

**Publicaties, voordrachten,
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Maaslandziekenhuis**

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Publicaties 2003

Besselaar AT, Akker LHJM van den, Wildenberg FJAM van den, Janknegt R, Hoofwijk AGM

Laagmoleculair-gewicht-heparines als trombose-profylaxe bij chirurgische ingrepen

Ned Tijdschr Heelkd 2003;12:41-48 April 2003

Op de chirurgische afdeling van het Maaslandziekenhuis te Sittard vond evaluatie plaats van de complicaties bij het gevoerde tromboseproylaxe-beleid van 1 januari 1999 tot 1 januari 2000. De onderzoeksgroep bestond uit patiënten ouder dan 18 jaar die, al dan niet electief, werden opgenomen op de dag van operatie. Van 1 januari tot 1 augustus werd conform de ziekenhuisstandaard preoperatief 5000 IE dalteparine sc toegediend aan 1301 patiënten. Het bloedingspercentage bedroeg 4,8. Vanaf 1 augustus tot en met 31 december werd de dosis verlaagd naar 2500 IE. In deze periode werden 1303 patiënten, onder dezelfde omstandigheden, geopereerd. Het percentage bloedingscomplicaties was nu 2,1. In de gehele patiëntengroep was er slechts één trombosecomplicatie, te weten een longembolie in de eerste periode. Bij operaties uitgevoerd binnen zes uur na de gift laagmoleculaire-gewicht-heparine adviseren wij dan ook de lage dosering van 2500 IE toe te dienen. Slechts in een gedefinieerde hoogrisicogroep kan post operatief 5000 IE worden toegediend.

Berg JWM ter

Misselijkheid en braken bij migraine. Pathofysiologie en behandeling

Neurologie Actueel 2003;6 (2)

Na een kort historisch perspectief worden achtereenvolgens beschreven: pathofysiologie, toepassing van prokinetica, toedieningsvorm van de triptanen, migrainestandaard van de NHG en die van de NVvN, step Care en Stratified Care, migraine op de kinderleeftijd waarna conclusies.

Berg M van den, Stroeken HJ, Hoofwijk AG

Favorable results of conservative treatment with isosorbide dinitrate in 25 patients with fourth-degree hemorrhoids: a pilot study / Gunstige resultaten van conservatieve behandeling met isosorbidedinitraat van 25 patienten met graad-4hemorroiden: een pilotstudie

Ned Tijdschr Geneeskd 2003 May 17;147(20):971-3.

OBJECTIVE: To evaluate application of isosorbide dinitrate 1% ointment in the treatment of fourth-degree haemorrhoids.

DESIGN: Prospective pilot study.

METHOD: Twenty-five consecutive patients, 12 men and 13 women, with a median age of 48 years (range: 30-78), presenting in the period October 1999-December 2001 with fourth-degree haemorrhoids, were treated with isosorbide dinitrate 1% ointment.

RESULTS: In 24 out of 25 patients (96%) the objective, reduction of the stangulated haemorrhoids and relief of pain, was achieved. In one patient the haemorrhoids were not reduced. This patient was cured after classic haemorrhoidectomy. Two patients interrupted the treatment because of severe headache, but after renewed instructions they continued the therapy and were cured.

CONCLUSION: Isosorbide dinitrate 1% ointment gave good results in the treatment of fourth-degree haemorrhoids, with only few side effects.

Comment in:

Ned Tijdschr Geneeskd 2003 Jul 19;147(29):1434-5; author reply 1435

Dam DW van

Hoe te handelen bij verdenking hemorrhagische koorts

Ned Tijdschr Geneeskd 2003;147 febr: 221. Ingezonden brief

Derijks LJJ, Curvers WL, Hooymans PM, Deventer SJH, Hommes DW

No predictive value of thiopurine S-Methyltransferase genotyping for adverse events in inflammatory bowel disease patients established on azathioprine

Br J Clin Pharmacol 2003; 58:105

Derijks LJJ, Curvers WL, Hooymans PM, Deventer SJH, Hommes DW

No predictive value of thiopurine S-Methyltransferase genotyping for myelosuppression or hepatotoxicity in inflammatory bowel disease patients established on azathioprine

Gut 2003;52 (suppl. VI):A 58

Derijks LJJ, Jong DJ de, Gilissen LPL, Engels LGJB, Hooymans PM, Jansen JBMJ, Mulder CJJ

6-Thioguanine seems promising in azathioprine- or 6-mercaptopurine-intolerant inflammatory bowel disease patients: a short-term safety assessment.

Europ J Gastroenterol Hepatol 2003;15: 63-7

OBJECTIVE: 6-Mercaptopurine (6-MP) and azathioprine (AZA) have proven efficacy in the treatment of inflammatory bowel disease (IBD). However, adverse events leading to discontinuation may occur in 10-20% of patients. The efficacy of AZA and 6-MP is based on formation of their active metabolites, the 6-thioguaninenucleotides (6-TGNs). Therefore, 6-thioguanine (6-TG), an agent leading more directly to the formation of 6-TGNs and until recently used only in patients suffering from leukaemia, may be an alternative in AZA or 6-MP intolerance. The purpose of our study was to assess the short-term safety of 6-TG.

METHODS: Thirty-two IBD patients with previously established AZA or 6-MP intolerance were treated with 6-TG in doses of 20 mg (n = 19) or 40 mg (n = 13) once daily. Safety parameters were obtained at 0, 1, 2, 4 and 8 weeks after start of medication. Primary outcome measures were the ability to tolerate 6-TG and the occurrence of adverse events. Secondary outcome definitions included laboratory parameters.

RESULTS: Twenty-six (81%) patients were able to tolerate 6-TG during the first 8 weeks. In three of six patients, side effects leading to discontinuation were probably (n = 2) or obviously (n = 1) related to 6-TG. No clinically relevant haematological events or hepatotoxicity occurred in the observed period. Steady-state 6-TG levels were significantly higher with 40 mg once daily (1621 +/- 828 picomol/8 x 10⁸ red blood cells (RBC)) than with 20 mg once daily (937 +/- 325 picomol/8 x 10⁸ RBC; n = 0.001).

CONCLUSIONS: 6-TG treatment seems promising in AZA- or 6-MP-intolerant IBD patients. However, long-term safety and efficacy have yet to be determined.

Ongeveer 10-20% van de IBD patienten kunnen azathioprine of mercaptopurine niet verdragen. Bij 32 patienten, die intolerant waren voor genoemde geneesmiddelen, is onderzocht of 6-thioguanine een geschikt alternatief was. Azathioprine en mercaptopurine zijn prodrugs van 6-thioguanine. Gedurende de 3 maanden van de studie bleek bij 26 patienten thioguanine goed te worden verdragen

Derijks LJJ, Engels LGJB, Hommes DW, Lohman JJHM, Janknegt R, Hooymans PM

Mercaptopurine bij inflammatoire darmziekten: is het meten van bloedspiegels zinvol?

Pharm Weekbl 2003;138:1012-6

Bij 30 patienten, die ingesteld werden op 6-mercaptopurine, is onderzocht of er een relatie bestaat tussen de concentratie van de farmacologische metabolieten 6-MMP en 6-TG in de erythrocyt en de effectiviteit en het optreden van bijwerkingen. Daarnaast werd genotypering uitgevoerd voor TPMT. De activiteit van dit enzym speelt een belangrijke rol bij de vorming van deze metabolieten. Bij 4 patienten ontstond leucopenie. Bij al deze patienten was er een relatie tussen het genotype en 6-TG spiegel en het ontstaan van leucopenie.

Derijks LJJ, Gilissen LPL, Engels LGJB, Bos LP, Bus PJ, Lohman JJHM, Hooymans PM

Pharmacokinetics of 6-mercaptopurine in patients with inflammatory bowel disease

Br J Clin Pharmacol 2003;56:466

De farmacokinetiek van mercaptopurine werd onderzocht bij 30 patienten. De halfwaardetijd van de metabolieten 6-MMP en 6-TG bedroeg ongeveer 5 dagen. Bij een patient met een zeer hoge 6-TG concentratie ontstond leucopenie.

Jong DJ de, Derijks LJJ, Gilissen LPL, Engels LGJB, Hooymans PM, Naber AHJ, Mulder CJJ

Maintenance treatment with 6-thioguanine over one year in IBD patients

Eur J Gastroenterol Hepatol 2003;15:A29

Jong DJ de, Derijks LJJ, Gilissen LPL, Engels LGJB, de Boer SY, Hooymans PM, Naber AHJ, Mulder CJJ

Maintenance treatment with 6-thioguanine over one year in azathioprine or 6-mercaptopurine intolerant IBD patients

Gut 2003;52 (Suppl VI):A58

Curvers WL, Derijks LJJ, Stokkers P, Vogels E, Gast J de, Kampen A van, Deventer SJH van, Hommes DW

No predictive value of TPMT genotyping for leukopenia or hepatotoxicity during azathioprine therapy in Inflammatory Bowel Disease

Eur J Gastroenterol Hepatology 2003;15:A29

Jong DJ de, Derijks LJ, Naber AH, Hooymans PM, Mulder CJ

Safety of thiopurines in the treatment of inflammatory bowel disease

Scand J Gastroenterol Suppl 2003;239:69-72

In dit overzichtsartikel worden de bijwerkingen van de thiopurines azathioprine, mercaptopurine en 6-thioguanine besproken

Dieters P, Maesen BLP

De rol van de longverpleegkundige bij het gebruik van inhalaticorticosteroiden

Inspiratie 2003;12(3):9.

