E-cigarettes are popular, but health effects are questionable

Our featured stories this month tackle 2 controversial topics. In our first cover story, on page 1, Paula S. Katz looks at e-cigarettes, a relatively new player on the smoking scene. The devices are growing in popularity, but there are serious unanswered questions about their potential health effects, with some thinking they may help pave the way to smoking cessation and others believing they may serve as a “gateway” to traditional smoking, especially in younger users.

With limited data available and the FDA yet to weigh in, clinicians may be uncertain about what to tell their patients. Read our story to learn more about what “vaping” is, what data on its safety are available and how physicians can address e-cigarettes in their practices.

Our second cover story, also on page 1, updates readers on the U.S. Preventive Services Task Force’s latest recommendations on lung cancer screening. In 2004, the Task Force found insufficient evidence to recommend or against the practice. In December 2013, however, due largely to the results of the National Lung Screening Trial, the Task Force recommended annual CT screening in adults between the ages of 55 and 80 who have a 30 pack-year smoking history and currently smoke or have quit smoking within the past 15 years. But not everyone agrees. Some experts would like to see screening extended to an even larger population, while others believe more emphasis on individualized risks and benefits is necessary. Stacey Butterfield’s story provides a broader perspective on the controversy and helps clarify how physicians may want to begin discussing it with their patients.

To continue our pulmonary theme, one of our inside features examines the potential link between gastroesophageal reflux disease (GERD) and lung disease. Although the presence of both conditions often presents a kind of “chicken and egg” scenario, with no causal relationship yet proven, experts recommend that internists keep an eye out for symptoms of respiratory disorders and “red-flag” problems, such as dysphagia and weight loss, in patients with GERD. Turn to page 10 to learn more.

Finally, Internal Medicine 2014 will take place in Orlando, Fla., this April. Our preview article on page 9 fills you in on what to look for at ACP’s premier scientific meeting, including new pre-courses, CME opportunities and the 20th anniversary of the famous Doctor’s Dilemma® competition.

What do you think about e-cigarettes? How have you addressed the new guidance on lung cancer screening? Let us know at acpinternist@acponline.org.

Sincerely,
Jennifer Kearney-Strouse

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 Marshall C. Strother, a Medical Student Member. Thanks to all who voted! The winning entry captured 44.7% 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.

Crossed Words

Finding alternatives

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) Bottles do this to skin
2) Makes the material that bathes the brain
3) Performance-enhancing drug or ancient Chinese remedy
4) Microbiology test positive for P. aeruginosa
5) Inactive enzyme precursor protein, e.g., pancreatic products
6) To underlie, such as blood vessels
7) Statistical mean

Find in the vertical columns: Alpha-agonist assists in the amorous act
Bonus clue, find in the vertical columns: Supplemental boost

See Crossed Words, page 15, for answer

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Test Yourself

MKSAP Quiz: 6-month history of dysphagia

A 50-year-old man is evaluated for a 6-month history of dysphagia. He describes a sensation of both solids and liquids sticking in the midesophageal area. This sensation has slowly worsened over time. He also describes intermittent midsternal discomfort that is nonexertional and is usually precipitated by swallowing food. He has lost 4.5 kg (10.0 lb). He has had no history of heartburn or acid regurgitation.

Physical examination is normal. A barium swallow is shown. Esophageal manometry shows apraxia with swallowing of liquids.

Which of the following is the most appropriate management?

A: CT of the chest and abdomen
B: Endoscopy
C: Myotomy
D: Trial of swallowed aerosolized corticosteroids

See Test Yourself, page 16, for answer.