



UNC
KIDNEY CENTER

Podcast Transcript:

Dr. Ron Falk

May 2008

Vasculitis Foundation- North Carolina/Raleigh Chapter patient support meeting
“What is the value of antibiotic therapy?”

So the question is, what's the value of antibiotic therapy? I'm going to expand that question: I'm on 100 drugs. How many of these do I really need to be on? One of those drugs typically is an antibiotic. In the late '70s early '80s there was a lot of thought that antibiotic therapy was going to reduce the risk of relapse. And in fact there is some basis for that contention. That in fact, antibiotic therapy can decrease the risk of relapse in the nose and sinus. There's very little data in fact, that an antibiotic- long-term antibiotic therapy, is useful for stopping relapses in the lung, or in the kidney or anywhere else. It's only really useful in the upper respiratory tract. Ears, nose, throat, including the subglottic area. Is there a risk of a drug? There's a risk of absolutely every single one of the drugs that everybody here is on, and the goal should be to decrease the number of drugs to the bare minimum. I would not submit that anybody should be on an antibiotic to stop a relapse in the lung or kidney. Is it useful early on when you're on huge doses of Cyclophosphamide or Prednisone, to stop a particular kind of infection called pneumocystis? Yes, probably so, in the first couple three months. But once that powerful immunosuppression is decreased and Prednisone weaned, that drug should be removed, because it does have an effect on your bone marrow. And many of you know that we try to use antibiotic therapy topically in the nose, in our salt/baking soda/water cocktail Mupirocin, in the nose, because that seems to be effective in many people. And there are individuals who need repetitive oral antibiotics for their upper respiratory tract, but that's the only place that we use it still-oral antibiotics-Bactrum, Septra-any of those.

But that brings up a really interesting issue. How many of you have gone through every one of your drugs with your physicians and asked, hey, what am I on that one for? Am I on the right dose? Do I really need it? Ok, let me go to the next one. Do I really need this drug? What's the evidence that I need this drug? Is it helping me or is it currently hurting me? So, the real question about those drugs, is, do I need to remain on remission therapy for the rest of my life? You, dear sir, were on Cytoxan for 5 and a half years, you say. Those days are over. The number of people who have remained on Cytoxan for even a year have truly been reduced. But that's a change in thinking. It used to be that everyone was on Cytoxan forever. Those days are gone because there are better drugs, or, in fact, -at least within our hands-half, if not more, of everybody is off of all therapy. Off of everything. You can do that, if in fact, your disease has gone away, and you

have a neurotic physician and you're a neurotic patient. In other words, that there's really good communication back and forth of doctor and patient.