Bernard Becker Medical Library
Washington University School of Medicine

Robert E. Shank Papers

Folder title:

Modern Medicine, brief essay-Infectious Hepatitis, 1970.

Recommended citation for this document:

Modern Medicine, brief essay-Infectious Hepatitis, 1970, Box 27, Folder 12, Robert E. Shank Papers, Bernard Becker Medical Library Archives, Washington University School of Medicine.

Identifier:

FC034-S09-B027-F12

September 8, 1970

Forum Editor
Modern Medicine
4015 West 65th Street
Minneapolis, Minnesota 55435

Dear Sir:

I am returning herewith the statement which I had prepared for the Forum on Activity in Infectious Hepatitis. Several suggestions for change or addition are suggested. Use them if you can or if you believe they clarify or strengthen the statement.

Very sincerely,

Robert E. Shank, M. D.

MM nkw Repsher Forum 9-3-70

ROBERT E. SHANK, M.D.

Washington University

Dept. of Preventive Medicine

and Public Health

St. Louis

Since specific therapy is not available for treatment of infectious hepatitis, procedures of general medical management are of particular importance in attempts to alleviate symptoms and to assure prompt recovery. Appropriate and adequate diet and restriction of physical activity have been considered essential components of treatment regimes. Nevertheless, evaluation of the effectiveness of these measures under adequately controlled conditions has been difficult and not fully achieved. The recently published report of Repsher and Freebern (MM, May 18, 1970) questions the need for restriction of activity and provides evidence that strenuous activity during convalescence had no adverse effect on recovery from infectious hepatitis in previously healthy young men serving in the military in Vietnam. Impressive evidence is afforded that young men, when relatively free of symptoms during early convalescence, tolerate strenuous physical activity surprisingly well. It does not imply that such exercise is of benefit, however, In addition, the report provides no information concerning the importance of restriction of activity for the patient shortly after onset or if he has significant persistent complaint of malaise, anorexia, and liver tenderness.

Clinical opinion in recent years has tended to modify the earlier view that prolonged bed rest and markedly restricted activity ~~were~~ ARE necessary to assure complete and uncomplicated recovery. However, return to full activity ~~has~~ is often ~~been~~ delayed until tests of liver function have returned totally to normal. This may represent unnecessary restriction. Perhaps larger reliance should be placed on disappearance of symptoms of fatigue, anorexia, and liver tenderness. Most patients can be guided to gradually increased activity, while noting the

development of tolerance for exercise or the recurrence of symptoms. The economic and psychological costs of prolonged bed rest or restricted activity could thus be reduced. However, close observation and prudence are called for, particularly for patients who may not have been in the same good state of health before illness as young men in the military. Clinical and laboratory relapses will occur under all circumstances and levels of activity. These should be identified and managed PROMPTLY AND appropriately, including the recommendation for reduced activity when necessary.

MM nkw Repsher Forum 9-3-70

ROBERT E. SHANK, M.D.

Washington University

Dept. of Preventive Medicine

and Public Health

St. Louis

Since specific therapy is not available for treatment of infectious hepatitis, procedures of general medical management are of particular importance in attempts to alleviate symptoms and to assure prompt recovery. Appropriate and adequate diet and restriction of physical activity have been considered essential components of treatment regimes. Nevertheless, evaluation of the effectiveness of these measures under adequately controlled conditions has been difficult and not fully achieved. The recently published report of Repsher and Freebern (MM, May 18, 1970) questions the need for restriction of activity and provides evidence that strenuous activity during convalescence had no adverse effect on recovery from infectious hepatitis in previously healthy young men serving in the military in Vietnam. Impressive evidence is afforded that young men, when relatively free of symptoms during early convalescence, tolerate strenuous physical activity surprisingly well. It does not imply that such exercise is of benefit, however, In addition, the report provides no information concerning the importance of restriction of activity for the patient shortly after onset or if he has significant persistent complaint of malaise, anorexia, and liver tenderness.

