Background: *NEJM Journal Watch General Medicine* coverage of how primary care clinicians view e-consults (Your NEJM Journal Watch registration required)

Telehealth Visits, Smartphone Devices Could Help in Follow-Up After MI

By Amy Orciari Herman

Telehealth visits and smartphone technology could help clinicians follow patients after acute myocardial infarction, a *JAMA Network Open* study suggests.

Some 200 patients (median age, 60) who experienced an acute MI were randomized to follow-up with either usual care or a smart-technology intervention. (The researchers characterized the patients as "low risk.") With usual care, patients had four in-person medical visits during the year after hospital discharge. With the intervention, two of those visits were replaced with telehealth visits, and patients received four smartphone-compatible devices — blood pressure monitor, step counter, weight scale, and a single-lead electrocardiogram device — that sent data to the patient's electronic health record.

The primary outcome — BP control after 1 year — was achieved by a similar proportion in each group (76%–79%). Patient satisfaction scores and subsequent cardiac hospitalizations were also similar between groups.

The researchers conclude that "smart technology and e-visits are feasible to implement in the follow-up of low-risk patients after [acute MI]."

JAMA Network Open article (Free)

Background: *NEJM Journal Watch Cardiology* coverage of telehealth for heart failure (Your NEJM Journal Watch registration required)

SHARE TWEET EMAIL Top

Most Popular NEJM Group Feature This Week: Paul Sax — IDSA's COVID-19 Treatment Guidelines Highlight Difficulty of "Don't Just Do Something, Stand There"

By the Editors

Here's the most clicked-on item we featured from NEJM Group this week, in case you missed it the first time around:

The Infectious Diseases Society of America (IDSA) gathered a series of experts for what were undoubtedly many late-night calls, reviews of published and pre-print literature, and revisions (of revisions), and admirably generated a set of treatment guidelines for COVID-19.

The problem — *there is no proven effective treatment for COVID-19*.

What's a clinician to do? Dr. Paul Sax takes a look at this complex issue in his latest *HIV and ID Observations* post.

HIV and ID Observations post (Free)

SHARE TWEET EMAIL Top