Dieters P, Maesen BLP

Rol van longverpleegkundige bij het reduceren van klachten en lokale bijwerkingen tijdens inhalaticorticosteroïdgebruik: ervaringen met beclameton-dipropionaat Extrafijne Aërosol

Modern Med 2003;(8):62-65, 597-600

Het voorschrijven van inhalaticorticosteroiden (ICS) gaat vaak gepaard met lokale bijwerkingen. Recentelijk is een CFK-vrije vorm van beclometason-dipropionaat (BDP) ontwikkeld. De eigenschappen maken BDP Extrafijne Aërosol tot een uitstekend alternatief. Kan de longverpleegkundige invloed uitoefenen op het bijwerkingenpatroon, het gebruiksgemak van de inhalator en de effectiviteit van de behandeling door het gebruikte ICS te wijzigen in BDP Extrafijne Aërosol?

Kouwen MC van, Drenth JP, Engels LG, Strijk SP, Krieken JH van, Nagengast FM
Een patient met biliaire papillomatose, een zeldzame aandoening van de galwegen, met fatale afloop

Ned Tijdschr Geneesk 2003 Jul 5;147(27):1323-7

Een 21-jarige patient presenteerde zich met bovenbuikpijn en cholestase. Op grond van het radiologisch beeld bij endoscopische retrograde cholangiopancreatografie was de initiële diagnose 'primair scleroserende cholangitis'. Gedurende het ziektebeloop ontstonden er nieuwe symptomen die niet geheel bij primair scleroserende cholangitis pasten: icterus en gewichtsverlies. Uiteindelijk overleed de patient, bijna 3 jaar na zijn presentatie, aan een gemetastaseerd adenocarcinoom, dat bleek te zijn ontstaan vanuit een papillomatose van de galwegen. Biliaire papillomatose wordt gekenmerkt door een papillaire adenomateuze proliferatie van het galwegepitheel. De kans op maligne degeneratie is groot. De enige curatieve optie zou een transplantatie van lever en galwegen geweest zijn, maar dit had in een vroeg stadium moeten geschieden, toen er nog geen sprake was van maligne degeneratie.

Keulen ET, Mebis J, Erdkamp FLG, Peters FPJ

Meningitis due to Listeria monocytogenes as a complication of infliximab therapy / Meningitis door Listeria monocytogenes als complicatie van behandeling met infliximab

Ned Tijdschr Geneesk 2003 Oct 25;147(43):2145

Gilissen LPL, Derijks LJJ, Hoymans PM, Lohman JJHM, Bos LP, Bus PJ, Curvers WL, Deventer SJH van, Hommes DW, Engels LGJB

Efficacy and toxicity of 6-mercaptopurine in 30 patients with inflammatory bowel disease

Eur J Gastroenterol Hepatol 2003;15:A29

Hamer, T

Belevingsgerichte zorg in de praktijk: gewoon doen!

Tijdschr verpleeghuisgeneeskunde 2003;7(5):21-26

Hoofwijk, AGM

Stroomversnellingen in Maaslandziekenhuis: succesvolle zorgvernieuwing met behulp van ICT, 16-21

In: De witte jas in de wereld van bits en bytes / R van Es. Utrecht: District op Orde

In 2005 heeft het Maaslandziekenhuis een elektronisch patiëntendossier. In 2004 pakken de specialisten gynaecologie, interne geneeskunde en chirurgie de nieuwe manier van denken en registreren alvast op. Sinds 2001 wordt er proefgedraaid. Met opmerkelijke resultaten. Daalde bijvoorbeeld de gemiddelde opnameduur voor chirurgie landelijk van negen naar acht dagen, in Sittard legden ze daar een schepje bovenop en duurt de gemiddelde opname nu 6,8 dagen. In vier jaar tijd steeg de productie met 20%, waarvan 10% aan de eerste aanzetten tot het elektronisch dossier is te danken. De kiemen voor dit succes zijn gezaaid door onder andere chirurg dr. Ton Hoofwijk, internist dr. Frans Erdkamp en gynaecoloog dr. Erik Sollie. Of zoals Ton Hoofwijk het zelf stelt: "Wij zijn een stel gekken die het leuk vinden om via ICT de zorg efficiënter, effectiever en patiëntgericht te organiseren". District op Orde ondersteunde ze daarbij.

Hulsewé KW, Hulst R van der, Ramsay G, Berlo CL van, Deutz NE, Soeters PB
Pulmonary glutamine production: effects of sepsis and pulmonary infiltrates

Intensive Care Med 2003 Oct;29(10):1833-6. Epub 2003 Jul 25

OBJECTIVE: To define the role of the lung in the production of glutamine in the critically ill and to determine the effects of the presence of pulmonary infiltrates and the presence and severity of sepsis. **DESIGN AND SETTING:** Prospective clinical study in a single center; interdisciplinary intensive care unit at a university hospital. **PATIENTS:** Eleven critically ill patients were compared to ten patients prior to cardiac bypass surgery. **MEASUREMENTS AND RESULTS:** Fluxes of glutamine and other amino acids were measured. Chest radiography was performed, and APACHE II and multiple-organ failure scores were calculated. Septic patients showed significantly higher glutamine efflux from the lungs than controls. At least one-half of this glutamine is estimated to result from protein breakdown. Severity of illness had no impact on glutamine fluxes. In the presence of pulmonary infiltrates on chest radiographs glutamine efflux did not differ from zero. **CONCLUSIONS:** The lungs produce significant amounts of glutamine in septic patients. Pulmonary infiltrates decrease the glutamine efflux from the lung in septic patients. We suggest that this is caused by uptake of glutamine by white cells in the lung exerting immunological functions.

Blaauw I de, Deutz NE, **Hulsewé KW**, Meyenfeldt MF von
Attenuated metabolic response to surgery in tumor-bearing rats

J Surg Res 2003 Apr;110(2):371-7

BACKGROUND: During cancer, proteins are chronically wasted, including proteins of the gut. Surgical stress acutely increases protein breakdown of the gut. Surgery in cancer patients may thus have a double effect on the gut and lead to exhaustion and functional loss of the gut. **METHODS:** Female Lewis rats (+/-200 g) were studied bearing a subcutaneous tumor or after sham implantation. Hysterectomy was performed in half of the rats as a standardized operative procedure. Postoperative protein kinetics of the gut were determined using a primed constant infusion of L-[2,6-(3)H]-phenylalanine. Gut function was assessed by testing its permeability for sugar probes lactulose and L-rhamnose. Villus height and crypt depth were measured and polyamine concentrations were measured as markers for mucosal proliferation and differentiation. **RESULTS:** In control rats, gut protein breakdown increased from 6 +/- 3 to 32 +/- 8 nmol phenylalanine x 100 g body wt x min after hysterectomy. This was accompanied by increased amino acid membrane transport rates and metabolic shunting. In tumor-bearing rats, increased protein breakdown in response to surgery was attenuated (8 +/- 4 vs 17 +/- 4 nmol x 100 g body wt x min). Surgery increased the lactulose/L-rhamnose recovery ratio, indicating increased gut permeability. In the presence of a tumor gut permeability also increased and it increased further after surgery. No changes in villus height or polyamine levels could explain the increased permeability of the gut. **CONCLUSION:** The study shows that a mild surgical trauma increases protein breakdown of the gut and simultaneously increases gut permeability. In the presence of a tumor the metabolic response to surgery is attenuated. Gut barrier loss was highest in the combined presence of cancer and the surgical insult.

Hoksbergen AW, Majoie CB, **Hulsmans FJ**, Legemate DA
Assessment of the collateral function of the circle of Willis: three-dimensional time-of-flight MR angiography compared with transcranial color-coded duplex sonography

AJNR Am J Neuroradiol 2003 Mar;24(3):456-62

BACKGROUND AND PURPOSE: Identification of the intracranial collaterals assists in identifying patients with severe occlusive disease of the internal carotid arteries who are at lower risk of transient ischemic attacks (TIAs) and stroke. We investigated the usefulness of MR angiography in identifying functional collaterals of the circle of Willis. **METHODS:** MR angiography of the circle of Willis was performed in 50 healthy volunteers. Visibility was used as the criterion to define the intracranial collaterals as being functional. Two observers independently assessed the MR angiograms. Results were compared with those of transcranial color duplex sonography (TCCD), and results of carotid compression tests were the standard of reference for the identification of functional intracranial collaterals. **RESULTS:** With MR angiograms, reviewer 1 achieved a sensitivity of 85%, a specificity of 81%, a positive predictive value of 95%, and a negative predictive value of 55%. Reviewer 2 achieved a sensitivity of 87%, a specificity of 67%, a positive predictive value of 92%, and a negative predictive value of 53%. Interobserver agreement on MR angiograms was moderate ($\kappa = 0.57$, 95% confidence interval: 0.42, 0.72). **CONCLUSION:** Visible collaterals of the circle of Willis on MR angiograms are able to supply collateral flow in the presence of carotid artery obstruction. However, the low negative predictive value of MR angiography indicates that, if collaterals are not visible, supplementary TCCD investigation is required.

