

**Welcomes...**

**Barry J. Cukor, M.D.**



Dr. Cukor received his Bachelor Degree in Biological Psychology from Tufts University and attended medical school at Boston University School of Medicine. He received his Internal Medicine training at Tulane University Medical Center and completed his GI fellowship at the University of Texas SW Medical Center. Before coming to Annapolis he practiced Gastroenterology in Virginia. Dr. Cukor and his wife reside in Annapolis with their son. He is accepting new patients in both the Annapolis and Chester offices. His area of interest includes reflux, capsule endoscopy, and research of new treatments of GI disease.

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**Chronic PPI Therapy for GERD: Possible side effects**

Gastric acidity is found in all vertebrates and the preservation of this highly energy consuming likely reflects its biologic importance. Although not necessary for life the low pH of intragastric environment is a possible defense mechanism against acquired infections. A recent review of gastric acid suppressive drugs suggest these drugs do confer a slightly increased susceptibility to infection. Certainly *Salmonella* and *Campylobacter* are acid sensitive infections as well as enterotoxigenic *Escherichia coli* and *Giardia*.

Among patients taking proton pump inhibitors are postmenopausal women vulnerable to the deleterious effects of disturbed calcium homeostasis. They are the greatest risk for osteoporosis. Two large epidemiologic studies report an increased risk of hip fracture with chronic proton pump inhibitor therapy. It has been suggested that stomach acid and the slightly acidic milieu of the proximal duodenum are required to free ingested calcium from the food matrix making it available for absorption.

Unfortunately, as of yet there are no long-term studies on the effects of proton pump inhibitors on calcium absorption. Indeed, at least one study showed that there was no net effect of PPIs on long-term calcium absorption. There is even less information on PPIs effect on skeletal metabolism. One recent large study, published in Pharmacology, did not show a risk of hip fracture with proton pump inhibitors.

This information shows that proton pump inhibitors should be used for the appropriate indications and not in higher doses or longer durations than necessary to achieve their desired effect. Unfortunately substitution of proton pump inhibitors for H<sub>2</sub> blockers is problematic as H<sub>2</sub> blockers suffer from an effect called tachyphylaxis where their acid suppressing abilities diminish over time. They are still useful for nighttime therapy and for intermittent therapy. It should also be pointed out that PPIs in general reduce acid by less than 50% overall in a single daily dosing and for some patients with severe reflux like conditions twice daily PPI therapy is required, at least for a period of time, along with therapy delayed gastric emptying, a common problem associated to increased reflux.

**Tribute to J. Stephen Latimer, M.D., F.A.A.P**

All of us at Digestive Disorders Associates are deeply saddened by the sudden passing of Dr. Stephen Latimer, pediatric gastroenterologist at Digestive Disorders Associates. Dr. Latimer delivered personal care and attention to all of his patients and their families. He embraced the concepts of family centered care and formed a bond with his patients that has lasted longer than a decade. He provided excellent, comprehensive pediatric gastroenterology services from neonates up to age 21. Our hearts go out to Dr. Latimer's family, his patients, and all who knew him. There is a new endowment in gastroenterology to honor Dr. Latimer and continue his mission that was central to his medical career. Donations to the fund can be made by calling our office and asking for Jackie Goldberg.

**Capsule Corner**

Small intestinal toxicity of low-dose aspirin has remained unclear. A recent study, published in Digestion 2009, "Study Capsule in Healthy Volunteers Treated with Low-Dose Short-Term Aspirin". After two weeks of treatment small bowel pathology increased to 80% in the aspirin group compared with 20% in the control group. Among healthy subjects the short-term administration of low-dose aspirin is associated with mild mucosal inflammation of the small bowel and increase in mucosal breaks.

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