

Physicians post observations and questions

Utility of a market-based online physicians' community to detect and clarify signals related to medical product safety

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PHYSICIAN COMMUNITY



The Sermo System

- A physicians-only online community in which members interact, ask and answer questions, and build consensus around clinical observations
- Design relies on social network theory, game theory, prediction markets, and an information arbitrage business model
- Strong incentives for physicians to share clinical observations, very high participation rates
- Designed to promote corroboration (or repudiation) of observations by thousands of physicians
- Fully scalable as a social media space, surveillance network, and communications tool

Complementary approach to medical product safety surveillance?

- A new way of listening to what's happening in clinical medicine
- Insights based on experience/human decision making rather than correlations of recorded data
- Data is active/dynamic in contrast to post-hoc analysis
- Involves two-way communication: outside interests can ask questions of the community and receive rapid input from thousands of physicians
- High incentive for participation and use at POC

Utility of Sermo in a proposed Sentinel Network ?

Potential uses:

- New data source to other surveillance activities?
- Use for case-finding/signal clarification based on data from other sources?
- Monitoring of topics not covered by other data sets?

Steps for further evaluation:

- Analysis against existing and proposed datasets/surveillance systems?
- Revision of the data elements required in Sermo postings?
- Continued expansion of Sermo network (currently 10k users [3/07], on target for 75k users in Q4 07)

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Aripiprazole and neuroleptic malignant syndrome

My Rating: ★★★★★ Average Rating: ★★★ (20 ratings)



The results are in.

76 have answered. Agree? Disagree? Let us know.

Aripiprazole and neuroleptic malignant syndrome

There was a safety concern by the FDA regarding the association of Aripiprazole with NMS which is a rare occurrence. I have seen 2 cases in my experience with this syndrome. Cardinal features are the development of severe muscular rigidity, hyperthermia, autonomic instability, and changes in the level of consciousness associated with the use of an antipsychotic medication. The cases that I have seen have not involved the "newer" antipsychotics but the risk still exists I suppose. I would be curious to know how many have seen this rare condition and if any have seen it with the new antipsychotics?

Keywords

Specialties: Internal Medicine

Posted on December 28, 2006 by birjupatel

Posting ID: 3235

Q: Have you seen this?

 The poll closed on February 15, 2007, but you can still [submit your answer](#).

Answers

46%	35	No, never
31%	24	I've seen NMS only with the phenothiazine antipsychotics, not the newer non-phenothiazines. [atypicals]
11%	9	Yes
10%	8	I have seen NMS with both atypicals and typicals, although the incidence is higher with the phenothiazine anti-psychotics.

Discussion

judd2401 Dec 28 at 2:55 PM

I haven't seen any NMS in patients taking Abilify, Seroquel, Geodon, Zyprexa or Risperdal [4 mg or less]. Risperdal in dosages of greater than 4 mg essentially works like Haldol. The cases I have seen/treated have all been associated with Haldol, but specifically with high start doses and/or rapid titration of Haldol by fairly large increments. Patients who have other medical conditions, including alcohol dependence, have also shown prone to NMS, sometimes well into the duration of their antipsychotic treatment, not just at start up or with rapid titration. NMS appears to be increasingly associated with serotonin syndrome on our tox unit, not sure of the pathophysiology behind that.

aaw447 Dec 31 at 11:53 PM

I know it is reported, but have neither seen nor heard of any in the boston and


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25 yo M chronic cough- what is your diagnosis?

 My Rating: ★★★★★ [Clear](#) Average Rating: ★★★ (22 ratings) 

The results are in.

50 have answered. Agree? Disagree? Let us know.

25 yo M chronic cough- what is your diagnosis?

The following is a case that I have recently been working up and treating. It is a little lengthy, I am sorry. What do you think?

25 yo non smoking M presented to clinic complaining of 6 mo hx of cough: occ. productive, othertimes dry, occurring "3-4 times per day" Per pt, 6 months prior he had "a bad cold" that lasted for over 3 weeks. At that time cough was productive of green sputum, + fevers and chills but no SOB or CP. After 3 weeks he finally sought tx and was given a Z Pack for a presumed atypical PNA which mildly improved sx's, however cough was still present. After several weeks cough decreased in intensity and severity to its present state. No CXRAY was obtained at initial presentation. 3 months later (and 3 months before he presented to me) he sought care from another physician who prescribed Tequin. Complete course with minimal change in cough. He denies any dysphagia/odynophagia/regurgitating food/SOB/CP/weight loss/dyspnea/wheezing/weight loss. There seems to be no exacerbating or alleviating factors. He specifically denies any association with exercise, body position, is not worse at night, and denies any allergy symptoms (rhinitis, sneezing, etc)

Meds: none

PMH: unremarkable. PPD obtained 3 months ago WNL.

