EDITOR’S NOTE

CAUSE OF CHRONIC PANCREATITIS CAN BE HARD TO PINPOINT

Chronic pancreatitis often first presents in outpatient offices but is harder to diagnose than the acute form of the disorder. Early symptoms can be confused with those of other gastrointestinal diseases, experts say, and although chronic alcohol abuse and some drugs can cause pancreatitis, up to one-third of cases are idiopathic. Our cover story on page 1 looks at diagnosis and treatment of chronic pancreatitis and which populations are at higher risk, as well as the role of nutrition and the types of complications that internists should monitor for in affected patients.

Team care is a popular concept in health care now, but although most people agree that it’s necessary, many disagree on what it should look like, and especially on which clinicians should be leading newly created teams. ACP offered some guidance last year in the form of a position paper, “Principles Supporting Dynamic Clinical Care Teams,” that engendered spirited discussion among physicians, nurse practitioners and others. In our second cover story, also on page 1, Stacey Butterfield examines the state of the team care debate and offers suggestions from experts on how to apply team-based principles in practice.

Our conference coverage section in this issue is from the American Academy of Family Physicians’ (AAFP) annual meeting, held in San Diego last fall. Most physicians know that it’s easy to recommend exercise to patients but much harder to do so in a way that’s taken seriously. Our story on page 10 discusses one physician’s preferred model for “prescribing” exercise, which covers specific factors like frequency, intensity and time. Also addressed are ways to address potential barriers and excuses right out of the gate, making it easier for patients to overcome them. And on page 11, a report from another AAFP session offers physicians advice on how to transform their practices to fit new models of care, including predicting risk, creating appropriate care plans, engaging patients’ families and other caregivers and improving communication.

Finally, our Letters section on page 5 features a response from Richard J. Baron, MD, MACE, president and CEO of the American Board of Internal Medicine, to an October 2013 ACP Internist column by ACP president Molly Cooke, MD, FACP, on Maintenance of Certification (MOC) and ways in which the existing process might need to change.

What are your thoughts on MOC? What suggestions do you have for potential improvement? Please let us know at acpinternist@acponline.org. We always enjoy hearing from you.

Sincerely,

Jennifer Kearney-Strouse

PERSPECTIVES

Test Yourself

MKSAP Quiz: ED evaluation for acute onset of pain

A 37-year-old woman is evaluated in the emergency department for the acute onset of pain after 2 weeks of bloody diarrhea. The diarrhea has escalated to 15 times per day. She has ulcerative colitis that was diagnosed 2 years ago. She currently takes azathioprine.

On physical examination, she appears ill. Following aggressive fluid resuscitation, temperature is 38.9°C (102°F), blood pressure is 70/40 mm Hg, pulse rate is 148/min, and respiration rate is 35/min. Abdominal examination discloses absent bowel sounds, distention, and diffuse marked tenderness with mild palpation. Laboratory studies reveal a leukocyte count of 16,800/µL (16.8 × 10^9/L). Abdominal radiograph is shown.

Which of the following is the most appropriate management?

A: CT scan
B: Immediate surgery
C: Start infliximab
D: Start intravenous hydrocortisone

See Test Yourself, page 12, 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 Rebekah S. Bartsch, MD, FACP, FAMWA, of Minneapolis, Minnesota. Thanks to all who voted! The winning entry captured 49.5% 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.

ACP’s MKSAP helps you to:
- Update your knowledge in all areas of internal medicine
- Assess your medical knowledge with 1,200 all-new multiple-choice questions
- Support your clinical decisions in practice
- Find in the vertical columns: A common hydrocarbon solvent of abuse.
- Support the ABIM Certification Exam or the ABIM Recertification Exam
- Bone scan negative
- Pick another—cause of deranged lipids, lungs and liver
- Congenital curve or circumcision complication
- Seizing a solution, VOC for AED?

Crossed Words

Glued to the answer

By Justin Vader, MD, ACP Resident/Fellow Member

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

Horizontal clues
1) Deadly delectable liquidates liver
2) Research training that continues and progresses
3) Prominent and articulate—for a bone
4) 
5) Bone scan negative
6) Pick another—cause of deranged lipids, lungs and liver
7) Congenital curve or circumcision complication

Find in the vertical columns: A common hydrocarbon solvent of abuse.

Bonus clue, find in the vertical columns: Seizing a solution, VOC for AED?

See Crossed Words, page 13, for answer