**Clinical Topics**

**Highlights of the HMA Scientific Session**

Russell Stodd, MD

**Friday, October 23, 1998**

**Why antibiotics are overpriced --**
Lawrence J. Eron, MD

A well presented discussion of over-use of antibiotics, such as with viral URIs, and resistance to drugs. Data was presented showing how resistance to antibiotics disappears when use is curtailed in hospital settings. Many newer drugs are very expensive and use should be limited to necessity. Interesting paper with good slide illustrations.

**Proper evaluations of breast lesions --**
Bradley D. Wong, MD

This was the best offering of the morning session to me. Excellent and interesting presentation of breast lesions with good slides, and stimulating question and answer session. When and why to refer to a surgeon was presented with mention of increased law suits relating to delayed diagnosis. Statistics and value fo mammography, and how to manage false negatives presented also. Mammography most useful when no palpable lesions. Also discussed appearance and significance of various types of nipple discharge. The presentation was casual, but not wandering. Very good material for clinical use.

**Impact of asthma management guidelines on outcomes --**
Danilo N. Ablan, MD

Author presented statistics about social and economic impact of asthma in managed care. Probably useful material for bean counters and money managers.

**Evaluation of patients with chest pain --**
David J. G. Fergusson, MD

This was a useful and interesting presentation with emphasis on significance of types of chest pain, e.g. repetitive episodes vs. prolonged pain. Presented pain as coming from the “box” being bones, joints, muscles and nerves vs. “contents” such as heart and pericardium, aorta, lungs and pleura, and esophagus (other GI). A lucid mechanism to help with presumptive diagnosis and appropriate tests and clinical characteristics to establish diagnosis.

**Impact of managed care on physician’s health: depression and other disorders --**
Gerald J. McKenna

Discussion of changes in physician behavior with managed care, and effects of loss of control to third party, frustrations, insurance hassles, lessening of professional stature, decreasing income—all factors leading to physician depression and sometimes substance abuse. No new or stimulating information or fresh perspective.

**Office based cancer screening --**
Randal J. Liu, MD

A good paper. This was appropriate complement to earlier breast cancer discussion with emphasis on GI and prostate evalutatin. Methods were described for screening and risk analysis for age and family history for GI disease, and all notes were well organized. The prostate screening centered on digital rectal exam and serum PSA. Value of PSA questioned because of false positives with BPH and prostatitis. Also mentioned PSA referance range dependent on age (higher values with age).

Myron Shirasu, MD, chairman of the annual meeting committee, did excellent job of organizing an interesting meeting with mostly useful material.