Clinical opinion in recent years has tended to modify the earlier view that prolonged bed rest and markedly restricted activity were necessary to assure complete and uncomplicated recovery. However, return to full activity has often been delayed until tests of liver function have returned totally to normal. This may represent unnecessary restriction. Perhaps larger reliance should be placed on disappearance of symptoms of fatigue, anorexia, and liver tenderness. Most patients

development of tolerance for exercise or the recurrence of symptoms. The economic and psychological costs of prolonged bed rest or restricted activity could thus be reduced. However, close observation and prudence are called for, particularly for patients who may not have been in the same good state of health before illness as young men in the military. Clinical and laboratory relapses will occur under all circumstances. These should be identified and managed appropriately, including the recommendation for reduced activity when necessary.

OPAQUE BOND
25% COTTON

MODERN MEDICINE 4015 WEST 65TH STREET • MINNEAPOLIS, MINNESOTA 55435

June 23, 1970

Robert E. Shank, M.D.
Washington University
Department of Preventive Medicine
and Public Health
4550 Scott Avenue
St. Louis, Missouri 63110

Dear Dr. Shank:

Thank you kindly for your contribution to the forthcoming MODERN MEDICINE Forum on the effect of physical activity on recovery from infectious hepatitis. Your remarks will be an important part of the discussion. Just before we are ready to publish them, we will send a copy to you for approval.

Thank you, also, for sending us a photograph.

Sincerely yours,

JHRosenow

John H. Rosenow, M.D.
Senior Associate Editor

JHR:neb

GILBERT

June 22, 1970

Dr. John H. Rosenow
Senior Associate Editor
MODERN MEDICINE
4015 West 65th Street
Minneapolis, Minnesota 55435

Dear Dr. Rosenow:

Enclosed is the brief essay which was requested for a Forum in MODERN MEDICINE on the question: "When and to what degree should the patient with infectious hepatitis be allowed physical activity?".

The statement exceeds 300 words but is about as brief as I seemed to be able to make it and have it meaningful. Feel free to edit it as you see fit.

Also enclosed is a photograph.

Very sincerely yours,

Robert E. Shank, M. D.

Enc

"When and to what degree should the patient with infectious hepatitis be allowed physical activity?"

Robert E. Shank, M. D.
St. Louis, Missouri

Esleeck
Fidelity Onion Skin
100% COTTON

Since specific therapy is not available for treatment of infectious hepatitis, procedures of general medical management are of particular importance in attempts to alleviate symptoms and to assure prompt recovery. Appropriate and adequate diet as well as restriction of physical activity have been considered to be essential components of treatment regimes. Nevertheless, evaluation of the effectiveness of these measures under adequately controlled conditions has been difficult and not fully achieved. The recently published report of Repsher and Freebern (M.M. May 18, 1970) questions the need for restriction of activity and provides evidence that strenuous activity during convalescence had no adverse effect on recovery from infectious hepatitis in previously healthy young men serving in the military in Vietnam. Impressive evidence is afforded that young men when relatively free of symptoms during early convalescence tolerate strenuous physical activity surprisingly well. It does not imply that such exercise is of benefit, however. In addition the report provides no information concerning the importance of restriction of activity for the patient shortly after onset or who has significant persistent complaint of malaise, anorexia and/or liver tenderness.

Clinical opinion in recent years has tended to modify the earlier view that prolonged bed rest and markedly restricted activity was necessary to assure complete and uncomplicated recovery. However, return to full activity has often been delayed until tests of liver function have returned totally to normal. This may represent unnecessary restriction.

Perhaps larger reliance should be placed on disappearance of symptoms of fatigue, anorexia and liver tenderness. Most patients can be guided to gradually increased activity, while noting the development of tolerance for exercise or the recurrence of symptoms. By this means the economic and psychologic costs of prolonged bed rest or restricted activity could be reduced. However, close observation and prudence are called for, particularly for patients who may not have been in the same good state of health prior to illness as young men in the military. Clinical and laboratory relapse will occur under all circumstances. These should be identified and managed appropriately, including the recommendation for reduced activity when necessary.

