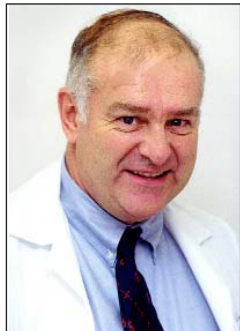




House Calls:

Some Answers to Your Questions

by Dr. Michael Lacombe



Can you get the flu if you have had the flu shots?

Yes, indeed. The seasonal and H1N1 flu shots are not 100 percent effective. Even after the required period of time has passed to develop a full immune response to the vaccines — about two weeks — one can still contract influenza. The illness will not be as severe, nor last as long. One's fever will not be as high, aches less severe, and fatigue less protracted. Should this happen to you, remember you are contagious until about 24 hours after you last had a fever.

What priority do mothers of newborns have in the queue for getting H1N1 vaccine?

This is a very important question. Mothers of newborns are of very high priority. In the list of high-risk individuals, they fall just below pregnant women since they are the primary caregivers of high-risk people themselves — infants less than six months of age — who cannot be vaccinated. Yet, my anecdotal experience with three such mothers who have sent me their concerns is this: their pediatricians have been instructed not to vaccinate parents, and their primary care doctors — in these three instances — do not consider them high-risk. A catch-22. In this instance, protecting the mother is protecting the baby.

How should we respond to the new recommendations about mammography?

This is a tough question for me. The US Preventative Services Task Force (USPSTF) is a very credible organization. *The Annals of Internal Medicine* is a fine journal. It is, in fact, "my" journal in that I am on its editorial board and teleconference weekly with the rest of the board to consider and select submitted manuscripts. The debate begun by this new recommendation — that women younger than 50 not get routine screening mammograms and that women older than 50 have mammograms only every two years — is already becoming politicized. My best advice is this: ignore the cries about health care rationing, the attempts to paint this debate as consumerism vs. science, and continue to follow the previous guidelines.

These guidelines were, after all, set by the USPSTF in 2002. Since that time there has been just one additional scientific study to counter their previous recommendation. Let the dust settle here; there is no rush to change. Allow the debate to run its course and stay tuned, but don't be alarmed or confused by this. The most frightening consequence of this new debate concerned a 41-year-old New York woman who canceled her breast biopsy at Sloan-Kettering because, in her mind, the tumor picked up on her mammogram "must now mean nothing is wrong" according to the new guidelines. Don't become that person.

What's this about Plavix and The Purple Pill?

This has been coming for months. The blood thinner clopidogrel — commonly prescribed in patients with coronary artery disease — is often given together with a type of ulcer preventative called a proton-pump inhibitor, of which omeprazole (Prilosec) is one, and its more expensive cousin, Nexium, another. A few days ago, the FDA issued a warning about omeprazole inhibiting the action of Plavix (clopidogrel) by as much as one-half. In response to two prior conflicting studies, the American Heart Association, American College of Cardiology, and American College of Gastroenterology issued a joint statement advising patients taking PPIs and clopidogrel not to change their medication regimen without consulting their physician. At this point, that is still the best advice. Be aware of a possible drug-drug interaction, but don't change your medicine on your own. Talk to your physician about this issue.

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