**PERSPECTIVES**

**EDITOR’S NOTE**

**PORTABLE ULTRASOUNDS OFFER ADVANTAGES, BUT SOME EXPERTS SAY NO**

Portable ultrasounds allow real-time assessment of cardiac disorders and can also assist in more precise delivery of certain therapies. But while some clinicians view the devices as unquestionably beneficial, others worry that they may lead to incidental findings and unnecessary testing. Read our cover story on page 1 to learn more about the debate and whether and how handheld ultrasound has a routine place in primary care practice.

Medication nonadherence is a common problem, but it doesn’t always have the same cause, or the same solution. Patients can avoid taking their medications for many different reasons, from disliking the tangible reminder of their illness to just simply forgetting. In our story, also on page 1, Stacey Butterfield examines the different rationales behind patients’ nonadherence and talks to experts about strategies on how to help overcome them, as well as how to stay alert to changing reasons over time.

In January, the FDA issued a recommendation that clinicians avoid prescribing and dispensing combination drugs that contain more than 325 mg of acetaminophen per dose, a follow-up to its recommendation in 2011 that manufacturers stop selling these medications. The agency is concerned that patients may not realize how much acetaminophen they are taking and that serious adverse events might result. How should clinicians go about addressing the question of too much acetaminophen in their practices? Turn to our story on page 14 to learn more.

This month’s other inside feature looks at programs at several medical schools across the country that aim to improve students’ understanding of what it means to be a patient with Alzheimer’s disease. By spending time with a patient mentor (and sometimes his or her family), future physicians gain invaluable knowledge about the course of the disease and its effects on both patients and their caregivers. Our story on page 15 has more details.

Our conference coverage this month is from Hospital Medicine 2014, which took place in Las Vegas in March. Turn to pages 10 and 11 for stories on nonevidence-based practices that all clinicians should try to avoid, as well as tips on how to transform yourself from a good to a truly expert physician.

Next month’s issue of *ACP Internist* will feature a wrapup of our coverage from Internal Medicine 2014, held in April in Orlando, Fla. If you were there, we’d love to hear what you thought about it. What did you learn this year? What sessions were your favorites? Let us know at acpinternist@acponline.org.

Sincerely,

Jennifer Kearney-Strouse

---

**Cartoon Caption Contest**

**Put words in our mouth**

*ACP Internist*Weekly 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 Alejandro Ovalle, MD, FACCP. Thanks to all who voted! The winning entry captured 42.5% of the votes.

Captions and voting are conducted through *ACP Internist*Weekly: If you’re not already receiving *ACP Internist*Weekly, 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: Increasing fatigue for 8 months**

A 62-year-old man undergoes a routine examination. He notes increasing fatigue of 8 months’ duration but states he can perform his usual daily activities. He has no fever, night sweats, anorexia, or weight loss. The medical history is noncontributory, and he takes no medications.

On physical examination, vital signs are normal. The spleen is palpable three finger breadths below the left midcostal margin. There is no lymphadenopathy or hepatomegaly.

Laboratory studies indicate a hemoglobin level of 12.5 g/dL (125 g/L), a leukocyte count of 14,400/µL (14.4 × 10⁹/L), and a platelet count of 148,000/µL (148 × 10⁹/L). A peripheral blood smear is shown. The bone marrow cannot be aspirated, but the bone marrow biopsy reveals a hypocellular marrow with extensive fibrosis and abnormal-appearing megakaryocytes. Results of conventional cytogenetic testing are normal. The JAK2 mutation assay is positive. Fluorescence in situ hybridization of the bone marrow for the (9;22) translocation is negative.

Which of the following is the most appropriate management of this patient now?

A: Allogeneic hematopoietic stem cell transplantation
B: Danazol
C: Hydroxyurea
D: Imatinib
E: Observation

See *Test Yourself*, page 6, for answer

---

**Subscribe to MKSAP 16**

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
- Pass the ABIM Certification Exam or the ABIM Recertification Exam
- Support your clinical decisions in practice

To order the most current edition, go online to www.acponline.org/mksap16.

---

**Crossed Words**

**Seeking some relief**

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) What the sinoatrial node does
2) The patient history—an old term
3) Areata, androgenic, traction—all losing propositions

Find in the vertical columns: The two (archaic) components from which a gastrointestinal elixir derives its name

See *Crossed Words*, page 6, for answer