

**2026 Davee Foundation Lecture
and Resident Research Day**

Abstract

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Title: Closing the Gap: Iron Deficiency Management for Restless Legs Syndrome

Background: Family Medicine physicians frequently treat patients with Restless Legs Syndrome (RLS). Current American Academy of Sleep Medicine (AASM) guidelines recommend assessing iron status in all patients with RLS and initiating iron supplementation when ferritin levels are ≤ 75 ng/mL. Physician awareness and adherence to these guidelines are essential for optimal management. This study evaluates physician adherence to AASM recommendations and current practices in the management of RLS.

Methods: We conducted a retrospective chart review of adult patients diagnosed with RLS at Northwestern Grayslake Family Medicine Clinic. Descriptive statistics were used to quantify rates of iron panel testing and iron supplementation. Of the 76 patients with documented RLS, we collected data including the presence of iron panel testing, the most recent ferritin level, and whether physicians initiated iron supplementation for ferritin levels ≤ 75 ng/mL. The primary outcome was the rate of iron panel testing in patients with RLS. The secondary outcome was the proportion of patients with iron deficiency (ferritin ≤ 75 ng/mL) who received guidance-concordant care and were appropriately treated with iron supplementation.

Results and Conclusions: Iron panels were ordered for 92.1% of patients with RLS, reflecting high adherence to diagnostic guidelines. However, among patients with ferritin ≤ 75 ng/mL, only 50% received iron supplementation, indicating a significant treatment gap.

These findings suggest that while most physicians appropriately assess iron levels in patients with RLS, there remains a gap in physician adherence to iron deficiency treatment guidelines in patients with RLS. Physician education will improve compliance with guideline-directed treatment and optimize the management of RLS in the Primary Care setting.

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Title: An integrative approach to the management of pediatric otitis media: a review of current literature

Purpose: Otitis media (OM) is one of the most common reasons for pediatric ambulatory care visits and antibiotic exposure in childhood. Given the risk of antibiotic exposure and limitation of symptomatic care to acetaminophen and ibuprofen, many patients and families resort to complementary and alternative practices for OM. The 2012 National Health Interview Survey (NHIS) found that 12% of children had used or been given some form of complementary health product or practice during the past year. A current literature review is needed to help clinicians caring for children navigate the efficacy and safety of some of the most common integrative therapies. This systematic review synthesizes and critically appraises the current evidence on complementary and integrative practices for the management of pediatric otitis media, with the goal of clarifying their role alongside conventional care.

Methods: A systematic literature review was conducted of generally healthy pediatric patients aged 0–18 years with OM. Eligible studies included meta-analyses, systematic reviews, randomized controlled trials, cohort studies, and case-control studies with ≥ 10 human subjects, published in English (or translatable). Studies were excluded if the complementary or alternative therapy was not the primary intervention or if participants had underlying health conditions including immuno-compromised state, chronic ENT or craniofacial abnormalities. A comprehensive search of MEDLINE/PubMed, Cochrane Library, Embase, CINAHL, Web of Science, and ClinicalTrials.gov was performed through July of 2025. Abstracts were imported into Rayyan, an online systematic review screening platform, for screening and review. 2711 articles were imported with 145 removed due to duplication. Two review authors independently screened the full title and abstract of the remaining 2566 articles against the inclusion criteria. Following initial screening, 148 full-text articles were independently reviewed by two reviewers, with rotating reviewer pairings used to minimize bias.

Results & Conclusion: The literature suggests that several integrative modalities—including nutritional supplements, herbal preparations, probiotics, and other non-pharmacologic interventions—may offer symptomatic relief or preventive benefit in selected pediatric patients, particularly during observation or watchful waiting. However, the overall quality of evidence remains limited with methodological weaknesses, small sample sizes, and heterogeneity in interventions and outcomes. An integrative approach to pediatric otitis media shows potential as an adjunct to standard management, especially in reducing symptom burden and supporting observation strategies.