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Rather than trivializing a part of our Constitution, Dr. Susman might serve readers better by refraining from his own political rhetoric.

ERRATUM

“Do intra-articular steroid injections affect glycemic control in patients with diabetes?” (*J Fam Pract.* 2010;59:709-710) had an error in the author listing. The authors of this Clinical Inquiry are Erin Kallock, MD, and Jon O. Neher, MD (Valley Family Medicine Residency, Renton, Wash), and Sarah Safranek, MLIS (University of Washington Health Sciences Library, Seattle).

Inform patients—and colleagues—about HZ vaccine

After reading “Battling shingles: Fine-tune your care” (*J Fam Pract.* 2011;60:13-17), I would like to make the following points: First, in cases of trigeminal nerve involvement of herpes zoster (HZ), family physicians can start antiviral treatment without immediate referral to an ophthalmologist. Referral is only indicated in the presence of the Hutchinson sign in the early phase, visual complaints, and/or an unexplained red eye. Since vision-threatening ophthalmic complications usually do not develop in the first week after onset of skin rash, ophthalmic zoster is generally not an emergency. It is important to emphasize that antiviral medication should be started as soon as possible, independent of age and ophthalmic condition.¹

Second, Lu et al demonstrated that the major barrier to physician use of the zoster vaccine is concern about reimbursement.² In a Dutch primary care study, however, my colleagues and I identified other key factors. We assessed the willingness of elderly patients to accept a free offer of HZ vaccination, to be given with their annual influenza vaccine. Only 39% of those who received this offer accepted HZ vaccination, whereas compliance with the flu vaccine was 76%. The major determinants of patients' failure to agree to HZ vaccination were perceived lack of recommendation by the physician, unwillingness to comply with the physician's advice, and the perception of low risk of contracting HZ.³

These results demonstrate that taking away the reimbursement barrier to HZ vaccine may not lead to a desirable zoster vac-



ination rate. To increase the acceptance of zoster vaccination, physicians and patients need more information about HZ's impact on the elderly and the vaccine's effectiveness and cost effectiveness.

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1. Opstelten W, Zaal MJ. Managing ophthalmic herpes zoster in primary care. *BMJ.* 2005;331:147-151.
2. Lu PJ, Euler GL, Jumaan AO, et al. Herpes zoster vaccination among adults aged 60 years or older in the United States, 2007: uptake of the first new vaccine to target seniors. *Vaccine.* 2009;27:882-887.
3. Opstelten W, van Essen GA, Hak E. Determinants of non-compliance with herpes zoster vaccination in the community-dwelling elderly. *Vaccine.* 2009;27:192-196.

Gun control is not clinically relevant

As I value the liberties that we enjoy in this country, including freedom of the press, I was not offended by Dr. Susman's recent editorial (“Locked, loaded—and lethal,” *J Fam Pract.* 2011;60:63). I was, however, unimpressed with the decision to use this venue to share a very personal viewpoint on a topic that is far from clinically relevant. Indeed, the topic is political fodder when framed in the half-truth context in which it was presented. The attacks Dr. Susman referred to were truly deplorable, but their use in his editorial can best be described as literary manipulation in order to arouse emotions in support of his argument.

I, too, agree that the common American has no need for a fully automatic weapon; however, that does not mean we need a law banning its possession.

Furthermore, I agree with Dr. Susman's astute observation of violent subliminal messages in the rhetoric of politics. He would be equally bound by some code of editorial honesty, I would hope, to address any number of equally or more troubling violent themes and messages, such as those found in video games for preteens.

The Second Amendment has a deep and meaningful history. Rather than trivializing a part of our Constitution and marginalizing the National Rifle Association, elected congressmen, and Sarah Palin, Dr. Susman might serve

readers better by refraining from his own political rhetoric.

Adam Soto, MD
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My comments are apolitical. Further, I share the heartbreak that we felt for the victims of the shooting in Tucson (as well as all the other senseless shootings).

But we are inundated with the points of view of the left and the right in every media outlet known to man. Heretofore, I could escape from that for a while by sitting down with *The Journal of Family Practice* and reading articles that interested me and made me a better family physician. I did not have to be subjected to attacks on politicians, their

positions, and the social issue du jour. Alas, Dr. Susman has ruined that!

I realize that what he wrote is an editorial, therefore an opinion piece. However, the editorials in this educational journal should relate to issues involving the everyday practice of family medicine. Please spare me the "gun control is such an issue" argument, because it is not. Regardless of one's position, gun control is a social issue that has never come up in the day-to-day care of patients in my practice of 30 years.

Please save this type of editorial for other more appropriate forums. Publishing Dr. Susman's rant, I believe, has done an injustice to the integrity of the journal.

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