Eyskens B, Mertens L, Kuzo R, **Jaegere T de**, Lawrenson J, Dymarkowski S, Bogaert J, Daenen W, Gewillig M

The ratio of flow in the superior and inferior caval veins after construction of a bidirectional cavopulmonary anastomosis in children

Cardiol Young 2003 Apr;13(2):123-30

In patients who have undergone a superior cavopulmonary anastomosis, the superior caval venous flow provides the only, or the most important, pulmonary blood supply, while the inferior caval venous blood is not oxygenated, being mixed with the pulmonary venous blood before entering the systemic circulation. In healthy children, the contribution of superior caval venous flow to total cardiac output has been shown to decrease during growth. Patients who have undergone a superior cavopulmonary anastomosis, however, often have a higher oxygen saturation than predicted by the age-matched ratio of superior to inferior caval venous flows. This study was designed, therefore, to assess the ratio of flows in the superior and inferior caval veins subsequent to a superior cavopulmonary anastomosis. We carried out 18 magnetic resonance imaging studies

with velocity-mapping and heart catheterisations so as to assess the contribution of superior caval venous flow to total cardiac output. Patients were divided into 3 groups according to their age. There were five aged from 8 to 24 months, eight aged from 24 to 48 months, and five older than 48 months. No significant difference could be found in the ratios of superior-to-inferior caval venous flow, nor of superior caval venous-to-systemic flow, between the 3 groups. The ratio of venous flows was 0.89 +/- 0.34 in those aged from 8 to 24 months, 1.09 +/- 0.42 in those from 24 to 48 months, and 1.25 +/- 0.27 in the older patients (F analysis of variance 1.06, p 0.37). The ratio of superior caval venous-to-systemic flow was 0.46 +/- 0.08 in the youngest patients, 0.50 +/- 0.09 in those aged from 24 to 48 months, and 0.55 +/- 0.05 in the older patients (F analysis of variance 0.76, p 0.49). These findings suggest that the hemodynamics of a cavopulmonary anastomosis may affect the normal decrease of superior caval venous flow with age. This could be related to a redistribution of flow, with a proportionally higher flow to the head and upper body after construction of a superior cavopulmonary anastomosis. Since increasing cyanosis and progressive exercise intolerance are the main indications for creation of a total cavopulmonary connection, these findings should be taken into account when determining the timing for completion of the Fontan circulation.

Janknegt R

Selectief, selectiever...

Pharm Weekbl 2003;138;81 (Redactioneel)

Janknegt R

Is er in het kader van secundaire preventie een reden voor het voorschrijven van vitamine E?

Cardiologen Vademecum 2003;20 2:3-4

Janknegt R

Antibioticabeleid bij luchtweginfecties

Pharm Weekbl 2003;138:837 (Redactioneel)

Janknegt R

A Dutch perspective on the effects of the Internet on healthcare practice

Drug Ther Perspect 2003;19:25

Janknegt R

A Dutch perspective on oral contraceptive formulations and thromboembolism

Drug Ther Perspect 2003;19,11:25

Janknegt R

De SOJA methode

Nieuwegein, Endemar Communicatie, 2003

Janknegt R, Al MJ, Brouwers JRBJ, Engels LGJB, Jansen M, Lems W, Bijlsma JWJ, van der Tempel, Wesdorp J

NSAID's bij reumatoïde artritis of artrose: preparaatkeuze met behulp van de SOJA methode

Modern Med 2003;27:765-90

Janknegt R, Bessems PJMJ, Dekker SK, Van Tiel F

Antimycotics in toenail onychomycosis. Drug selection by means of the SOJA method

Journ Drug Assessm 2003;6:S1-18

Janknegt R, Frenken LAM, Zietse R, de Heer F

Erythropoietins in the treatment of anaemia in chronic renal insufficiency

Drug selection by means of the SOJA method

Journal Drug Assessm 2003;6:S19-38

Janknegt R, Lohman JJHM, Kuy P-HM van der, Bomhof MAM, Couturier EGM, Knuistingh Neven A, Berg JWM ter

Orale triptanen bij de behandeling van migraine. Preparaatkeuze met behulp van de SOJA-methode

Tijdschrift voor neurologie & neurochirurgie 2003;104:304-13

Modern Medicine 2003;8:601-61

In dit artikel wordt een preparaatkeuze gemaakt voor orale triptanen bij de behandeling van migraine.

De volgende keuzecriteria werden daarbij toegepast (weegfactor): aantal geregistreerde indicaties (40), formuleringen (50), variabiliteit van de AUC (40), geneesmiddelinteracties (85), werkzaamheid (415), bijwerkingen (190), kostprijs (75) en documentatie (105) (tabel 1). Sumatriptan 50 mg vertoont de hoogste score en is het meest geschikte middel voor opname in het formularium. Daarnaast scoren ook sumatriptan 100 mg, rizatriptan en eletriptan 40 mg goed.

Janknegt R, Muijres P

Protonpompremmers, kostenremmers? (Reacties)

Pharm Weekbl 2003;138:1296

Janknegt R, Schreurs AJM, Wijnands WJA, Dekhuijzen PNR, Westbroek J, van der Kuy A

Langwerkende bronchusverwijders als onderhoudsbehandeling van astma en COPD: preparaatkeuze van droogpoederinhalatoren met behulp van de SOJA methode

Modern Med 2003;27:541-50

In dit artikel wordt een preparaatkeuze gemaakt voor langwerkende bronchusverwijders door middel van de SOJA-methode. Alle droogpoederinhalatoren van formoterol en salmeterol werden in de analyse opgenomen. Daarbij werden de volgende keuzecriteria toegepast: klinische werkzaamheid (250) apparaat (90), gebruiksgemak/patiëntenvoorkeur (75) kortwerkende bronchusverwijder/corticosteroid in hetzelfde apparaat beschikbaar (65), beschikbaarheid van een droogpoederinhalator en aerosol met dezelfde handelsnaam (65) indicaties (40) interacties (35) bijwerkingen (140), doseringsfrequentie (75), kostprijs (80) en documentatie (85). Salmeterol Diskus vertoont de hoogste score, gevolgd door formoterol Turbuhaler. De belangrijkste factoren die bijdragen aan de hoge score van salmeterol Diskus zijn apparaat, bedieningsgemak en de beschikbaarheid van een combinatie met een inhalatiecorticosteroid in één apparaat.

Janknegt R, Schreurs AJM, Wijnands WJA, Dekhuijzen PNR, Westbroek J, van der Kuy A

Langwerkende bronchusverwijders in combinatie met inhalatiecorticosteroiden als onderhoudsbehandeling van astma: preparaatkeuze van droogpoederinhalatoren met behulp van de SOJA-methode

Modern Med 2003;27:685-96

In dit artikel wordt een preparaatkeuze gemaakt voor langwerkende bronchusverwijders in combinatie met corticosteroiden met behulp van de SOJA-methode. De droogpoederinhalatoren van de combinaties formoterol/budesonide en salmeterol/fluticason werden in de analyse opgenomen. Daarbij werden de volgende keuzecriteria toegepast: klinische werkzaamheid (250), apparaat (90), gebruiksgemak/patiëntenvoorkeur (75), beschikbaarheid van meerdere combinaties (65), beschikbaarheid van een droogpoederinhalator en aerosol met dezelfde handelsnaam (65), indicaties (40), interacties (30), bijwerkingen (140), doseringsfrequentie (75), kostprijs (80) en documentatie (85). Salmeterol/fluticason vertoont een hogere score dan formoterol/budesonide

Janknegt R, Wiltink E, Hommes DW, Mulder CJJ

Maintenance treatment of reflux oesophagitis

Drug selection by means of the SOJA method

Journal Drug Assessm 2003;6:S39-66

Janknegt R, Wiltink E, Hommes DW, Mulder CJJ

Treatment of acute reflux oesophagitis Drug selection by means of the SOJA method

Journal Drug Assessm 2003;6:S67-96

Janknegt R, Wijnands WJA, Kuy A van der

Inhalatiecorticosteroiden bij astma bronchiale: preparaatkeuze met behulp van de SOJA-methode

Modern Med 2003;27:476-96.14

Muijers PE, Knottnerus JA, Sijbrandij J, Janknegt R, Grol RP

Changing relationships: attitudes and opinions of general practitioners and pharmacists regarding the role of the community pharmacist

Pharm World Sci. 2003 Oct;25(5):235-41

BACKGROUND: Relationship between general practitioners and pharmacists. AIM: To explore similarities and differences in opinions between general practitioners and pharmacists about the pharmacist's role. To identify factors which determine the attitude of the general practitioner towards the role of the pharmacist as a care provider

DESIGN: Cross-sectional questionnaire survey

SETTING: The Netherlands, 2001

PARTICIPANTS: 926 non-dispensing general practitioners, 93 dispensing general practitioners and 328 community pharmacists

METHODS: Statements about the pharmacist's position in primary care were formulated. The attitude towards the pharmacist's care-providing function was determined by adding the scores to the statements. Data were collected on age, gender, professional experience, trainership, type and size of practice, electronic communication, urbanisation level, part-time work, work pressure, postgraduate training, pharmacotherapy audit meetings (PTAMs), the mutual relationship and the desired role of the pharmacist in pharmacotherapy.

