**Editor’s Note**

**Managing Gluten Sensitivity Can Mean Managing Patient Expectations**

Gluten-free diets have caught a lot of attention recently in the lay media, and as a consequence, physicians may find themselves faced with patients convinced that gluten is their problem even before they make an appointment. The first consideration in dealing with this situation, experts say, is to try to rule out other conditions that could be causing a patient’s GI symptoms, including wheat allergy, celiac disease, and irritable bowel syndrome. It’s also key to ask patients questions about their diet to determine whether other things, such as fructose, could be possible culprits. In our cover story, Charlotte Huff summarizes the latest in clinical research on gluten sensitivity and talks to experts in the field for advice on managing patients who need, or even just want, to go gluten-free.

Patients scheduled for upcoming surgery will often see their internists first for a prep checkup, but the makeup of an ideal visit can vary by population. Those taking anticoagulants and those with diabetes, for example, will often need careful medication management. In elderly patients, meanwhile, assessment of functional and cognitive status is essential to plan for appropriate postoperative care. Our story on page 1 looks at what the prep physical should and shouldn’t include, along with special considerations for certain patient subgroups and tips on communicating with surgeons.

Methadone can be an important tool for physicians treating chronic pain, but the dangers of the drug, such as its long half-life, can sometimes outweigh its benefits. In addition, patients who are candidates for methadone treatment will need careful, thorough screening and monitoring. Because of the inherent complications, experts stress, physicians who are unfamiliar or inexperienced with using methadone should seek advice, education, or both before attempting to prescribe it to patients. Our story on page 8 explains more.

The Centers for Disease Control and Prevention and the World Health Organization both recently released guidelines recommending preexposure prophylaxis for HIV in certain groups of uninfected patients at high risk for exposure to the virus. But determining which patients could benefit could be more difficult than it sounds, since doing so requires frank and sometimes uncomfortable conversations with patients who may not be entirely aware of their level of risk. Turn to our story on page 10 to learn more about the recommendations in the recent guidelines and get advice on discussing sexual history with patients, as well as information on optimal management of preexposure prophylaxis in primary care.

Have many of your patients given up gluten? Are you comfortable prescribing methadone, or managing patients at high risk for HIV? Let us know at custserv@acponline.org. Sincerely,

Jennifer Kearney-Strouse

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**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 Allison R. Wilcox, MD, ACP Member. Thanks to all who voted! The winning entry captured 53.7% 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.

**Test Yourself**

**MKSAP Quiz: 3-month history of fatigue, rash**

A 58-year-old woman is evaluated for a 3-month history of fatigue and a non-pruritic rash on the chest and arms. The rash worsens with sun exposure. The patient reports no pleurisy, dryness of the eyes or mouth, arthritis, or Raynaud phenomenon.

On physical examination, vital signs are normal. On cutaneous examination, there are no other rashes, alopecia, or oral ulcers. There is no evidence of synovitis. The appearance of the rash is shown. Laboratory studies, including metabolic panel, complete blood count, and urinalysis, are normal. Antinuclear antibody test results are negative, and anti-Ro/SSA antibody test results are positive.

Which of the following is the most likely diagnosis?

A: Livedo reticularis
B: Lyme disease
C: Subacute cutaneous lupus erythematosus
D: Systemic lupus erythematosus

See Test Yourself, page 16, for answer

**Crossed Words**

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) Fancy word for hand hygiene gels
2) An intern in July, for instance
3) Opposite of “euboxic”
4) Aspirin works by making cells thus via its blockade of COX
5) Small bowel AVMs cause you to do this
6) NaHCO3, Al(OH)3, CaCO3, or Mg(OH)2, to name a few
7) Sits in the anatomic snuff box; beware avascular necrosis if fractured
8) Obesity adjective for BMI 40–45 kg/m2
9) Benign bony tumors seen in the sinuses
10) Metzenbaum, Mayo—even one will cut it
11) Pruritic? Most pruritic?
12) OD’d on EtOH in Tokyo

Find in the vertical columns: 2 kinds of ticketial zoonosis, and then one type of vector (3 answers).

See Crossed Words, page 15, for answer