
Primary Care Update

Highlights of the HMA Scientific Session

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The Friday and Saturday morning programs October 18-19, 1996, were designed to bring primary care physicians up-to-date on a variety of specialties, emphasizing how to evaluate and treat and when to refer. Six speakers each morning delivered information-packed 30 minute talks. The program was truly excellent, and I hope that the speakers will comply with the Journal editor's request for manuscripts so that physicians who did not attend may have the benefit of their expertise. It is not possible to report it all in the limited space available here.

Dr Melvin H.C. Yee spoke about "worrisome" and "non-worrisome" headaches. Worrisome headaches are new onset headaches, those described as "the worst headache of my life" and those accompanied by focal neurological signs, meningeal signs, increased intracranial pressure, or a history of trauma or AIDS. Non-worrisome headaches are the benign recurrent headaches such as tension headache, classic migraine, common migraine, cluster headache, caffeine withdrawal headache and analgesic dependent headache. He discussed causes and treatment of each.

Dr Rhoads Stevens discussed common eye problems, beginning with a list of those which should be referred to an ophthalmologist: sudden loss of vision, eye pain not due to corneal abrasion, corneal opacity, pupillary abnormality, significant trauma, rapidly worsening acute conjunctivitis, chronic conjunctivitis lasting over one month; soft contact lens wearers because they are prone to pseudomonas infection which can lead to perforation in 24 hours; anyone with a history of previous eye surgery. Conditions which the primary care physician can treat: subconjunctival hemorrhage, chalazion, seboreic blepharitis, acute adenoviral conjunctivitis, acute bacterial conjunctivitis, acute allergic conjunctivitis, corneal abrasion.

Dr Alfred J. Liu described approaches to allergic and non-allergic rhinitis, acute and chronic sinusitis, and workup of the patient with vertigo.

Dr John McDonnell described asthma as characterized by reversible airway obstruction, airway inflammation, and increased airway responsiveness to inhaled allergens and a variety of other stimuli. 75-85% of patients have positive skin tests. Airway inflammation is a major problem. Inhaled steroids are used to prevent symptoms, not to treat them, in patients with persistent asthma. Bronchodilators and beta-agonists are used to treat symptoms.

Dr Edward Chesne discussed the evaluation and treatment of the patient with hypertension. Many who have hypertension are unaware and many who are being treated are not adequately controlled. People with high normal BP (systolic 130-139, diastolic 85-89) are at increased risk for developing hypertension. Other coronary risk factors are common in those with hypertension, and treatment should begin with lifestyle modification. If response in 3-6 months is inadequate, drug treatment with diuretics or beta-blockers should be started. If BP control is still inadequate, dose should be increased or another drug substituted. If these fails the addition of a third drug may be indicated. If hypertension is severe

(systolic 210, diastolic 120) prompt and aggressive treatment is necessary.

Dr Mari Nakashizuka described the evaluation of breast masses and abnormal mammograms. 80% masses are benign. Fine needle aspiration is used to distinguish cyst from solid mass. If the mass is not cystic, material should be withdrawn for cytology. Surgical consult should be sought if there is a residual mass after a cyst is evacuated or if the fluid is bloody. 80% with breast cancer have no known risk factors; 1:1000 men have breast cancer.

Dr Erlaine Bello's topic was the choice of antibiotics for respiratory tract infections in outpatients. Otitis media is the most common infection for which antibiotics are used. Most common agents in otitis media and bacterial sinusitis are pneumococcus and H. influenza. Strep pyogenes and rhinovirus are most often implicated in pharyngitis. Penicillin VK is the cheapest for strep pharyngitis. Amoxicillin is effective against hemophilus as well as the gram-positive organisms. Third generation cephalosporins are the best gram-negative agents and have the longest dosing intervals. Erythromycin is inexpensive but has to be given QID. Compliance depends upon dosing frequency, length of treatment and side effects.

Dr Norman Goldstein provided guidelines for the treatment and referral of common skin problems: acne should be referred if response to 6-8 weeks of treatment with OTC preparations such as desquamex is poor; psoriasis if inadequate response with 3-4 weeks of topical steroids or tar preparations; warts and molluscum contagiosum if the physician does not have the facilities or training for treatment; moles and keratoses should be referred if malignancy is suspected, if there is a personal or family history of melanoma, or if the lesion grows, changes color or shape, bleeds, ulcerates or is subject to irritation; herpes simplex and zoster if there is no response to treatment in 5-7 days; impetigo and pyoderma if unresponsive to antibiotics after 2-3 days; fungal infections if they do not respond to topical antifungals; alopecia if the cause is not obvious or if the physician lacks experience for managing.

Dr James Scoggins discussed the diagnosis and treatment of common athletic injuries: dislocations and subluxations of the shoulder, rotator cuff strain or tear, acromioclavicular joint separation, lateral epicondylitis (golfer's wrist), skier's or gameskeeper's thumb, ulnar nerve compression (distance cyclists), extensor synovitis of radial wrist extensors (oarman's wrist), trochanteric bursitis (female runners usually), hamstring pain (football and soccer), chondromalacia patella (runner's knee), iliotibial band friction syndrome (runners and cyclists), shin splints (runners), ankle sprains.

Dr William Yarbrough discussed the evaluation and treatment of impotence. Causes include many drugs, a wide variety of diseases, surgical procedures and traumas. Treatment is based on determination of the underlying cause and its elimination if possible. Some oral and intercavernosal medications may be helpful. Protheses are a last resort.

Dr William Haning, III, covered the outpatient evaluation and management of substance abusers. He described screening instruments used to assess abusers of alcohol and other drugs and criteria for deciding whether outpatient treatment is appropriate.

Dr Gerald McKenna discussed sources of physicians' stress and the impact on physicians' families. Stresses may come from the training experience, the demands of practice, failure to forgive oneself for mistakes, and the physician's personality. Stress may result in physical illness, depression, anxiety, and chemical dependence. Families may experience alienation from the physician, feel abandoned and they often suffer in silence. Chemical abuse/dependence is common; divorce and separation rates are high. Possible solutions are physician support groups, physicians health committees, psychotherapy (usually rejected), medication, or mentoring to improve practice management.

The Sunday morning session dealt with managed care. Robert C. Nickel (HMSA) gave an overview of managed care in Hawaii. Dr John Berthiaume discussed how physicians are selected, deselected, evaluated and compensated in managed care programs. Dr George Bussey described the effects of managed care on doctor-patient relationships and the ethical dilemmas which may arise. Dr Michael Nagoshi discussed practice guidelines and problems which may be associated with their use. Finally attorney Peter C. P. Char talked about medical-legal aspects of managed care and the potential liability of physicians. He emphasized the importance of careful documentation of the decision-making process and of discussions with the patient regarding informed consent.

Scientific Manuscripts

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Life and Death in Hawaii: Ethnic Variations in Life Expectancy and Mortality, 1980-1990

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