RESULTS: No significant differences in opinions were found between pharmacists and non-dispensing general practitioners with respect to a number of the pharmacist's signalling tasks. Eighty-six percent (CI 83-89) of non-dispensing general practitioners and eighty-two percent (CI 76-87) of pharmacists shared the opinion that pharmacists need to provide the general practitioner with feedback on prescription figures. Furthermore, 85% (CI 82-88) of the non-dispensing general practitioners and 80% (CI 75-86) of the pharmacists believed that pharmacists should suggest items for the PTAM agenda, based on prescription patterns they notice in their pharmacy. The attitude of general practitioners towards the care-providing function of the community pharmacist correlates significantly with the relationship between general practitioners and pharmacists ($P < 0.001$). There is also a significant difference ($P < 0.001$) in the attitude score between dispensing and non-dispensing general practitioners: dispensing general practitioners scored lower on the attitude scale.

CONCLUSION: Pharmacists and general practitioners largely agree on the pharmacotherapeutic signalling role that a pharmacist should fulfill. A good relationship benefits the attitude of general practitioners towards the pharmacist's care-providing function.

**Deursen CThBM van, Delaere K, Kate J ten
Hemochromatosis and sexual dysfunction**

Int J Impot Res 2003 15(6):430-2

Achtergrond: Sexuele disfunctie wordt genoemd als een klinische manifestatie van hemochromatose bij mannen. De prevalentie is 10-40%.

Methode: We hebben mannelijke leden van de Nederlandse hemochromatose vereniging per post benaderd met een vragenlijst, waarbij vragen op het gebied van hemochromatose en sexueel functioneren (libido, erectiele functie, ejaculatie en orgasme) aan de orde werden gesteld.

Resultaten: van de 137 vragenlijsten werden er 100 geretourneerd. 69 mannen konden worden geclassificeerd als genetische hemochromatose.

De prevalentie van verminderd of afwezig libido was 14%, van erectiele disfunctie 25%, van afwezigheid van ejaculatie 20% en van afwezigheid van orgasme 39%.

Conclusies: als deze uitkomsten worden vergeleken met de resultaten van twee Nederlandse studies in de algemene mannelijke populatie, dan moeten we concluderen dat de prevalentie van sexuele disfunctie bij hemochromatose patiënten niet verhoogd is.

Kate, J ten

Medeauteur van verschillende paragrafen over tumormerkers

in: Diagnostisch Kompas: voorlichting over aanvullende diagnostiek /uitg van de Stuurgroep Aanvullende Diagnostiek van de Ziekenfondsraad; 3^e ed, 2003. ISBN 9070918307

Buijsch RAM op den, Vries JE de, Wijnene PAHM, Kate J. ten, Diejen-Visser MP van, Bekers O

Use of WBC counts as an additive tool in quantitative real time PCR applications

Ned Tijdschr Klin Chem 2003; 28:59

Bovengenoemd abstract beschrijft het ontwikkelen van technieken om vrij DNA in plasma te quantificeren. Het doel van deze onderzoeken is om op basis van dit vrij DNA in plasma kanker diagnostiek en follow-up te faciliteren. Het resultaat van deze onderzoeken zal moeten resulteren in nieuwe tumormerkstoffen.

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Use of WBC counts to quantify DNA in real time PCR

Clin Chem Lab Med 2003;41:A93-94

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Lohman JJHM

Triptanen bij migraine

Modern Med 2003, 27(4): 261-8

In 1991 zorgde de introductie van sumatriptan voor een doorbraak in de behandeling van migraine. Voordien waren er lange tijd slechts weinig ontwikkelingen geweest op het gebied van de farmacotherapie van de migraineaanval. Het arsenaal van middelen bestond slechts uit pijnstillers en daarnaast ergotamine en afgeleiden, de enige, specifiek bij migraine werkzame migraine middelen. De introductie van sumatriptan had ook een neveneffect: er ontstond veel meer belangstelling voor het ziektebeeld 'migraine', en het wetenschappelijk onderzoek op het gebied van migraine kreeg een nieuwe impuls.

Lohman JJHM, van der Kuy-de Ree MM
Patterns of specific antimigraine drug use: patients with two or more types of drugs versus patients with one type of drug
Conceptuur 2003;36:34

Lohman JJHM, van der Kuy-de Ree MM
Patterns of specific antimigraine drug use.
Cephalalgia 2003; 23:601
A study based on the records of 18 community pharmacies.

Kuy PH van der, Lohman JJHM
The role of nitric oxide in vascular headache
Pharm World Sci. 2003 Aug;25(4):146-51
Shortly after the invention of nitroglycerin (NTG), it was noticed that this substance is capable of inducing a violent headache. Only recently, it became known that this was due to the release of nitric oxide (NO) by NTG. As the molecular mechanism of migraine pain remains to be determined, NTG, being pro-drug for NO, has been used to study the aetiology and pathophysiology of migraine. Such studies with NTG- and also histamine-induced headaches, have led to propose that NO may be the causative molecule in migraine pain. The evidence supporting the role of NO in migraine is discussed, e.g. substances capable of inducing experimental vascular headache do so with NO as the common mediator, while drugs with antimigraine activity inhibit NO and the cascade of intracellular reactions triggered by NO. The importance of NO as a potential initiator of the migraine attack opens new directions for the pharmacological treatment of migraine and other vascular headaches.

Mertens HJMM, Leers MPG, Nap M, Salemans THB
Multiparameter flow cytometry in the diagnosis of an gynaecologic double tumor; a case report
Virchows archiv, an international journal of pathology, 2003 Mar;442(3):297-7 Epub 2003 febr 26
PURPOSE. An uncommon clinical presentation of metastatic tumor will often lead to additional diagnostic examinations. The patient of the present study was known to have endometrial cancer which was thought to be limited to the endometrium. Three months postoperatively, she developed ascites due to spread of the tumor, which is rarely seen in low-stage endometrial cancer. METHOD. Multiparameter flow cytometry using both cell phenotype information and DNA ploidy was performed. RESULTS. Retrospectively, the patient was diagnosed as having a DNA-diploid epithelial tumor of the endometrium as well as a DNA-aneuploid epithelial tumor in the left fallopian tube. It was shown that 3 months after primary surgery she developed ascites caused by metastatic tumor from the primary fallopian tube cancer. CONCLUSION. The complete diagnosis was made using multiparameter flow cytometry which, at present, is not routinely applied in gynecologic pathology.

van Kerrebroeck P, ter Meulen PH, Farrelly E, Larsson G, Edwall L, Fianu-Jonasson A.
Treatment of stress urinary incontinence: recent developments in the role of urethral injection
Urol Res 2003 Feb;30(6):356-62. Epub 2003 Jan 30
Stress urinary incontinence is prevalent in adult women and has a considerable impact on quality of life. However, it often remains undiagnosed and therefore untreated. Non-invasive treatment is likely to be offered in mild cases and may entail physiotherapy, minimally invasive devices or pharmacotherapy. Surgical intervention is widely considered as the only effective option for more severe cases. These strategies are not suitable for all patients, and urethral injection represents an alternative, minimally invasive procedure. The choice of the bulking agent is the key to the success of this treatment: the most extensively studied are silicone, polytetrafluoroethylene and bovine collagen. However, doubts regarding the safety and efficacy of these materials has led to the development of carbon-coated zirconium beads, calcium hydroxylapatite and dextranomer/hyaluronic acid (Dx/HA) copolymer. Of these, the most clinical experience has been gained with Dx/HA copolymer. Until 2 years ago, urethral injection could only be administered endoscopically. The recent development of devices for 'blind' injection has increased the speed and convenience of urethral injection, removing the need for surgical facilities. Although few data are yet available, it is conceivable that urethral injection administered 'blind' may in future be considered as an option for all patients failing non-invasive treatment.

ter Meulen PH, Berghmans LC, van Kerrebroeck PE
Systematic review: efficacy of silicone microimplants (Macroplastique) therapy for stress urinary incontinence in adult women
Eur Urol 2003 Nov;44(5):573-82
OBJECTIVE: To assess the efficacy of silicone microimplants (Macroplastique; polydimethylsiloxane) therapy for stress urinary incontinence in adult women, using a systematic review of identified studies. MATERIALS AND METHODS: A computer-aided and manual search for published studies investigating silicone microimplants therapy for stress urinary incontinence in adult women. The methodological quality of the included studies was assessed using criteria based on generally accepted principles of interventional research. RESULTS: Only two RCTs, only published as an abstract, were found. Eleven pre-experimental or

observational studies were identified. Overall, the methodological quality was low. The main methodological shortcomings of the studies were: no random allocation procedure, lack of prestratification on prognostic determinants, no blinding, small sample sizes, and lack of proper analysis and presentation of results. There was variability in the indication for implantation, implantation procedure, rate and volume of silicone microimplants. The use of different outcome measures in most of the trials made comparison between studies difficult. CONCLUSIONS: Because of the low methodological quality of included studies, results should be interpreted with caution and no firm conclusions about the efficacy of silicone microimplants were possible. Randomized clinical trials, using valid and reliable subjective and objective measurements, are necessary to establish the efficacy of silicone microimplants therapy in treating stress urinary incontinence in adult women.

ter Meulen PH, Zambon V, Kessels AG, van Kerrebroeck PE
Quality of life, functional outcome and durability of the AMS 800 artificial urinary sphincter in patients with intrinsic sphincter deficiency

Urol Int 2003;71(1):55-60

OBJECTIVE: To evaluate the quality of life, functional outcome and durability of the AMS 800 artificial urinary sphincter (AUS) in patients with urinary incontinence due to intrinsic sphincter deficiency of mixed origin.

