

## 2019 Internal Medicine Immersive Review Course Syllabus

### Allergy & Immunology:

#### Page 12, Asthma — “Rule of 2s”

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>– <u>Impairment</u>: Symptom frequency                             <ul style="list-style-type: none"> <li>• ≤ 2× daily symptoms per week</li> <li>• ≤ 2× nightly symptoms per month</li> <li>• ≤ 2× need for short-acting β-agonist</li> </ul> </li> <li>– <u>Risk</u>: Morbidity                             <ul style="list-style-type: none"> <li>• &lt; 2 emergency department visits or hospitalizations per year</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– <u>Impairment</u>: Symptom frequency                             <ul style="list-style-type: none"> <li>• &gt; 2× daily symptoms per week</li> <li>• &gt; 2× nightly symptoms per month</li> <li>• &gt; 2× need for short-acting β-agonist</li> </ul> </li> <li>– <u>Risk</u>: Morbidity                             <ul style="list-style-type: none"> <li>• &gt; 2 emergency department visits or hospitalizations per year</li> </ul> </li> </ul>

### Dermatology:

#### Page 20, Herpes Zoster

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>– Gabapentin (postherpetic neuralgia prophylaxis)</li> </ul>	<ul style="list-style-type: none"> <li>– Gabapentin (postherpetic neuralgia treatment)</li> </ul>

### Endocrinology:

#### Page 9, AR 9

<i>Text currently reads:</i>	<i>Text should read:</i>
<p><b>AR 9</b></p> <ul style="list-style-type: none"> <li>• 53-year-old with poorly controlled HTN on 5 BP meds</li> </ul>	<p><b>AR 9</b></p> <ul style="list-style-type: none"> <li>• 53-year-old with poorly controlled HTN on 5 BP meds including an ACE inhibitor</li> </ul>

**Gastroenterology: Pages 15–16, AR 13 and Treatment of Infectious Diarrhea; Page 39, Gastroenterology Audience Response Answers and Explanatory Information**

AR 13 and content regarding infectious diarrhea have been deleted from the Gastroenterology presentation to omit conflicting information versus the Infectious Disease section. Please see the Infectious Disease syllabus pages 28 and 29 for content regarding infectious diarrhea.

<p><i>Text currently reads:</i></p>	
<p><b>AR 13</b>  <b>Which 2 causes of invasive diarrhea do <u>not</u> need to be treated with antibiotics?</b>          A. <i>Salmonella</i> and <i>E. coli</i> O157:H7          B. <i>Shigella</i> and <i>Salmonella</i>          C. <i>Campylobacter</i> and <i>E. coli</i> O157:H7          D. <i>Shigella</i> and <i>Campylobacter</i>          Answer: _____</p> <p><b>Treatment of Infectious Diarrhea (More in ID Section)</b></p> <ul style="list-style-type: none"> <li>• <b>Invasive diarrhea</b> — often treat with antibiotics, depending on organism</li> <li>• <i>Campylobacter</i> — often use macrolides due to possible quinolone resistance</li> <li>• <b>Amebiasis</b> — metronidazole</li> <li>• ABX sometimes withheld for <i>Salmonella</i> (may prolong infection), but may be needed in some cases, including more severe infections, e.g., immunocompromised, young, old</li> <li>• <i>E. coli</i> O157:H7 (EHEC) — treat symptomatically, ABX contraindicated due to risk of TTP/HUS</li> </ul>	

**General Internal Medicine:  
 Page 12, Important Screening Exams to Know**

<p><i>Text currently reads:</i></p>	<p><i>Text should read:</i></p>
<ul style="list-style-type: none"> <li>• Statin for primary prevention of CVD: Adults 40–75 years of age with no history of CVD, 1 or more CVD risk factors, and calculated 10-year ASCVD event risk of <b>10% or greater</b></li> </ul>	<ul style="list-style-type: none"> <li>• Statin for primary prevention of CVD: Adults 40–75 years of age with no history of CVD, 1 or more CVD risk factors, and calculated 10-year ASCVD event risk of <b>7.5% or greater</b></li> </ul>

