PERSPECTIVES

EDITOR’S NOTE

NEW VACCINES, RECOMMENDATIONS CAN MAKE KEEPING UP A CHORE

Managing adult vaccination has gotten even trickier recently, with new vaccines coming on the market and recommendations changing all the time. In addition to vaccines for herpes zoster, hepatitis B, and many other diseases, physicians can now offer a high-dose influenza vaccine to certain elderly patients, the human papillomavirus vaccine to young women, and the pneumococcal conjugate 13 vaccine to the immuno-compromised. But although many vaccines are available, maintaining ideal vaccination rates can be difficult, and problems related to cost and access can complicate matters too. Our cover story on page 1 turns to leading experts in the field for an update on the latest vaccines, the most recent changes in recommendations, and ways to boost vaccination rates.

Most physicians at one time or another have probably wished they could dismiss a particular patient from their practices. Sometimes it might even seem like the only option. But experts say that if you find yourself in this situation, think twice and maybe even longer before you act. Dismissing patients can be illegal under some circumstances and can also be considered patient abandonment. Our story on this topic, also on page 1, details reasons why you might want to dismiss a patient, what other options you should try beforehand, and how to protect yourself and the patient if all efforts to work it out still fail.

This issue also features coverage from two of this spring’s biggest conferences, the American Society of Clinical Oncology’s 73rd Scientific Sessions, both held in Chicago. Turn to page 13 for tips on communicating with cancer patients, including the most effective way to present risk information and how to discuss prognosis. On page 16, get a summary of the latest in diabetes research, including the pros and cons of sulfonylureas, the relationship between diabetes and bone health, and the future of concentrated insulin.

Finally, two readers in our Letters section on page 5 debate the merits of Maintenance of Certification, the benefits of accountable care organizations, and the pitfalls of EHRs, while another reader shares how one of our columns stuck a chord due to his and his family’s medical history.

Whether you’ve particularly enjoyed one of our articles or whether there’s one with which you disagree, we always love to hear from you. Feedback is welcome at acpinternist@acponline.org.

Sincerely,

Jennifer Kearney-Strouse

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CROSSED WORDS

Chromosome is where the heart is

By Justin Vader, MD, ACP Resident/Fellow Member

Answers to clues are placed horizontally in rows to reveal an answer written vertically. Unlike the familiar acrostic puzzle format, the final answer can be in any column.

Horizontal clues

1) Rostrae
2) Normally 136-145 mEq/L
3) Stands out as a sign of muscular dystrophy
4) Togavirus
5) HACEK target
6) Viscera to the layman

Find in the vertical columns: Eponymous syndrome characterized by short stature, webbed neck, hypertelorism, chest deformities, and autosomal dominant inheritance

See Crossed Words, page 21, for answer

TEST YOURSELF

MKSAP Quiz: 3-month history of hand pain

A 46-year-old woman is evaluated for a 3-month history of pain and swelling of the hands, dyspnea, and wheezing. She has no other pertinent personal or family medical history. She takes naproxen as needed for pain relief.

On physical examination, vital signs are normal. The ears are thickened bilaterally; the right ear has moderate warmth, erythema, and tenderness to palpation. Saddle nose deformity is noted; examination of the nares shows intact mucosa. Tenderness of the metacarpophalangeal and proximal interphalangeal joints is noted; the second and third metacarpophalangeal joints are swollen bilaterally. Pulmonary examination reveals expiratory wheezing in the upper lung fields. The appearance of the ears is shown.

Laboratory studies reveal a hemoglobin level of 11 g/dL (110 g/L) and an erythrocyte sedimentation rate of 56 mm/h. Antinuclear antibody and ANCA assay results are negative.

Chest radiograph is normal.

Which of the following is the most appropriate diagnostic test to perform next in this patient?

A: CT of the sinuses
B: Pulmonary function testing with flow volume loops
C: Rheumatoid factor
D: Urine toxicology screen

See Test Yourself, page 21, for answer

CARTOON CAPTION CONTEST

Put words in our mouth

ACP InternistWeekly has compiled the results from its latest cartoon contest, where readers are invited to match wits against their peers to provide the most original and amusing caption.

This issue’s winning cartoon caption was submitted by Kenneth Lin, MD, ACP Resident/Fellow Member, who practices primary care medicine at the Palo Alto Medical Foundation in Redwood City, Calif. Thanks to all who voted! The winning entry captured 50% of the votes.

Captions and voting are conducted through ACP InternistWeekly. If you’re not already receiving ACP InternistWeekly, visit www.acpinternist.org/subscribe, contact Customer Service at 800-523-1546, ext. 2600, or direct at 215-351-2600 (M-F, 9 a.m. to 5 p.m. EST), or send an e-mail to custserv@acponline.org.

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