"When and to what degree should the patient with infectious hepatitis be allowed physical activity?"

Robert E. Shank, M. D.
St. Louis, Missouri

Since specific therapy is not available for treatment of infectious hepatitis, procedures of general medical management are of particular importance in attempts to alleviate symptoms and to assure prompt recovery. Appropriate and adequate diet as well as restriction of physical activity have been considered to be essential components of treatment regimes. Nevertheless, evaluation of the effectiveness of these measures under adequately controlled conditions has been difficult and not fully achieved. The recently published report of Repsher and Freebern (M.M. May 18, 1970) questions the need for restriction of activity and provides evidence that strenuous activity during convalescence had no adverse effect on recovery from infectious hepatitis in previously healthy young men serving in the military in Vietnam. Impressive evidence is afforded that young men when relatively free of symptoms during early convalescence tolerate strenuous physical activity surprisingly well. It does not imply that such exercise is of benefit, however. In addition the report provides no information concerning the importance of restriction of activity for the patient shortly after onset or who has significant persistent complaint of malaise, anorexia and/or liver tenderness.

Clinical opinion in recent years has tended to modify the earlier view that prolonged bed rest and markedly restricted activity was necessary to assure complete and uncomplicated recovery. However, return to full activity has often been delayed until tests of liver function have returned totally to normal. This may represent unnecessary restriction.

Perhaps larger reliance should be placed on disappearance of symptoms of fatigue, anorexia and liver tenderness. Most patients can be guided to gradually increased activity, while noting the development of tolerance for exercise or the recurrence of symptoms. By this means the economic and psychologic costs of prolonged bed rest or restricted activity could be reduced. However, close observation and prudence are called for, particularly for patients who may not have been in the same good state of health prior to illness as young men in the military. Clinical and laboratory relapse will occur under all circumstances. These should be identified and managed appropriately, including the recommendation for reduced activity when necessary.

"When and to what degree should the patient with infectious hepatitis be allowed physical activity?"

Robert E. Shank, M. D.

St. Louis, Missouri

Since specific therapy is not available for treatment of infectious hepatitis, procedures of general medical management are of particular importance in attempts to alleviate symptoms and to assure prompt recovery. Appropriate and adequate diet as well as restriction of physical activity have been considered to be essential components of treatment regimes. Nevertheless, evaluation of the effectiveness of these measures under adequately controlled conditions has been difficult and not fully achieved. The recently published report of Repsher and Freebern (M.M. May 18, 1970) questions the need for restriction of activity and provides evidence that strenuous activity during convalescence had no adverse effect on recovery from infectious hepatitis in previously healthy young men serving in the military in Vietnam. Impressive evidence is afforded that young men when relatively free of symptoms during early convalescence tolerate strenuous physical activity surprisingly well. It does not imply that such exercise is of benefit, however. In addition the report provides no information concerning the importance of restriction of activity for the patient shortly after onset or who has significant persistent complaint of malaise, anorexia and/or liver tenderness.

Clinical opinion in recent years has tended to modify the earlier view that prolonged bed rest and markedly restricted activity was necessary to assure complete and uncomplicated recovery. However, return to full activity has often been delayed until tests of liver function have returned totally to normal. This may represent unnecessary restriction.

Perhaps larger reliance should be placed on disappearance of symptoms of fatigue, anorexia and liver tenderness. Most patients can be guided to gradually increased activity, while noting the development of tolerance for exercise or the recurrence of symptoms. By this means the economic and psychologic costs of prolonged bed rest or restricted activity could be reduced. However, close observation and prudence are called for, particularly for patients who may not have been in the same good state of health prior to illness as young men in the military. Clinical and laboratory relapse will occur under all circumstances. These should be identified and managed appropriately, including the recommendation for reduced activity when necessary.