**Infectious Disease:**

**Page 5, Case 4 — History and Physical**

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>Hx: A 29-year-old man is hospitalized with worsening neurologic symptoms over 8 weeks, which include confusion, dysarthria, and left hemiparesis poor vision.</li> </ul>	<ul style="list-style-type: none"> <li>Hx: A 29-year-old man is hospitalized with worsening neurologic symptoms over 8 weeks, which include confusion, dysarthria, <b>left hemiparesis, and poor vision.</b></li> </ul>

**Infectious Disease:**

**Page 15 and Page 31, Tetanus – Wound Management**

<i>Text currently reads:</i>	<i>Text should read:</i>
*Crush, dirt/feces, puncture, missiles; <b>Give Tdap 1 time</b>	* Crush, dirt/feces, puncture, missiles; <b>Give Tdap 1 time in adulthood</b> <b>Give Tdap during each pregnancy (weeks 27–36)</b>

**Infectious Disease:**

**Page 34, Case 25 — Labs and Initial Care**

<i>Text currently reads:</i>	<i>Text should read:</i>
Receives IVF, <b>insulin constant infusion</b> , K+ and phos with resolution of her DKA and improvement in her mental state; CT scan of orbits and sinuses performed	Receives IVF, <b>insulin bolus and constant infusion</b> , K+ and phos with resolution of her DKA and improvement in her mental state; CT scan of orbits and sinuses performed

**Infectious Disease:**

**Page 45, Influenza Treatment and Prevention**

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li><u>Influenza vaccine</u> <ul style="list-style-type: none"> <li>Annually &gt; 6 months old</li> <li><b>Inactivated only</b></li> <li>High-dose vaccine?                             <ul style="list-style-type: none"> <li>≥ 65 years of age</li> <li>Statin use</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><u>Influenza vaccine</u> <ul style="list-style-type: none"> <li>Annually &gt; 6 months old</li> <li><del>Inactivated only</del></li> <li>High-dose vaccine?                             <ul style="list-style-type: none"> <li>≥ 65 years of age</li> <li>Statin use</li> </ul> </li> </ul> </li> </ul>

**Infectious Disease:**

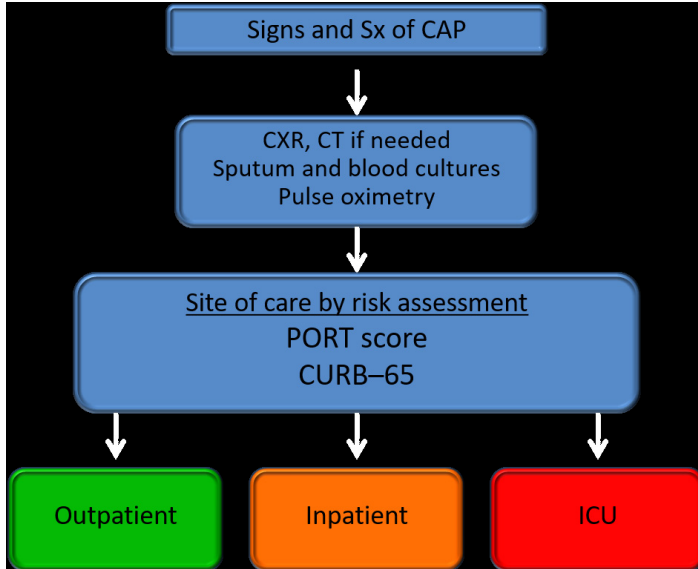
**Page 45, AR 36A**

<i>Text currently reads:</i>	<i>Text should read:</i>
A. 3 NRTIs B. <b>2 NRTIs and an rPI</b> C. An NRTI, an rPI, and an NNRTI D. An NRTI, an rPI, and an integrase inhibitor	A. 3 NRTIs B. <b>2 NRTIs and an integrase inhibitor</b> C. An NRTI, an rPI, and an NNRTI D. An NRTI, an rPI, and an integrase inhibitor