SH: non smoker, very rare ETOH (i.e. 1-2 drinks per month.

FH: remarkable only for HTN in paternal father.

PE unremarkable except for questionable nasal mucosal erythema without discharge. Pulm exam nl. Cxray nl.

Q: What do you think is going on?

The poll closed on March 06, 2007, but you can still [submit your answer](#).

Answers

28%	14	RML bronchiectasis is partially due to aspiration of gastric contents given the esophagitis and reflux on barium swallow, This pt needs to be on PPI
26%	13	RML bronchiectasis due to untreated PNA 6 months prior. Intermittent PRN abx therapy may be indicated
12%	6	Hey- You're workup is incomplete. You need to rule out cystic fibrosis, blah blah blah
12%	6	CT the sinuses have him see ENT, put on PPI bid and nighttime H2 blocker, head of bed elevated and get ENT to do laryngoscopy and look at vocal cords. could be also

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Lovenox in Renal Failure and A Fib with Mechanical V

My Rating: ★★★★★ Average Rating: ★★ (14 ratings) ?

The results are in.
 60 have answered. Agree? Disagree? Let us know.

Lovenox in Renal Failure and A Fib with Mechanical Valve?

I have a patient who has a hx of A Fib, prosthetic mitral valve replacement, and chronic renal failure (Cr. 2.2, GFR 25) who is now presenting with worsening dysphagia, 15 lb weight loss, and symptoms consistent with worsening GERD. The patient is being taken off her coumadin and bridged with heparin in anticipation of an endoscopy.

Despite cautionary warnings of using Lovenox in patients with renal failure, I have heard that there have been off label instances of using Lovenox to bridge patients as they are re-anticoagulated with Coumadin despite an elevated creatinine. At my institution, the staff pharmacist has recommended qDay dosing instead of BID dosing to compensate for the renal failure.

Has anyone had any experience using Lovenox in patients with renal failure or with a prosthetic heart valve? Is there any consensus on how dosing should be adjusted?

Keywords

[chronic renal failure](#), [coumadin](#), [cr](#), [creatinine](#), [gfr](#), [heart valve](#), [heparin](#), [lovenox](#), [mitral valve](#), [mitral valve replacement](#), [off label](#), [prosthetic](#), [renal failure](#), [valve replacement](#)

Specialties: Internal Medicine

 Posted on February 07, 2007 by [cuwire428](#)

Posting ID: 4010

Discussion

[eelnosaj](#) Feb 07 at 10:19 AM

Q: Have you seen this?

 The poll closed on February 13, 2007, but you can still [submit your answer](#).

Answers

- | | | |
|-----|----|---|
| 20% | 12 | I have used Lovenox in renal failure pts and the pharmacist is correct to half the dose to one a day dosing. As long as the creatinine clearance is >30 you should be OK. |
| 18% | 11 | Yes, we have used Lovenox in renal failure patients at my institution. |
| 15% | 9 | No, the label says not to use in renal failure patients so we do not do it at my institution. |
| 15% | 9 | I have not used lovenox in this situation. I would prefer heparin rx since it could be discontinued just prior to the procedure with no increase risk of hemorrhage. I would be concerned that the lovenox half-life would be |

An "Open" Post

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Use of High dose Lipitor after acute stroke (SPARCL t

My Rating: ★★★★★ Average Rating: ★★★★★ (8 ratings) [Submit your answer](#)
22 have answered

Use of High dose Lipitor after acute stroke (SPARCL trial)
Recently in NEJM a study was published N Engl J Med. 2006 Aug 10;355(6):549-59. In this study the conclusion was whether high dose lipitor can prevent a second stroke. Results were quite robust however there were a few glitches.

- The whole study was sponsored by Pfizer and the investigators recieved grants from Pfizer.
- There was only Placebo and High dose lipitor group. It didn't include intermediate dose like 20, 40, 60 and so forth.
- Previous studies in similar settings failed to prove anything.
- Statistical analysis involved intention to treat analysis which is a questionable way of analysis.

The burden now lies on primary care physicians whether we should start all the patients on high dose atorvastatin or wait for further recommendations. Many of the neurologists are aggressively using this strategy.

