EARLIER RECOGNITION MAY HELP OUTCOMES IN OSTEOARTHRITIS

Osteoarthritis affects millions of Americans, but effective treatments for advanced disease continue to be limited. The Chronic Osteoarthritis Management Initiative, which ACP supports, is looking to change that by encouraging primary care physicians to recognize the problem early. That way, experts say, interventions such as exercise and weight loss are more likely to be successful. Our cover story on page 1 covers distinguishing osteoarthritis from other types of arthritis, incorporating screening into routine checkups even for younger patients, and choosing among available treatment options.

Increasing emphasis on technology and on reporting requirements has in turn increased the pressure on small physician practices. In an effort to partially relieve the burdens of a changing health care system and maintain a semblance of work-life balance, more physicians have been merging with larger health systems. However, doing so is not necessarily a cure-all. Such a move can mean wholesale changes in the way a physician practices business, affecting everything from phone systems to appointments to labs and pharmacies. Our other page 1 story looks at the five key areas that experts say are most important to consider when deciding whether to make the leap: culture, finance, technology, staffing and patient relations.

This issue also features the first installment of a new column, “Doctor as Patient,” written by Pamela Hartshband, MD, FACP, and Jerome Groopman, MD, FACP; best-selling authors of “Your Medical Mind: How to Decide What Is Right for You.” The column looks at physicians’ thinking as applied to their own health and wellness, based on real stories from readers. On page 5, Drs. Hartshband and Groopman examine the case of a nephrologist who unexpectedly faced his own mortality, discussing how he came to accept his diagnosis and why physicians are not always the experts when it comes to caring for themselves.

Finally, we’ve added another new feature called “Crossed Words,” the first installment of which you can find on this page. These acrostic-like puzzles, by ACP Associate Member Justin Vader, MD, ACP Associate Member, will test your medical knowledge and, we hope, provide a bit of fun. Try your luck and turn to page 18 for the answers to this and to our always popular MKSAP Quiz, also on this page.

We’d love to hear from you about our new column, our new puzzles, and anything else that’s on your mind. If you have comments, or a story to share for our “Doctor as Patient” column, please let us know at acpinternist@acponline.org.

Sincerely,
Jennifer Kearney-Strouse, Editor

实验室研究如下。

- 嗜碱粒细胞计数: 28,000/μL (28 × 10^9/L) 与93%的中性粒细胞, 6%的淋巴细胞,和1%的单核细胞。
- 肝功能: 谷丙转氨酶100 U/L, 谷草转氨酶145 U/L。
- 铁蛋白: 1000 ng/mL (1000 µg/L)。
- 白蛋白: 2.3 g/dl (23 g/L)。
- 谷草转氨酶转氨酶: 145 U/L。

实验室结果表明, 病人的白细胞分类正常。皮肤检查显示上肢和双上肢疼痛, 皮肤上有皮疹。

在物理检查中, 患者

- 体温: 39.1°C (102.4°F)。
- 血压: 85/50 mm Hg。
- 脉搏: 130/min。
- 呼吸: 30/min。

- 皮肤: 皮肤检查显示上肢和双上肢疼痛, 皮肤上有皮疹。
- 肛门: 无异常。
- 腹部: 腹部触诊未触及异常。疼痛范围局限。无移动性浊音。无肠鸣音。
- 神经系统: 瞳孔等大等圆, 对光反射灵敏。无病理反射。
- 尿常规: 正常。

- 血液: 白细胞分类正常。皮肤检查显示上肢和双上肢疼痛, 皮肤上有皮疹。
- 肛门: 无异常。
- 腹部: 腹部触诊未触及异常。疼痛范围局限。无移动性浊音。无肠鸣音。
- 神经系统: 瞳孔等大等圆, 对光反射灵敏。无病理反射。
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