**Infectious Disease:**

**Page 51, Empiric Rx of Community-Acquired Pneumonia**

*In the figure below, arrows should be included as shown:*



**Infectious Disease:**

**Page 56: Audience Response Answers, AR 36A**

<i>Text currently reads:</i>	<i>Text should read:</i>
B. 2 NRTIs and an rPI	B. 2 NRTIs and an integrase inhibitor

**Nephrology:**

**Page 14, JNC 8 — Treatment of HTN**

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>• Drug Therapy             <ul style="list-style-type: none"> <li>– Recommendation based on <b>race and CKD</b></li> <li>• <b>Race:</b> (General population &lt; 60 or &gt; 60 years and diabetic without CKD)                 <ul style="list-style-type: none"> <li>– Black (including those with diabetes): Thiazide or CCB</li> <li>– Nonblack (including those with diabetes): ACEI or ARB, CCB, or thiazide diuretics</li> </ul> </li> <li>• <b>CKD</b> (regardless of race or diabetes, population &gt; 18 years): Treatment should include ACEI or ARB</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Drug Therapy             <ul style="list-style-type: none"> <li>– Recommendation based on <b>CKD and race</b></li> <li>• <b>CKD</b> (regardless of race or diabetes, population &gt; 18 years): Treatment should include ACEI or ARB</li> <li>• <b>Race:</b> (General population &lt; 60 or &gt; 60 years and diabetic without CKD)                 <ul style="list-style-type: none"> <li>– Black (including those with diabetes): Thiazide or CCB</li> <li>– Nonblack (including those with diabetes): ACEI or ARB, CCB, or thiazide diuretics</li> </ul> </li> </ul> </li> </ul>

**Neurology:**  
**Page 3, Focal Neuropathy**

*Text currently reads*

Disorder	Associations
Median neuropathy — carpal tunnel	Sensory involvement of first <b>4–5 digits</b> ; Nocturnal symptoms; Tinel’s and Phalen’s signs; More severe cases with weakness ± atrophy of thenar eminence; EMG helpful to localize and grade cases; Milder cases, bracing at night initially; Steroid injection as an intermediate option; More significant cases, surgery

*Text should read:*

Disorder	Associations
Median neuropathy — carpal tunnel	Sensory involvement of first <b>1–3 digits</b> ; Nocturnal symptoms; Tinel’s and Phalen’s signs; More severe cases with weakness ± atrophy of thenar eminence; EMG helpful to localize and grade cases; Milder cases, bracing at night initially; Steroid injection as an intermediate option; More significant cases, surgery

**Psychiatry:**  
**Page 2, Major Depressive Disorder — Assessment**

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>Medication reconciliation: β-blockers, corticosteroids, benzodiazepines, anti-Parkinson medications, hormones, stimulants, statins, anticonvulsants, <b>protein pump inhibitors</b> and H<sub>2</sub> blockers, interferons</li> </ul>	<ul style="list-style-type: none"> <li>Medication reconciliation: β-blockers, corticosteroids, benzodiazepines, anti-Parkinson medications, hormones, stimulants, statins, anticonvulsants, <b>proton pump inhibitors</b> and H<sub>2</sub> blockers, interferons</li> </ul>

**Psychiatry:**  
**Page 3, SSRIs Zibras**

<i>Text currently reads:</i>	<i>Text should read:</i>
<b>SSRIs Zibras</b>	<b>SSRIs Zebras</b>

