EDITOR’S NOTE

ANNUAL MEETING COVERAGE HIGHLIGHTS PHYSICAL, MENTAL CONDITIONS

Internal Medicine 2013, held in April in San Francisco, offered a large variety of learning and networking opportunities for a record-breaking number of attendees. As always, ACP Internist’s staff was on hand to provide updates via our daily newspaper, blog posts and e-newsletter to coverage of the meeting.

Our first cover story on page 1 features some practical advice on managing bisphosphonates, including which patients should take them and when they should start. The story also covers how to use the FRAX algorithm to determine fracture risk, how different types of bisphosphonates work, and what side effects to be concerned about, as well as the advisability, and feasibility, of offering patients a brief drug holiday.

Our second cover story, meanwhile, advises internists on diagnosing psychiatric problems in their patients, from anxiety, panic, and post-traumatic stress to somatoform and bipolar disorder. The story also offers tips on treatment and referral once these issues have been detected.

Internal Medicine 2013 coverage continues on page 11 with stories on spotting and treating “party drugs,” recognizing different types of movement disorders, and finding the right contraception for your patients. Turn to page 6 for a profile on Richard Baron, MD, MACP, who will soon take the helm at the American Board of Internal Medicine as its new president and CEO. And don’t forget to check out the second installment of our new puzzle feature, which can be found on this page.

In other news, I’m very proud to announce that ACP Internist was recently recognized for excellence in publishing. We received three awards in the American Society of Healthcare Publication Editors’ (ASHPE) annual competition, including the prestigious Publication of the Year Award in the Newsletter category. The Publication of the Year Award is ASHPE’s premier award and is judged based on continuity of overall excellence in editorial content, use of staff, graphics presentation, goal attainment, and service to the readers. We also received two Silver Awards from ASHPE, one for Best Single Issue for July/August 2012 and one for ACP InternistWeekly, which won in the Best E-Newsletter category.

In addition, we won a Bronze EXCEL Award from Association Media & Publishing for Stacey Butterfield’s September 2012 cover story on hormone replacement therapy 10 years after the Women’s Health Initiative, which was recognized in the Feature Article category for newspapers with a circulation of 50,000 or greater.

We’re extremely honored to be named among the best in association and health care publishing, and we look forward to continuing to provide excellent coverage to our readers. Please let us know what you’d like to read about at acpinternist@acponline.org.

Sincerely,
Jennifer Kearney-Stroza

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 Harry J. Cerezo, an ACP Medical Student Member. Thanks to all who voted! The winning entry captured 59% 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.

Test Yourself

MKSAP Quiz: High BP and oral contraception

A 27-year-old woman is evaluated during a follow-up visit for high blood pressure that manifested 4 months after she began taking an oral contraceptive pill. Despite stopping the oral contraceptive pill, her blood pressure has remained high. She states that she feels well. Medical history is otherwise unremarkable, and she takes no medications.

On physical examination, blood pressure measurements are 150 to 166 mm Hg systolic and 100 to 108 mm Hg diastolic without orthostasis; other vital signs are normal. There is a bruit in the right epigastric region. The remainder of the examination is unremarkable.

Kidney function is normal, and urinalysis is unremarkable.

A kidney angiogram is shown.

Which of the following is the most appropriate next step in management?

A: ACE inhibitor
B: Calcium channel blocker/ACE inhibitor combination
C: Percutaneous transluminal kidney angioplasty
D: Surgical revascularization

See Test Yourself, page 19, for answer

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CROSSED WORDS

Toxic assets

By Justin Vade, MD, ACP Associate 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.

Horizonal clues
1) Hematophagy helper for leeches
2) ___________aminotransferase
3) In the anatomic hepatic lobule, it is between the periportal and centrilobular zone

4) Chemical agent responsible for zombification in the “Return of the Living Dead” series
5) First isolated from ox bile, now “gives you wings”
6) Adjective when Reynolds number is low

Find in the vertical columns: Connection between an infamous beach, an infamous canal, and the Ukraine.

See Crossed Words, page 19, for answer

“No, your news isn’t hard for me to swallow, Doc. It just takes a while.”