Keywords
[atorvastatin](#), [intention](#), [lipitor](#), [nejm](#), [patients](#), [pfizer](#), [physicians](#), [placebo](#), [primary care](#), [sparcl trial](#), [stroke](#)

Specialties: [Internal Medicine](#)

Posted on October 31, 2006 Posting ID: 2336

Discussion

doctor 9 Oct 31 at 12:18 PM
There are quite a few things not being "promoted" out of this study- like an increase in hemorrhage in the lipitor arm. I would love to see a niacin + statin vs statin trial looking at stroke event reduction.

doctor 10 Oct 31 at 12:20 PM
Great observations! Many times we look at the results without realizing all the finer points of studies (read: all the biases). Interesting that Lipitor will probably be coming off patent soon - makes you wonder whether they will be coming out with a combo drug with high dose Lipitor to continue making money based on this study? Similar to what happened with Zocor / Vytorin.

doctor 11 Oct 31 at 2:46 PM
I think all this proves is lower LDL is better. That's already my approach for anyone at risk of CV events. If LDL is low enough and HDL high enough, I do not raise the statin dose even higher.

doctor 12 Oct 31 at 6:21 PM
Their data for decrease the 2nd stroke is statistically significant in the lipitor group, but I don't think it is really robustic.

doctor 13 Nov 01 at 8:20 PM
The mandate in secondary prevention of cardiovascular events is to maximize protection in ALL respects, i.e. get to goal with lipids, bp and glucose. I have tried to push the statin "envelope" in secondary stroke prevention by prescribing the maximum dose, but most patients were unable to tolerate this due to the expected side effects.

I am also wondering if we shouldn't take a new look at combination therapy [earlier] in multiple disease states (hyperlipidemia, hypertension, diabetes) from the get-go. The usual paradigm is start low, go slow, monotherapy, but is this overly cautious? Would we get more patients to goal quicker (=success) with earlier introduction of combination meds? And now, the question is broadened above with asking if there is a greater benefit to combination therapy in secondary stroke prevention?

The post is now "tagged" with the necessary key words for searches and cross-referencing to commercial databases

The post is "open" physicians are able to vote on postings or propose an alternative answer, but they are not able to see the results in real time. This prevents an "information cascade" where physicians can bias one another, and also makes the Sermo business model possible.

Physicians are able to participate in a real-time discussion about the topic

Currently, physicians can submit images with their postings. Future release will allow physicians to share documents, web pages, and X-Rays.

A "Closed" Post

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Chlorox baths may eradicate methicillin resistant S. aureus

My Rating: ★★★★★ Average Rating: ★★ (3 ratings)

Chlorox baths may eradicate methicillin resistant S. aureus
We have seen patients with methicillin resistant S. aureus in whom we could not eradicate the infection after treating with multiple antibiotics including trimethoprim-sulfa, clindamycin, and bactroban (both topically and intranasally). We finally eliminated the infection by adding chlorox bleach (one teaspoon per gallon) to bath water and bathing the patient in it three times a week.

Keywords
[antibiotic resistance](#), [chlorox](#), [mrsa](#), [trimethoprim-sulfa](#)

Specialties: Pediatrics

Posted on September 05, 2006 Posting ID: 926

Discussion

doctor 1 Sep 05 at 9:54 PM
No, but I use bleach around the house to rid black mold and other pathogens; everytime I attend a wilderness medicine conference, the speakers always mention bleach and boiling water over 212 degrees Fahrenheit to get rid of all bacteria and viruses.

doctor 2 Sep 05 at 10:02 PM
No, I haven't heard of this. But I was pretty skeptical of Vicks Vapor Rub and onychomycosis, too.

doctor 3 Sep 06 at 7:40 AM
Our ID folks use this method or phisohex once a week for one month and we have had good success. FYI, this was the old "giri scout" method of making water potable that I learned a long time ago!

Add your comment

[Add Comment](#)

The results are in.
21 have answered. Agree? Disagree? Let us know.

Q: Has anyone else seen this?

Top Answers

85%	I have not seen
(18)	
14%	I have seen
(3)	

The poll is closed but you can still [submit your answer](#).

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MeSH data created, maintained and provided by the U.S. National Library of Medicine. MeSH version "2006 MeSH".

Posting results are now viewable by the community.

Client View: Dashboard Overview

The dashboard is titled "sermo Beta" and includes navigation links for Home, Postings, Physicians, My Account, Feedback, and Invite. A search bar is located at the top right. The main content area is divided into several sections:

- Market Stats:** A bar chart showing Postings (2,982), Votes (982), and Physicians (1,376). Below the chart, it lists Observations (3,578), Total paid (\$132,145), and Sermo Reserve (\$44,000).
- Hot Tags:** A list of trending tags including amber, antidepressant, depression, diet, paxil, television, ssri, and zoloft.
- Biggest Movers:** A table showing the percentage change for various tags:

amber	25%	▲
depression	17%	▼
zoloft	16%	▲
paxil	12%	▲
television	7%	▼
antidepressant	7%	▼
ssri	5%	▲
ssri	3%	▲
- Watchlist:** A table of tracked subjects:

	Hits	Posts	Cmts	Votes
Alpha-Glucosidase	126	29	2	120
Biguanides	76	120	39	29
Glitazones	▲421	12	0	12
GLP1	62	28	1	28
Inhibitors	▲98	72	13	72
Inhalible Insulin	129	15	1	15
Meglitinides	23	8	2	8
Oral Insulin	34	19	9	19
Sulfonylureas	54	39	7	39
- Watched Posts:** A table of tracked posts:

	Hits	Cmts	Votes
Flomax increases rate of ureteral stone ...	17	1	10
Clues to low dosage in ADHD therapy	32	2	2
Singulair as effective for treatment of Rhinitis?	18	3	4
- Watched Physicians:** A table of tracked physicians:

	Hits	Cmts	Votes
Floripa, Adriano	98	1	10
Rich, Michael	89	2	2
Shrier, Lydia	▲123	3	4
- My Sponsored Postings:** A table of sponsored posts:

	Hits	Cmts	Votes
Flomax increases rate of ureteral stone ...	17	1	10
Clues to low dosage in ADHD therapy	▲32	2	2
Singulair as effective for treatment of Rhiniti...	12	3	4
Prilosec OTC as effective as Rx medication...	19	0	2
High dose statins leads to fewer recurrent...	9	1	7
Sleep apnea leads to erectile dysfunction?	28	3	8
HPV vaccine related to autoimmune illness?	6	1	1
- Total Sponsored Postings:** A section for sponsored content, including a survey about "Does Short-Course Zyxox cause Peripheral Neuropathy?".
- Sermo Pulse:** A section for featured content, including "Pregabalin for Non-Diabetic Peripheral Neuropathy".
- Latest Posts:** A list of recent posts, such as "Lipitor and depression?" and "Amiodarone for arrhythmias effective in treating psoriasis".
- Most Severe:** A list of posts with high severity, such as "Timolol topical glaucoma treatment associated with increased..." and "Sudden death associated with Byetta usage?".
- Most Active:** A list of posts with high activity, such as "What happened to the hype about carvedilol superior properties?" and "Making spinach safe again?".
- Change in Practice:** A list of posts showing changes in practice, such as "SSRI cardioprotective effect on post MI patients?" and "Lipitor causes vivid nightmares in patients?".

Clients are able to track subjects based on the key word tags that they have uploaded to the site.

Clients are able to "sponsor" posting whereby they will be the only parties seeing results coming in

In the same way that the Sermo proposes "posting of interest" to physicians, we use our constant customization to propose posts of interest

Client View: Tag Detail



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Tag: Byetta

Most Active Authors Tagging with "byetta" (show all 24)

Physician	Specialty	Rank
Atheroman	Endocrinology, Internal Medicine	468
Sermodoc	Sermodoc	652
DocMullen	DocMullen	231
Priollaud	Priollaud	22
nreddy	nreddy	190

Related Tags

[actos](#), [avandia](#), [cholesterol](#), [diabetes](#), [glucovance](#), [glucophage](#), [glucose](#), [insulin](#), [lipo](#), [obesity](#), [pancreatitis](#), [weightloss](#)

Recent Activity



Latest Surveys (show all 4)

- Sep 21: [Does pharma sponsored lunch change Mds prescribing behavior?](#)
- Jun 2: [Lantus preferred over nph as 1st line treatment for type two diabetes?](#)
- Apr 29: [Will Wal-Mart revolutionize medicine with \\$4 prescriptions?](#)

Discussions (show all 87 | [last week](#) | [month](#) | [year](#))

- ▲ Oct 1: [Does Short-Course Zyvox cause Peripheral Neuropathy?](#)
- Sep 22: [Lexapro and Appetite Stimulation](#)
- ▲ Sep 13: [Posting Do patients need to lose weight if they don't have diabetes?](#)
- Sep 12: [Which oral agent is best for diabetes?](#)
- Sep 1: [Do leprechauns use physiatrists?](#)

Total Sponsored Postings

Have you seen or heard of a case of sudden death caused by Byetta? [Discuss this...](#)

Does Short-Course Zyvox cause Peripheral Neuropathy? [Take the survey...](#)

Quick Stats

Impact factor: 72	Avg. Severity: 6.2
Total hits: 312	Change in Practice: 45%
Total votes: 45	Avg. Frequency: 10 patients
Avg. Rating: ★★★★★☆	

Add to Watchlist

	Check to Include
Alpha-Glucosidase Inhibitors	<input checked="" type="checkbox"/> watching
Biguanides	<input type="checkbox"/>
Glitazones	<input type="checkbox"/>
GLP1	<input checked="" type="checkbox"/> watching
Inhalible Insulin	<input type="checkbox"/>
Meglitinides	<input type="checkbox"/>
Oral Insulin	<input type="checkbox"/>
Sulfonylureas	<input type="checkbox"/>

Clients can also see which physicians are the most active posters around a single tag.

Clients can get a snapshot of the overall activity around a specific tag.

Clients can set watch lists and "triggers" so they are notified by email, SMS, or IM of a activity in a specific area.

Contact Info

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