PATIENTS AND METHODS: Between 1991 and 2000, 34 AUS were implanted in 31 patients (24 males/7 females) with mean age of 59 (range 15-75) years. Using a questionnaire, patients' urinary function and quality of life were assessed in 22 patients with an AUS in situ. To evaluate efficacy and durability of the device, the primary adequate function (P-AF) and additional procedure-assisted adequate function (APA-AF) rates were determined on the basis of a Kaplan-Meier survival analysis.

RESULTS: The social continence rate (0-1 pads/24 h) was 55% with a mean follow-up of 46 months. The revision rate was 26% and the explantation rate 35%. The 5-year P-AF and APA-AF rates were 41 and 44%, respectively. The pad score decreased from 2.95 to 1.23 after AUS implantation ($p < 0.0001$) leading to a high mean patient satisfaction (rated as 4.0 on a visual analog scale of 0-5). Twenty-one patients (95%) would undergo the procedure again under the same circumstances. Patients with previous anti-incontinence procedures showed a significantly higher explantation rate ($p = 0.004$).

CONCLUSION: In spite of a relatively high re-operation rate and moderate social continence state, patient satisfaction was found to be great mainly due to the relative improvement in incontinence. The AMS 800 AUS is a reliable device with few mechanical complications. Extensive preoperative counseling is mandatory

Moonen AGCM, Pilot P, Vossen RCRM, Bas BM, van Os JJ
De mate van hemolyse bij retransfusie met behulp van het Bellovac ABT Systeem bij totale heup- en knieprothese operaties; een pilot studie

Ned Tijdsch Orthop 2003; 10(4) 150-2

Spaans F, Vredeveld JW, Morr e HH, Jacobs BC, De Baets MH
Dysfunction at the motor end-plate and axon membrane in Guillain-Barre syndrome: a single-fiber EMG study

Muscle Nerve. 2003 Apr;27(4):426-34.

In nine patients with Guillain-Barre syndrome (GBS), stimulation single-fiber electromyography (SFEMG) and serological studies were performed in the acute stage of the illness. Increased jitter and intermittent blocking of muscle fiber action potentials occurred to a varying degree in all patients. Five patients had elevated titers of antiganglioside antibodies. The most remarkable EMG phenomenon was the occurrence in all patients of impulse blocking at normal or slightly increased jitter. The assumption that this phenomenon was due to an axolemmal dysfunction was confirmed by the occurrence in two patients of concomitant blocking of two muscle fiber action potentials at strictly normal jitter values. In one patient this sign of axonal dysfunction was demonstrated with SFEMG at voluntary activation. In another patient, concomitant blocking was associated with greatly increased but completely independent jitter of both components. The results of this study show that both a disorder of neuromuscular transmission and an axolemmal dysfunction play a role in the pathophysiology of GBS.

Pilot P, Verburg AD, van Os JJ, Slangen R, Haenraeds R, Koolen JJ, Kuipers H
Gebruik van de hartslag, met een individuele calibratietest, ter schatting van het energieverbruik na een totale heupoperatie binnen het Jointcare programma; een pilotstudie

Ned Tijdsch Orthop 2003; 10(4) 178-9

Rongen MJGM, Uludag  , El Naggar K, Geerdes BP, Konsten J, Baeten CGMI
Long term results of dynamic graciloplasty for fecal incontinence

Dis Colon Rectum, 2003, Jun;46(6):716-21

PURPOSE: Graciloplasty has been used as a treatment for end-stage fecal incontinence since 1946. Electric stimulation with an implantable pulse generator has existed for 15 years. The gracilis muscle is wrapped around the anal canal and stimulated by intramuscular electrodes connected with an implantable pulse generator. Initial reports have been promising, but long-term results have not been presented to date. METHODS: Data of 200 consecutive patients with a follow-up of at least two years were analyzed in a prospective manner from 1986 until 1999. RESULTS: The overall success rate was 72 percent. In patients with fecal incontinence caused by trauma, the rate was 82 percent. Once continent, patients remained continent after a median follow-up of 261 (standard deviation, 132) weeks. Median survival

of the implantable pulse generator until battery expiration was 405 weeks. Disturbed evacuation remained a problem in 16 percent of all patients. Complications were frequent but treatable. **CONCLUSION:** Dynamic graciloplasty is a good, cost-effective treatment for fecal incontinence with results lasting for a median of more than five years.

Stouthart PJ, Deijen JB, Roffel M, Delemarre-van de Waal HA
Quality of life of growth hormone (GH) deficient young adults during discontinuation and restart of GH therapy

Psychoneuroendocrinol 2003 Jul;28(5):612-26

The present study evaluates the effects of one year of discontinuation and one year of growth hormone (GH) treatment on quality of life (QoL) in young adults with childhood-onset growth hormone deficiency (CO-GHD). Twenty-two subjects (14 males, 8 females; 11 isolated growth hormone deficient [IGHD], 11 multiple pituitary hormone deficient [MPHD]), aged between 15 and 22 years, on ongoing GH treatment were assessed during one year of discontinuation. Thereafter, 9 of these patients, who were found to be still GH deficient (GHD), added by 11 newly recruited GHD patients who also were not treated in the preceding year (in total 10 males and 10 females, aged between 17 and 27, 5 IGHD, 15 MPHD), restarted GH treatment for one year. During discontinuation and restart of GH treatment somatic and psychological assessments took place every 6 months. In the first 6 months of the GH discontinuation period insulin-like growth factor I (IGF-I) level significantly declined whereas no further decrease in IGF-I was seen after month 6. The number of psychological complaints and depression increased only during the first 6 months of discontinuation. Across the 12-month of discontinuation tension increased in MPHD and decreased in IGHD patients. Only in the first 6 months of GH treatment IGF-I level increased, anxiety decreased and QoL improved. Depression scores tended to decrease across the 12 month treatment period. During the 2-year discontinuation and treatment period intra-subject IGF-I level was negatively correlated with depression, fatigue, tension and anxiety and positively with vigor and memory. At the end of the treatment period all psychometric parameters were similar or even improved compared to those at the start of the discontinuation period. It is concluded that one year discontinuation of GH treatment leads to a decrease in QoL within 6 months which effect is counteracted within 6 months after restart of GH treatment.

van Tubergen A, Landewe R, Heuft-Dorenbosch L, Spoorenberg A, van der Heijde D,
van der Tempel H, van der Linden S

Assessment of disability with the World Health Organisation Disability Assessment Schedule II in patients with ankylosing spondylitis

Ann Rheum Dis. 2003 Feb;62(2):140-5

OBJECTIVE: To investigate in ankylosing spondylitis (AS) whether the newly developed World Health Organisation Disability Assessment Schedule II (WHODASII) is a useful instrument for measuring disability, to assess its responsiveness in relation to other traditional disease specific instruments, and to identify factors that are associated with both short term and long term scores on the WHODAS II. **METHODS:** Patients with AS from a randomised controlled trial assessing the efficacy of spa treatment (n=117) and from a five year longitudinal observational study (n=97) participated. The patients completed several questionnaires, including the WHODAS II. After a three week course of spa treatment, 31 patients again completed all questionnaires to assess responsiveness. To determine to what degree the WHODAS II reflects some AS oriented measures on disease activity, functioning, and quality of life, were calculated. Responsiveness was calculated by the effect size (ES) and standardised response mean (SRM). Linear regression analysis was performed to explore which factors might be associated with short term changes on the WHODAS II and to investigate (in the observational study) which factors of WHODAS II might predict disability five years later. **RESULTS:** Mean score on the WHODAS II was 23.9 (SD 15.5 (range 0.0-76.1)). Scores on the WHODAS II were significantly correlated with all disease specific questionnaires measured (all p<0.001). The WHODAS II showed a comparable short term responsiveness score (SRM 0.41; ES 0.39). In regression analysis these short term changes on the WHODAS II were significantly associated with changes in functioning (beta coefficient 4.25, 95% confidence interval (95% CI) 1.24 to 7.26, p=0.007). In the observational study, disease activity (beta coefficient 0.35, 95% CI 0.17 to 0.53, p<0.000) as well as functioning (beta coefficient 0.23, 95% CI 0.09 to 0.38, p=0.002) seemed to significantly predict disability (WHODAS II) after five years. **CONCLUSION:** The WHODAS II is a useful instrument for measuring disability in AS in that it accurately reflects disease specific instruments and that it shows similar responsiveness scores. In AS, a short term change on the WHODAS II is associated with a change in physical function. At the group level, disease activity and physical functioning may predict disability after five years.

