

Re: serious question

Source: <http://sci.tech--archive.net/Archive/sci.med/2006-05/msg00298.html>

- *From:* jason@xxxxxxxxxx (Jason Johnson)
 - *Date:* Wed, 31 May 2006 12:19:12 -0700
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In article <1149101915.945368.318800@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx>, "Robert CLS, MT(ASCP)" <Goldentouchman@xxxxxxxx> wrote:

Jason Johnson wrote:

I copied this sentence from the Hippocratic Oath:
"...I will keep [my patients] from harm..."

Doctor X prescribes statins to a patient.
During the following year, Doctor X does not conduct any blood tests or urine tests to screen for signs of Rhabdomyolysis which can cause kidney failure. It is known that statins can cause Rhabdomyolysis.
The patient develops Rhabdomyolysis and loses the use of his kidneys and has joint pain and muscle pain for the rest of his life.
Please answer the following questions:

Did Doctor X keep his patient from harm?

No he did not.

Did Doctor X violate the Hippocratic Oath?

No he did not.

Do you believe that doctors that prescribe statins should or should not screen them for signs of Rhabdomyolysis?

Screening patients does not preclude them from developing side-effects. You are testing after the fact. The doctor did not prevent anything but

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only detected it earlier.

The only way for a doctor to prevent any side effects with any medication is to not prescribe any medication. Once the medication is prescribed then risk is assumed. It's a trade off and not against the Hippocratic Oath. He may test today and find it normal and then the patient may get it next week. If you test every 6 months how does this help?

It didn't prevent anything. One would have to test everyday and even then you did not prevent it from happening.

Before you respond, I suggest that you read this two page report related to Rhabdomyolysis:

<http://www.nlm.nih.gov/medlineplus/ency/article/000473.htm>

The vast majority of people with muscle pain taking statins do not involve rhabdomyolysis.

CK elevations are not specific for rhabdo. Many psychiatric cases involve elevated CK's. Exercise can cause elevations in CK.

Hypothyroidism can cause elevations in CK. CK isoenzymes adds nothing to specificity.

There are recommendations on how to deal with elevations of CK in patients with statins.

Testing every several months does not preclude the patient from having a severe case of rhabdomyolysis. The cases of rhabdomyolysis mentioned in relation to statins have been diagnosed at the hospital and not at the doctor's office. The CK testing done routinely are for the more common muscle problems of a chronic nature. You can have muscle problems and not have elevations of CK. David mentioned to you that there are no specific and sensitive tests for statin induced myopathy.

Thanks for your excellent post. I have another question for you:

If a doctor conducted a Serum creatinine and CPK isoenzymes tests every three months on a patient

and noticed that those levels were much higher

on one of those blood tests—do you think that if the doctor told the patient to stop taking statins that same day that it would be less likely that the patient would develop

Rhabdomyolysis?

Do you believe that it is a waste of time to

test statin patients for any signs of any statin related side effects?

Jason

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