



ACOFP 46th Annual Convention & Exhibition

March 4-8, 2009

Gaylord National Resort & Convention Center
Washington, D.C.

OAB in Women ... and in Men

Carman A. Ciervo, DO, FACOFP

**Saturday, March 7, 2009
12:00-2:00 pm**

CME/CEU Information

The American College of Osteopathic Family Physicians is accredited by the American Osteopathic Association Council to sponsor continuing medical education for osteopathic physicians.

The American College of Osteopathic Family Physicians has requested that the AOA Council on Continuing Medical Education approve this program for 2 hours of AOA Category 1A CME credit. Approval is currently pending.

ACOFPP FULL DISCLOSURE FOR CME ACTIVITIES

Please check where applicable and sign below. Provide additional pages as necessary. Date: _____

Name of CME Activity: **ACOFPP 46th Annual Convention & Exhibition**

Dates and Location of CME Activity: **March 4-8, 2009, Gaylord National Resort and Convention Center, National Harbor, MD**

Topic: **OAB in Women ... and in Men: Recognizing and Managing Different Symptom Complexes**

Name of Faculty/Planner/Author/Editor/Reviewer: **Carman A. Ciervo, DO, FACOFPP**

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

- A. Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services.
- B. I have, or an immediate family member has, a financial relationship or interest with a proprietary entity producing health care goods or services. Please check the relationship(s). (Check all that apply):

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| <input checked="" type="checkbox"/> Research Grants
<input checked="" type="checkbox"/> Speakers' Bureaus*
<input type="checkbox"/> Ownership
<input checked="" type="checkbox"/> Consultant for Fee | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds)
<input type="checkbox"/> Employment
<input type="checkbox"/> Partnership
<input type="checkbox"/> Others, please list: |
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Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships, please list on separate piece of paper:

Organization With Which Relationship Exists	Clinical Area Involved
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2. <i>Autelias</i>	2.
3. <i>Depraer</i>	3.
4.	4.

*If you checked "Speakers' Bureaus" in item B, please continue:

- | | | |
|---|---|--|
| • Did you participate in company-provided speaker training related to your proposed topic? | ___ Yes | <input checked="" type="checkbox"/> No |
| • Did you travel to participate in this training? | ___ Yes | <input checked="" type="checkbox"/> No |
| • Did the company provide you with slides of the presentation in which you were trained as a speaker? | ___ Yes | <input checked="" type="checkbox"/> No |
| • Did the company pay the travel/lodging/other expenses? | ___ Yes | <input checked="" type="checkbox"/> No |
| • Did you receive an honorarium or consulting fee for participating in this training? | ___ Yes | <input checked="" type="checkbox"/> No |
| • Have you received any other type of compensation from the company? | <input checked="" type="checkbox"/> Yes | ___ No |

Please specify: *Advisory Board*

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|--|---------|--|
| • When serving as faculty for ACOFPP, will you use slides provided by a proprietary entity for your presentation and/or lecture handout materials? | ___ Yes | <input checked="" type="checkbox"/> No |
| • Will your topic involve information or data obtained from commercial speaker training? | ___ Yes | <input checked="" type="checkbox"/> No |

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

- A. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
- B. The content of my material(s)/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:

I have read the ACOFPP policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts will require the ACOFPP to identify a replacement.

Signature: _____ Date: *1/23/09*

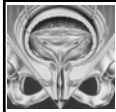
Please fax this form to ACOFPP at 866-328-1835 as soon as possible. Deadline: January 20, 2009.



Case Study

- ◆ **56-year-old female presents for follow up of her hypercholesterolemia and essential hypertension.**
- ◆ **Occupation: Marketing Sales Director**
- ◆ **States she feels fine and she has been exercising more with her friends**
- ◆ **Plays double in a tennis group**

1



Medical History

- ◆ ***Hypercholesterolemia, hypertension***
- ◆ **Medications**
 - Atorvastatin, 40 mg one at bedtime
 - Ramipril, 20 mg one daily
 - ASA 81 mg daily
- ◆ ***Surgery: C-section X2***
- ◆ ***Social***
 - 2 glasses red wine daily
 - 3-4 cups caffeine (coffee)/day
 - Nonsmoker

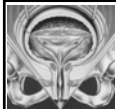
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History *(cont'd)*

- ◆ **At this point what other questions would you ask the patient?**

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Examination

- ◆ **Patient states to the doctor, “I wanted to discuss some issues I have been having with my bladder. My friends told me to discuss it with you. It seems that no sooner than I start a set of tennis I have to urinate. It seems as if I am constantly going to the bathroom.”**
- ◆ **Blood Pressure: 126/84 mm Hg**
- ◆ **Pulse: 75**
- ◆ **Respiration: 14**
- ◆ **Temperature: 97°**
- ◆ **Height: 5’6”**
- ◆ **Weight 126 lbs.**

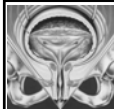
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Examination *(cont'd)*

- ♦ Head, Eyes, Ears, Nose, Throat (HEENT):
- ♦ Normocephalic atraumatic (NCAT)
- ♦ Mucous membrane moist (MMM)
- ♦ Extraocular muscles intact (EOMI)
- ♦ Pupils equally round and reactive to light (PERRL)
- ♦ Lungs: Clear to auscultation bilaterally (CTA b/l)
- ♦ Cardiovascular: Regular rate @ 80 +S1 +S2
- ♦ Abdomen:
 - Normal bowel sound (+ BS)
 - ⊖ Hepatosplenomegaly
 - ⊖ Masses
- ♦ Pelvic:
 - Ovaries nonpalpable
 - Uterus retroflexed
 - Vagina without lesions
- ♦ Extremities: ms +5/5=B/L

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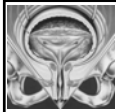
Pathophysiology

6



Diagnosis

7



Are you ready to treat this patient?

1. Yes
2. No
3. I need more information
4. I would refer this patient

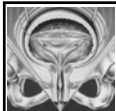
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Therapy

- ♦ **What is the importance of behavioral therapy?**

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Follow-up Scenarios

- ♦ **Recheck in 2 – 4 weeks**
 - Encourage continued behavioral therapy
 - Continue medication if it is working
 - Change medications or titrate if effect is not attained
 - Refer patient after empiric therapy failed

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Case-Study Follow-up

- ◆ Questions about goals