Since specific therapy is not available for treatment of infectious hepatitis, procedures of general medical management are of particular importance to the patient and his physician in attempts to alleviate symptoms and to assure prompt recovery. Appropriate and adequate diet as well as restriction of physical activity have been considered to be essential components of treatment regimes. Nevertheless, evaluation of the effectiveness of these measures under adequately controlled conditions has been difficult and not fully achieved. The recently published report of Repsher and Freebern (M. M. May 18, 1970) questions the need for restriction of activity and provides evidence that strenuous activity during convalescence had no adverse effect on recovery from viral hepatitis in previously healthy young men serving in the military in Vietnam.

It should be noted that the control group of 199 patients was not kept at bed rest nor kept within the confines of a hospital ward. Indeed each man walked more than a quarter of a mile daily in trips to the mess hall. The study group, also 199 men, engaged in very strenuous activity but only after symptoms and physical signs had abated and were judged to be slight, Laboratory evidence of persistent liver dysfunction did not exempt these subjects from the required exercise. However, patients in both groups were permitted to remain in bed and were fed in the ward when most severely symptomatic. Subjective evidence of clinical relapse occurred in approximately 40% of the control and study groups and about 15% of both groups had laboratory evidence of relapse.

This report affords important evidence that young men when relatively free of symptoms during early convalescence from infectious hepatitis tolerate physical activity surprisingly well. However, it provides no information concerning the importance of restriction of activity for the patient who has significant complaint of malaise, anorexia and/or liver tenderness.

Clinical opinion in recent years has tended to modify the earlier view that prolonged bed rest and markedly restricted activity was necessary to assure

complete and uncomplicated recovery. However, return to full activity has often been delayed until tests of liver function have returned totally to normal. This may represent unnecessary restriction. Perhaps larger reliance might be placed on disappearance of symptoms of fatigue, anorexia and liver tenderness. By this means the economic and psychologic costs of prolonged bed rest or restricted activity could be reduced. Close observation and prudence are called for, particularly for patients who may not be in the same good state of health as young men in the military. Clinical and laboratory relapse will occur under all circumstances. These should be identified and managed appropriately, including a recommendation for reduced activity when necessary.

In the earliest phases of infectious hepatitis the patient usually complains of marked fatigue and loss of appetite. He finds little difficulty in staying at rest. Even then he may be more comfortable if permitted to go to the bath room and to sit in a chair for portions of the day. It is when these symptoms disappear that continued marked restriction of activity is not understood or appreciated. Most patients can be guided to gradually increased activities, while noting the development of tolerance for exercise or the recurrence of symptoms. The physician should be fully informed of these and have periodic objective measures through laboratory determinations of serum bilirubin and transaminases. Transient and relatively small secondary increases in bilirubin and transaminases occur commonly in the second and third week of illness. These do not of necessity signal relapse and need not interrupt a program of increasing activity. Persistent weakness and easy fatigability have been frequent complaints following infectious hepatitis. It is likely that they have been induced more frequently by prolonged bed rest and too limited activity than by the disease, itself.

MODERN MEDICINE 4015 WEST 65TH STREET • MINNEAPOLIS, MINNESOTA 55435

May 15, 1970

Robert E. Shank, M.D.
4 Garden Lane
Kirkwood, Missouri 63122

Dear Dr. Shank:

The editors would like to have you take part in a Forum based on an abstract published in MODERN MEDICINE. I am enclosing a copy of the abstract. The question for discussion is "When and to what degree should the patient with infectious hepatitis be allowed physical activity?" Your views will be read with interest by thousands of readers. (More than 190,000 physicians regularly receive MODERN MEDICINE.)

For each Forum, we secure short essays from persons who have contributed significantly in the field to which the abstract relates.

Essays are limited to 300 words and should reach us in about a month to allow time for editing and submission of the edited copy to you for approval. Please give your opinions and experience in an informal manner, without extensive documentation or multiple literature citations. Would you also please send us a recent photograph of yourself that we can print along with your remarks. The picture will, of course, be returned.

This should be a lively, informative Forum. I look forward to hearing from you.

Sincerely yours,

JHRosenow

John H. Rosenow, M.D.
Senior Associate Editor

JHR:neb

Enclosures