Taking the time to get it right

I cannot agree more with Dr. Hickner's editorial, "The power of the pause to prevent diagnostic error" (*J Fam Pract*. 2022;71:102). In 1974, when I started at the Medical College of Virginia, I thought I was going to be a medical researcher. By mid-1978, I had completely changed my focus to family medicine. Fortunately, my drive for detail and accuracy remained, albeit at odds with a whirlwind residency and solo practice. I drove my staff (and wife) crazy because I frequently spent more than the "allotted" time with a patient. The time was not wasted; it was most important for me to gain the trust of the patient and then to get it right—or find a path to the answer.

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Don't overlook this cause of falls

I enjoyed reading "How to identify balance disorders and reduce fall risk" (*J Fam Pract*. 2022;71:20-30) from the January/February

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issue. I was, however, disappointed to see that normal pressure hydrocephalus (NPH) was not discussed in the article or tables.

Recently, I took care of a 72-year-old patient who presented after multiple falls. In conjunction with Neurology, the presumptive diagnosis of Parkinson disease was made. However, the patient continued to experience a health decline that included cognitive changes, nocturia, and the classic "magnetic gait" of NPH (mnemonic for diagnosing this triad of symptoms: weird, wet, wobbly). The presumptive diagnosis was then changed when the results of a fluorodopa F18 positron emission tomography scan (also known as a *DaT scan*) returned as normal, essentially excluding the diagnosis of Parkinson disease.

The patient has since seen a dramatic improvement in gait and cognitive and urinary symptoms following a high-volume lumbar puncture and placement of a ventriculoperitoneal shunt.

This case demonstrates the importance of considering NPH in the differential diagnosis for patients with balance disorders. Prompt diagnosis and management can result in a variable, but at times dramatic, reversal of symptoms.

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