de Klerk E, van der Heijde D, Landewe R, **van der Tempel H, Urquhart J, van der Linden S**

Patient compliance in rheumatoid arthritis, polymyalgia rheumatica, and gout

J Rheumatol 2003;30(1):44-54

OBJECTIVE: (1) To explore patient compliance with prescribed drug regimens in the setting of usual care for outpatients with rheumatoid arthritis (RA), gout, and polymyalgia rheumatica (PMR) by utilizing electronic medication event monitors (MEMS(R)) to register openings of the medication package. (2) To examine the influence of disease, frequency of intake of the drug, and class of drug on compliance. (3) To explore the influence of demographic factors, quality of life measures, coping, health status, and functional ability as potential predictors of patient compliance. **METHODS:** A total of 127 consenting consecutive patients were enrolled: 81 patients with RA, 33 taking nonsteroidal antiinflammatory drugs (13 diclofenac TID and 20 naproxen BID) and 48 taking disease modifying antirheumatic drugs [25 sulfasalazine (SSZ) BID and 23 methotrexate (MTX) once weekly]; 17 patients with PMR starting with prednisolone QD; and 29 patients with gout starting with colchicine (12, QD) or starting with uric acid lowering agents (17, QD). All patients received first prescriptions and were instructed to take the medication as prescribed. Followup was 6 months (gout 12 mo). All patients were aware of the monitoring capability of the package. At baseline a series of questionnaires was completed. We summarized the dosing histories as "taking compliance" (percentage of total prescribed

doses taken), "correct dosing" (percentage of doses taken as prescribed), and "timing compliance" (percentage of doses taken within +/- 25% of prescribed interdose intervals). RESULTS: A total of 26,685 days (> 73 patient-years) were monitored. Compliance expressed as "taking compliance," mean (95% CI), "correct dosing," mean (95% CI), and "timing compliance," mean (95% CI) are: naproxen: 82% (75-90), 68% (57-80), 48% (34-61); diclofenac: 77% (61-93), 67% (47-87), 39% (21-57); MTX: 107% (98-117), 81% (75-87), 83% (76-90); SSZ: 72% (60-84), 55% (44-67), 25% (18-33); prednisolone: 96% (89-102), 88% (83-92), 82% (74-89); colchicine: 65% (48-81), 44% (26-62), 32% (18-46); and uric acid lowering agents: 84% (76-92), 74% (63-85), 65% (52-79). Missed doses occurred more frequently than taking of extra doses: in RA, on 10% of all monitored days there was no evidence of dosing, while on 3% of all monitored days extra doses were taken. In PMR and gout these data are 10% and 4%, and 15% and 7%, respectively. We observed a decline of compliance over time in all study medication groups. Multiple regression analyses showed that the class of medication (symptom modifying or disease controlling), the dosing frequency, the patient's sex, coping pattern (avoidance, passive reaction pattern, and expression of emotions), and the overall health (total Nottingham Health Profile score) together explained 67% of the variance in taking compliance (adjusted R2) (p = 0.002). CONCLUSION: Studying patient compliance with prescribed drug regimens utilizing electronic medication event monitors in RA, gout, and PMR showed that large differences exist in compliance between the various medication groups. Compliance declines over time. A regression model shows that it is possible to relate differences in patient compliance to a number of medication and patient related factors.

Erratum in:

J Rheumatol. 2003 Feb;30(2):423

Klerk E de, Heijde D van der, Landewe R, Tempel H van der, Linden S van der
The compliance-questionnaire-rheumatology compared with electronic medication event monitoring: a validation study

J Rheumatol. 2003 Nov;30(11):2469-75

OBJECTIVE: To validate the 19-item Compliance-Questionnaire-Rheumatology (CQR) against the "gold standard" in compliance measurement, electronic medication event monitoring.

METHODS: Among 127 consenting patients, 81 with rheumatoid arthritis taking nonsteroidal antiinflammatory drugs (13 diclofenac, 20 naproxen) or disease modifying antirheumatic drugs (25 sulfasalazine, 23 methotrexate), 17 patients with polymyalgia rheumatica taking prednisone, and 29 patients with gout taking daily prophylactic colchicine (n = 12) or the uric acid lowering drugs allopurinol (10) or benzbromaron (7), 104 used their medication from a regular medication bottle fitted with a special cap containing microelectronics capable of recording time and date of opening and closing, defined as a medication event. Data were processed for the following: (1) the percentage of prescribed medication events during the study period (taking compliance) and (2) the percentage of days with the prescribed number of medication events (i.e., correct dosing). Satisfactory compliance was defined as taking compliance or correct dosing > 80%, while unsatisfactory compliance was defined as taking compliance or correct dosing < or = 80%. All patients were informed about the monitoring, and were followed for 6 months (gout: 1 year). At baseline 85 patients completed a set of questionnaires including the 19-item CQR.

RESULTS: A total of 85 patients who had complete questionnaire and electronic monitoring data were analyzed. Multiple linear regression analyses showed that the total, weighted CQR score significantly and adequately predicts taking compliance (p = 0.001, r2 = 0.46) and correct dosing (p = 0.004, r2 = 0.42). Discriminant analyses showed that specificity and sensitivity to detect good taking compliance were 95% and 62%, respectively, with a prevalence of good compliance of 52%. The predictive value to detect unsatisfactory taking compliance was 86%, and to detect good taking compliance was 83%. The likelihood ratio of the CQR-19 to detect low taking compliance was 11.6. Four items were especially predictive: fear of forgetting to take the drug, being able to function well, routines in daily life, and side effects (combined r2 = 0.35).

CONCLUSION: These results support the validity of the Compliance Questionnaire Rheumatology.

Boonen A, Heijde D van der, Landewe R, Guillemin F, Rutten-van Molken M, Dougados M, Mielants H, Vlam K de, Tempel H van der, Boesen S, Spoorenberg A, Schouten H, Linden S van der

Direct costs of ankylosing spondylitis and its determinants: an analysis among three European countries

Ann Rheum Dis 2003 Aug;62(8):732-40

OBJECTIVE: To assess direct costs associated with ankylosing spondylitis (AS). To determine which variables, including country, predict costs.

METHODS: 216 patients with AS from the Netherlands, France, and Belgium participated in a two year observational study and filled in bimonthly economic questionnaires. Disease related healthcare resource use was measured and direct costs were calculated from a societal perspective (true cost estimates) and from a financial perspective (country-specific tariffs). Predictors of costs were assessed using Cox's regression analysis.

RESULTS: 209 patients provided sufficient data for cost analysis. Mean annual societal direct costs for each patient were euro; 2640, of which 82% were direct healthcare costs. In univariate analysis costs were higher in the Netherlands than in Belgium, but this difference disappeared after adjusting for baseline differences in patients' characteristics among countries. Longer disease duration, lower education, worse physical function, and higher disease activity were predictors of costs. Mean annual direct costs from a financial perspective were euro;2122, euro;1402, and euro;941 per patient in the Netherlands, France, and Belgium, respectively. For each country, costs from a financial perspective were significantly lower than costs from a societal perspective.

CONCLUSION: Direct costs for AS are substantial in three European countries but not significantly different after adjusting for baseline characteristics among countries. Worse physical function and higher disease activity are important determinants of costs, suggesting better disease control might reduce the costs of AS. The difference in costs from a societal and financial perspective emphasises the importance of an economic analysis.

Thimister PWL, Hofstra L, Liem H, Boersma HH, Kemerink G, Reutelingsperger CPM, Heidendal GAK

In vivo detection of cell death in the area at risk in acute myocardial infarction

J Nucl Med 2003;44(3):391-396

Annexin A5 is a phospholipid binding protein with high affinity for phosphatidyl-serine, which is externalized by cells undergoing programmed cell death. An increased programmed cell death rate has been reported in the heart after myocardial infarction (MI). The aim of this study was to correctly localize annexin A5 uptake in vivo and to determine the area at risk in humans with acute MI. Methods: Nine patients were studied. Before reperfusion was achieved, ^{99m}Tc-sestamibi was injected intravenously. Myocardial ^{99m}Tc-sestamibi perfusion scintigraphy was performed after reperfusion. Thereafter, ^{99m}Tc-labeled annexin A5 was administered intravenously, followed by scintigraphic imaging of the heart. Myocardial ^{99m}Tc-sestamibi scintigraphy was repeated 1–3 wk after the MI onset. ^{99m}Tc-Annexin uptake was also studied in the subacute phase of the MI in 2 patients. Results: All patients clearly showed perfusion defects on ^{99m}Tc-sestamibi scintigraphy in concordance with the infarct location. Furthermore, all patients showed accumulation of ^{99m}Tc-annexin A5 at the infarct site, indicating that cardiomyocytes with externalized phosphatidyl-serine are present in the infarct area. ^{99m}Tc-sestamibi defects determined 1–3 wk after the MI onset were significantly smaller than the defects in the acute phase. ^{99m}Tc-annexin uptake was absent in the 2 patients studied in the subacute phase. Conclusion: In acute MI, an increase of programmed cell death can be correctly localized in vivo in the area at risk. Furthermore, the decrease in ^{99m}Tc-sestamibi defect size in the subacute phase of the MI further suggests that in parts of the area at risk, reversible myocardial damage rather than necrosis is present in cardiomyocytes.

