County Medical Services Program

Newsletter

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June 2006: Vol. 7

Monoclonal Gammopathy of Undetermined Significance (MGUS)

This disorder, characterized by limited monoclonal plasma cell proliferation in the bone marrow and absence of end-organ damage, is present in 3% of the population over age 50. Prevalence increases with age, is higher in men than women and is 3-fold higher in African Americans in comparison to white persons. MGUS is associated with a life-long risk of progression to multiple myeloma. This is estimated at 1% per year though the 25 year risk is only 11% due to competing causes of death in this age group.

Typical diagnostic work-up, triggered with noting an elevated serum protein not explained by albumin levels, will include complete blood count (CBC), serum creatinine and calcium, serum protein electrophoresis (SPEP), and bone scan. Bone marrow aspirate and biopsy are indicated when the monoclonal (M) protein level is $\geq$ 1.5 gm/dl and when abnormalities are noted in the initial suggested testing. Prognostic factors include size of elevation and the type of M protein (IgM and IgA subtypes carry a worse prognosis); bone marrow plasma cell populations of 6% to 9%; and abnormal serum Free Light Chain (FLC) ratio. Presence of all three factors (abnormal FLC, non-IgG MGUS, and serum M level > 1.5 gm/dl) carries a 58% risk of progression at 20 years. This compares to 37% for patients with two risk factors, 21% with one risk factor and only 5% when no risk factors were present. Fully 40% of the cohorts were noted to have no risk factors in the study and this group has only a 2% risk of progression when competing causes of death are taken into account.

At this time the recommended treatment for MGUS is observation. Low risk individuals can be reassessed at six months following stratification and then every two years thereafter, or at the time of symptom progression. Higher risk individuals should be assessed at six months and then yearly.

Rajkumar, S., Dispenzieri, A., Kyle, R., (2006) Mayo Clinic Proceedings 81(5): p. 693-703.

Glucosamine, Chondroitin Sulfate for the Treatment of OA of the Knee

Osteoarthritis (OA) is the most common arthritis affecting almost 20 million Americans. The mainstays of treatment are analgesics, such as acetaminophen, and anti-inflammatories. Given concerns regarding efficacy and safety of these agents, some practitioners have recommended glucosamine (GL) and chondroitin sulfate (CS) in treatment of OA. While a meta-analysis suggested some benefit, the scientific quality of the underlying studies was questionable. A double-blind, placebo and celecoxib controlled trial was instituted to test the treatment efficacy of GL and CS in treatment of OA of the knee.
Patients older than 40 years of age with documented OA complaints and radiographs were eligible for the study and were randomly assigned to GL 500 mg TID, CS 400 MG TID, GL+CS TID, celecoxib 200 mg QD or placebo. There was a withdrawal rate of 20.5% but this did not differ significantly between groups, nor from the planned withdrawal rate (20%).

The results did not show a statistically significant response to GL, CS or the combination in the treatment of OA compared to placebo. A trend to significance for combined treatment in the subgroup with moderate to severe OA was noted. Limitations of the study included the high rate of response to placebo (60%). The relatively mild complaints of pain from OA may also have limited the potential beneficial effects of the medications. Another aspect of the study is that it was conducted under FDA guidelines, even though GL and CS are considered dietary supplements. In this study the relative strength and potency of the agents was strictly determined, unlike the over-the-counter supplements commercially available. Should these agents be shown to have demonstrated efficacy for a group of patients in the future, then consideration would also need to be given to addressing the regulatory status for these medications so that potency and purity could be assured.

Cleg, D. et al. (2006) NEJM 354(8): P. 795-808

DIABETES INDICATOR REPORT- 2005

These results were compiled by Liza Macatula, RN, Public Health Nurse with the San Diego County Medical Services Program. The review was conducted in early 2006 and the results of the review done in '05 are also presented. Our thanks to Liza for providing us with this important data.

CMS Diabetes Indicators
Project Dulce vs. Non-Dulce

The results confirm that CMS clinics are providing outstanding diabetes care. Project Dulce participants continue to show results that are superior to those provided to clients receiving care from the Community Clinics but not participating in the Dulce program. Of particular note is the ongoing lowering of the average HbA1c levels for Dulce participants- now down to 6.8% on average, compared with the non-Dulce participants who show average HbA1c levels of around 8%, with no improvement since the 2003 average of 7.87%. The results of the Dulce program point to the strength and excellent outcomes of an organized approach to diabetes care. Similarly, Project Dulce participant's average LDL's near to the American Diabetes Association goal of 80 mg/dl.

Individual community clinics should review their results and processes for the care of diabetic patients. Project Dulce outcomes indicate that any provider can organize and deliver a comprehensive diabetes care program to patients coming to the clinic. Should your results not be in line with what you are seeing here, consider redesigning your process to address those elements where results could improve.

	FY 05-06		FY 04-05	
Diabetes Indicators	Project Dulce	Non-Dulce	Project Dulce	Non-Dulce
BP checks	100%	100%	100%	98%
Flu Vaccine	95%	53%	81%	55%
Weight/BMI	100%	98%	100%	100%
Annual Retinal Exam	100%	80%	93%	78%
Annual HbA1c	100%	100%	100%	99%
HbA1c	6.8%	8.1%	7.4	7.9
Annual Lipid Panel	100%	91%	100%	97%
LDL	81 mg/dl	109 mg/dl	88.3	102.9
Annual Foot Exam	100%	66%	100%	83%
Annual Urine Microalbuminuria	100%	76%	93%	66%
# Records Reviewed	22	89	27	107

CMS Documents On-Line

www2.sdcounty.ca.gov/hhsa

For Provider Handbooks, CMS Formulary and Quick Reference Formulary	▪ Click on "Programs" ▪ Select "Self Sufficiency Programs" ▪ Click on "View All Services" ▪ Scroll down to CMS and select the document
For CMS Forms and Worksheets (TAR Form, UPC Voucher, Work Histories, Sleep Study, Incontinence, Pulmo-Aide, and Hepatitis C)	▪ Select "Documents" (left side of the screen) ▪ Select "Forms" from the drop down box ▪ Scroll down to CMS and select the form
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