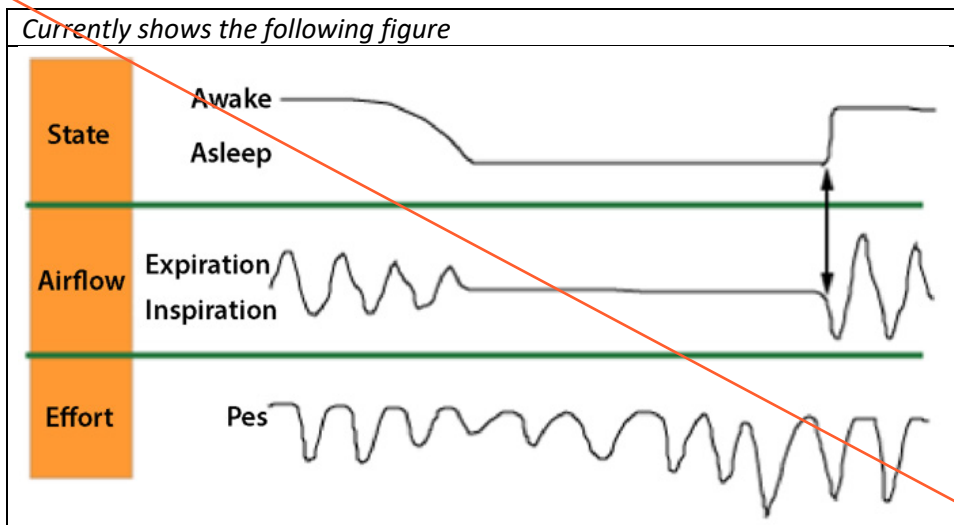
**Psychiatry:**  
**Page 9, Antipsychotic Zibras**

<i>Text currently reads:</i>	<i>Text should read:</i>
<b>Antipsychotic Zibras</b>	<b>Antipsychotic Zebras</b>

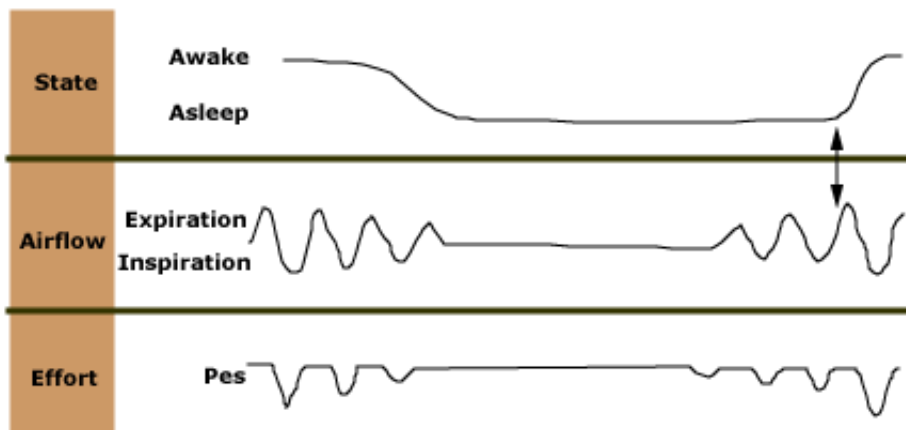
**Psychiatry:**  
**Page 11, Opiates**

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"> <li>• Psychotherapy             <ul style="list-style-type: none"> <li>– <b>Alcoholics</b> Anonymous</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Psychotherapy             <ul style="list-style-type: none"> <li>– <b>Narcotics</b> Anonymous</li> </ul> </li> </ul>

**Pulmonary Medicine:**  
**Page 44, Central Sleep Apnea**



*Should show the following figure:*



## Rheumatology:

## Page 11, Gout — Chronic Treatment

<i>Text currently reads:</i>	<i>Text should read:</i>
2) Febuxostat (Uloric): Monitor LFTs, <b>okay</b> for GFR > 30 mL/min — Choose this if SEs with allopurinol	2) Febuxostat (Uloric): Monitor LFTs, <b>okay</b> for GFR < 30 mL/min — Choose this if SEs with allopurinol

## Rheumatology:

## Page 17, Inclusion Body Myositis

<i>Text currently reads:</i>	<i>Text should read:</i>
<ul style="list-style-type: none"><li>• Slow onset of <b>symmetrical</b> weakness (years)</li></ul>	<ul style="list-style-type: none"><li>• Slow onset of <b>asymmetrical</b> weakness (years)</li></ul>