Boersma HH, Liem IH, Kemerink GJ, Thimister PWL, Hofstra L, Stolk LML, Heerde WL van, Pakbiers M-TW, Janssen D, Beysens AJ, Reutelingsperger CPM, Heidendal GAK

Comparison between human pharmacokinetics and imaging properties of two conjugation methods for ^{99m}Tc-Annexin A5

Br J Radiol 2003;76:553-560

Annexin A5 (AnxA5) is a protein with high affinity for phosphatidyl serine, a phospholipid exposed on the cell surface during apoptosis. This phenomenon has been used for determination of cell death after myocardial infarction. To evaluate the potential of ^{99m}Tc-AnxA5 for *in vivo* scintigraphy of apoptotic cells, the pharmacokinetics and imaging properties of two radiopharmaceuticals, ^{99m}Tc-(n-1-imino-4-mercaptobutyl)-AnxA5 (I-AnxA5) and ^{99m}Tc-(4,5-bis(thioacetamido)pentanoyl)-AnxA5 (B-AnxA5), were studied. I-AnxA5 was administered intravenously to seven patients and one healthy volunteer, and B-AnxA5 was administered to 12 patients. All patients in the pharmacokinetic study had myocardial disease. Additionally, imaging was performed in a patient with acute myocardial infarction, as well as in three patients with different malignancies. The plasma concentration, excretion and biodistribution of ^{99m}Tc-AnxA5 were measured, as well as levels of AnxA5 antigen. The kinetic data of both radiopharmaceuticals in plasma fitted a two-compartment model. Both preparations had similar half-lives, but a different distribution over the two compartments. Plasma levels of AnxA5 antigen showed a broad variation. Both radiopharmaceuticals accumulated in the kidney, liver and gut. B-AnxA5 was excreted significantly faster than I-AnxA5. Both compounds can be used for imaging of the head/neck region, the thorax and the extremities. B-AnxA5 has a faster clearance and a lower radiation dose. Imaging of apoptosis in the abdomen will be difficult with both radiopharmaceuticals, and especially with B-AnxA5 because of its faster appearance in the gut.

Samijo SK, van den Berg ME, Verburg AD, Tonino AJ.

Souter-Strathclyde total elbow arthroplasty: medium-term results

Acta Orthop Belg. 2003 Dec;69(6):501-6

The Souter-Strathclyde unconstrained elbow prosthesis was prospectively studied in 36 patients (45 prostheses) with rheumatoid arthritis (Larsen grade 4 and grade 5). The mean age of the patients at the time of operation was 63 years (range: 39 to 75 years). Eight patients (9 prostheses) died within five years of implantation, from causes unrelated to the elbow arthroplasty. One patient was lost to follow-up, leaving 27 patients (35 prostheses) for review. The mean length of follow-up was 98 months (range: 60 to 174 months). At 8.2 years follow-up, the prosthesis showed a probability of survival of 76% (SD 9%) with revision of the humeral component as an end point; the percentage dropped to 67% (SD 9%) when radiographic loosening was taken as an end-point. Survival of the ulnar component was 98%. Loosening of the humeral component seems to be related to both the short humeral stem and a persistent extension deficit

Kouwen MC van, Drenth JP, Verhoeven HM, Bos LP, Engels LG

Upper gastrointestinal endoscopy in patients aged 85 years or more. Results of a feasibility study in a district general hospital

Arch Gerontol Geriatr 2003 Jul-Aug;37(1):45-50

We performed a cross sectional analysis of the feasibility and yield of upper gastrointestinal endoscopy (UGE) in a cohort of patients aged 85 years or more. The study involved 218 patients who underwent diagnostic upper gastrointestinal endoscopy in a district general hospital between 1994 and 1998. Indication, use of sedation,

endoscopic findings and treatment after endoscopy were evaluated. Indications for gastroscopy were suspicious of upper gastrointestinal bleeding (UGI) bleeding (41%), anemia (15%), and presence of dyspeptic- (31%), alarm- (9%) and/or reflux symptoms (3%). Serious UGI disease (cancer, peptic ulcer, reflux oesofagitis and/or erosive gastritis/duodenitis) was detected in 97 patients (44%). With respect to clinical presentation, serious UGI disease was present in 61% with bleeding, in 57% with reflux symptoms, in 42% with alarm symptoms, in 33% with anemia and in 28% with dyspepsia. Carcinoma was detected in eight patients (3.8%), all of them were treated with supportive care. In very old people gastroscopy is generally performed on sound indications reveals serious UGI disease in almost one out of two patients, markedly influences medical treatment, and reveals low malignancy rates (3.8%). In these patients, UGE is worthwhile and should not be omitted because of age considerations.

Staals JEA, Visser MOJM, Hulsmans FJH, Luijckx GJR
Een negenjarige jongen met een drietal herseninfarcten ten gevolge van vertebraaldissectie: neurologische observatie

Tijdschr Neurol Neurochir 2003;104(4):221-227

De ziektegeschiedenis van een negenjarige jongen met een drietal herseninfarcten ten gevolge van vertebraaldissectie wordt in deze bijdrage besproken. De jongen presenteert zich aanvankelijk met klachten als hoofdpijn, lichtflitsen en braken waarbij in eerste instantie werd gedacht aan migraine. Vanwege spontaan herstel werd een expectatief beleid afgesproken. Enkele dagen later klaagde de jongen opnieuw over hoofdpijn en werd bij neurologisch onderzoek een gezichtsvelduitval gevonden. Dit bleek te berusten op occipitale infarcten beiderzijds. Aanvullend MRA-onderzoek van de cervicocefale vaten toonde bij herhaling geen afwijkingen. De oorzaak van de infarcten, een vertebraaldissectie, werd uiteindelijk aangetoond met behulp van selectief conventionele angiografie.

Wellens MPL
Investeren nader belicht

Gamma 2003; oktober

Investeren in hoogwaardige apparatuur is voor een afdeling Medische Beeldvorming geen vreemde zaak. Het indienen van investeringsaanvragen is voor de meeste afdelingen een jaarlijks terugkerend proces. Als afdelingsmanager van de afdeling Medische Beeldvorming wil ik 'het vergrootglas' eens richten op dit jaarlijks terugkerend verschijnsel. Hoe worden investeringsbeslissingen genomen, is er sprake van opportunisme en welke kritische kanttekeningen kunnen mijns inziens geplaatst worden. Mogelijk kan dit schrijven bijdragen aan de verdere optimalisering van het huidige proces van investeringen.

(Poster) presentaties en voordrachten 2003

Mamma symposium

NVMBR regio avond Zuid 10 december 2003

met voordrachten van:

Ent, F van der: algemene chirurgie mamma

Wellens M: Inleiding

Jager, J de: Radiotherapie

Jaegere T de: Radiodiagnostiek van de mamma

Pol H van der: Sentinel Node

Schreurs D: Mamma poli

Totale heupprothese, schouderoperaties en hun behandeltraject

Sittard, Regionale bijscholing fysiotherapie 25 september 2003

Janssen R: Inleiding

Krekels T: Fysiotherapie schouderingrepen

Lipsch M: Joint Care protocol

Os H van: Schouderoperaties

Pilot P: Herstel na een heupoperatie

Tilman PBJ: Prothesiologie heup en knie

Whiplashletsel: symposium whiplashletsel en gezamenlijke aanpak in de Westelijke Mijnstreek

Sittard, 5 maart 2003

Danen MABM: Protocol "Whiplash" Westelijke Mijnstreek

Rohof OJMM: Pijnmechanismen en Pijnbestrijding

Roomans RNM: KNGF-richtlijn Whiplash

Danen MABM

Richtlijnen en VRA (Vereniging voor revalidatiegeneeskunde)

Voordracht voor de wetenschappelijke vergadering

Maastricht, 31 oktober 2004

Derijks LJJ

6-Mercaptopurine bij inflammatoire darmziekten, is het meten van bloedspiegels zinvol?

Registratievoordracht Utrecht

Derijks LJJ, LPL Gilissen, JGJB Engels, JJHM Lohman, Deventer SJH van, DW Hommes, PM. Hooymans

6-Mercaptopurine metabolites in patients with inflammatory Bowel Disease

Eur Ass Clin Pharmacology and Therapeutics, Istanbul 24-28 juni 2003

Derijks LJJ, Curvers WL, Hooymans PM, van Deventer SJH, Hommes DW
No predictive value of thiopurines-methyltransferase genotyping for myelosuppression or hepatotoxicity in inflammatory bowel disease patients established on azathioprine

UEWG Madrid

Voordracht

Derijks LJJ, Curvers WL, Hooymans PM, van Deventer SJH, Hommes DW
No predictive value of thiopurines-methyltransferase genotyping for myelosuppression or hepatotoxicity in inflammatory bowel disease patients established on azathioprine

NVKF FIGON Geneesmiddelenlenden Lunteren

Voordracht

Derijks LJJ, LPL Gilissen, JGJB Engels, JJHM Lohman, Deventer SJH van, DW Hommes, PM. Hooymans

Pharmacokinetics of 6-mercaptopurine in patients with inflammatory Bowel Disease

Therapeutic Drug Monitoring and Clinical Toxicology, Basel 8-12 september 2003

Voordracht

Draijer WF

Reuma chirurgie

Landelijke reumafysiotherapie bijscholing 10 oktober 2003

Voordracht

Habets H

Nieuwe transmurale concepten binnen de geriatrische verpleging

The Epsilon Group Lectures, Centrum voor Ziekenhuis- en Verplegingswetenschap K.U. Leuven / Universitaire

Ziekenhuizen Leuven, 20 maart 2003

Habets H

De verpleegkundige gaat transmuraal

Symposium. Workshop Ouderenzorg, MECC Maastricht 27 maart 2003

Habets H

Alternatieven voor fixatie in de ouderenzorg : de stand van zaken

Geriatricsalon, Maaslandziekenhuis Sittard, 25 september 2003

Reader

Habets H

Palliatieve zorg: kennis, kunst en kunde

Symposium IKZ, Provinciehuis 's Hertogenbosch, 14 oktober 2003

Habets, H

VvOV congres "zorg voor beweging, de patient centraal"

Workshop 'Het psychisch functioneren van vergeetachtige, verwarde ouderen in beeld: de drie D's'.

MECC Maastricht, 14 november 2003

Habets H

Nieuwe rollen voor verpleegkundigen binnen de geriatrie

Algemene Ledenvergadering VVVG 11 december, 2003

Lezing

Lohman JJHM van der Kuy-de Ree MM

Group of Co-operating Pharmacists Sittard-Geleen & its environs

Patterns of specific anti-migraine drug use. A study based on the records of 18 community pharmacies

11th congress of the international headache Society, Rome

Poster

Lohman JJHM van der Kuy-de Ree MM

Patterns of specific anti-migraine drug use: patients with two or more types of drugs versus patients with one type of drug

Figon genesmiddelen. Federatie voor Innovatief Onderzoek Nederland, Lunteren

Poster

Pilot P

Ontwikkelingen binnen de orthopedie "Herstel na een THP"

Minisymposium Maaslandziekenhuis Sittard 30 januari 2003

Voordracht

Pilot P

5 jaar Joint Care

Hoe zwaar belasten we de patiënt binnen joint care

Minisymposium Den Bosch mei 2003

Voordracht

Pilot P

Gebruik van de hartslag, met een individuele calibratietest, ter schatting van het energieverbruik na een totale heupoperatie binnen het Jointcare programma; een pilotstudie

NOV najaarsvergadering 3 oktober 2003
Voordracht

Pilot P

Herstel binnen Joint Care

Centre of excellence meeting Sittard 17 november 2003
Voordracht

Pilot P

Herstel na een THP. Wat doen we patienten aan?

Madurodam Den Haag 3 december
Voordracht

Schlosser T

Tropische pathologie I+II

Refereeravond Maaslandziekenhuis Sittard
Voordracht

Schlosser T

Casuïstiek kyphoplastiek Onvoorziene de-cursus

LOK vergadering Paal-Beringen 19 juni 2002
Voordracht

Wellens M

De rol van medische technologie op een röntgenafdeling

Fontys Hogeschool Sittard 27 november 2003
Voordracht

Wellens M

De ervaring met visitaties

Studiedag voor leidinggevend en opleiders NVMBR

Publicaties over Orbis Medisch en Zorgconcern / Maaslandziekenhuis 2003

Arbodienst moet zijn waarde bewijzen: nieuw verzuimbeleid bij Orbis / interview met Jean Augustus

Voorzorg 2003;4:21-23

Is bezuinigen goed voor u? Interview met o.a. G. Broos

Memo: een uitgave van Maxxim Medical Europe 2003;23(5):2-3

Samenwerking ziekenhuizen in ICT : Albert Schweitzer en Maaslandziekenhuis beginnen gezamenlijk ICT bedrijf

Medisch vandaag 2003;22:14

Carbo C

Een ruimvallend maatpak: toekomstbestendige nieuwbouw / mmv G Broos

Zorgvisie 2003; 11a:14-17

Damen I

Een dag met Guus Broos

Op weg naar een medical park: zorg van de toekomst

Zorg & Ondernemen; Tijdschrift managers Ouderenzorg 2003;14(1): 19-22

Hulst W van

Stoppen kan niet, ERP pionier Ludo Jansen

Zorgvisie 2003;9a:8-9

Leeuwen A van, Wansink W

De beste ziekenhuizen: onderzoek

Elsevier 2003 27 september:38-47

Maassen H

Model ziekenhuis. Computersimulatie ondersteunt ziekenhuismanagement / interview met Verreussel R, Vrieze K

Medisch Contact 2003; 58(42) 1602-1604

De nieuwbouw van het Maaslandziekenhuis te Sittard is een goede gelegenheid het gehele zorgproces aanzienlijk effectiever en efficiënter te ontwerpen. Dat vindt althans het management. Het proces kan en moet compacter en rationeler. De vraag van de patiënt moet daarbij leidend zijn. En we moeten meer zicht krijgen op de mate waarin processen beslag leggen op onze capaciteit en de hoogte van de exploitatiekosten. Dat alles in de wetenschap dat in principe 80 procent van de zorg die een ziekenhuis levert voorspelbaar en dus te plannen is.

Most M van der

Uitvoering wet BIG in dynamische structuur / mmv M Schiltmans

Tijdschrift voor verpleegkundigen 2003;5:44-45

Smeets J

Ieder voor zich, God voor ons allen / mmv L Jansen

Seneca jaarnaal 2003;5:19-20

Auteurs op achternaam

LHJM	van den	Akker	Chirurgie
JML		Augustus	Sociale zaken
BM		Bas	Klinische chemie
M	van den	Berg	Chirurgie
JWM	ter	Berg	Neurologie
AT		Besselaar	Chirurgie
PJMJ		Bessems	Dermatoloog
LPL		Bos	Gastro-enterologie
AWAM		Broos	Raad van Bestuur
DW	van	Dam	Medische microbiologie
MABM		Danen	Revalidatie
LJJ		Derijks	Ziekenhuisapotheek
P		Dieters	Longgeneeskunde
WF		Draijer	Orthopedie
LGJB		Engels	Gastro-enterologie
FWC	van der	Ent	Chirurgie
FLG		Erdkamp	Interne geneeskunde
LPL		Gilissen	Chirurgie
H		Habets	Geriatric
T		Hamer	Verpleeghuisarts
F de		Heer	Interne geneeskunde
AGM		Hoofwijk	Chirurgie
PM		Hooymans	Ziekenhuisapotheek
KW		Hulsewé	Chirurgie
FJH		Hulsmans	Radiologie
TMH	de	Jaegere	Radiologie
R		Janknegt	Ziekenhuisapotheek
JBMJ		Jansen	Chirurgie
LFJ		Jansen	Raad van Bestuur
RJAC		Janssen	Fysiotherapie
J ten		Kate	Klinische chemie
T		Krekels	Fysiotherapie
M		Lipsch	Fysiotherapie
JJHM		Lohman	Ziekenhuisapotheek
BLP		Maesen	Longgeneeskunde
HJMM		Mertens	Gynaecologie
PHter		Meulen	Urologie

AGCM		Moonen	Orthopedie
HH		Morré	Neurologie
JJ van		Os	Orthopedie
FPJ		Peters	Interne geneeskunde
P		Pilot	Orthopedie
HAG	van der	Pol	Nucleaire geneeskunde
OJJM		Rohof	Pijnbestrijding
MJGM		Rongen	Chirurgie
RNM		Roomans	Fysiotherapie
MMC		Schiltmans	B&O
AJJ		Schlösser	Orthopedie
DW		Schreurs	Mammapoli
PJHM		Stouthart	Kindergeneeskunde
HJG		Stroeken	Chirurgie
H van der		Tempel	Reumatologie
PWL		Thimister	Nucleaire geneeskunde
PBJ		Tilman	Orthopedie
AD		Verburg	Orthopedie
HMJM		Verhoeven	Interne geneeskunde
R		Verreussel	Ziekenhuisdirectie
MOJM		Visser	Kindergeneeskunde
RCRM		Vossen	Klinisch chemicus
MPL		Wellens	Medische beeldvorming
JV.		Zambon	Urologie

Auteurs op specialisme

MMC		Schiltmans	B&O
LHJM	van den	Akker	Chirurgie
M	van den	Berg	Chirurgie
AT		Besselaar	Chirurgie
FWC	van der	Ent	Chirurgie
LPL		Gilissen	Chirurgie
AGM		Hoofwijk	Chirurgie
KW		Hulsewé	Chirurgie
JBMJ		Jansen	Chirurgie
MJGM		Rongen	Chirurgie
HJG		Stroeken	Chirurgie
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HMJM		Verhoeven	Interne geneeskunde
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MOJM		Visser	Kindergeneeskunde
BM		Bas	Klinische chemie
J	ten	Kate	Klinische chemie
RCRM		Vossen	Klinische chemie
P		Dieters	Longgeneeskunde
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R		Verreussel	Ziekenhuisdirectie