Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Workup for Low Back Pain

To the Editor:

Family Practice Grand Rounds by Davidson et al, "Perinephric Abscess and Chronic Low Back Pain" (*J Fam Pract 15:1059, 1982*), was most interesting. Again we are vividly reminded that the elderly often present in atypical fashion.

However, I found Dr. Daehler's comments concerning the minimum workup of a 59-year-old woman who presents with back pain most unfortunate. Although he concedes "a good examination is the first priority," Dr. Daehler follows that statement with a recommendation for a litany of laboratory tests that would surely impress even the most skeptical internist. An x-ray examination is also mentioned, although with the disclaimer that it "is not necessary on the first visit in all patients with back pain."

It is distressing that not one word of Dr. Daehler's remarks on the minimum workup is devoted to the history. Granted, in the example the patient does not speak English, but does this automatically preclude obtaining a history, formulating a differential diagnosis, and only then selecting those tests that are truly indicated?

The smorgasbord of laboratory tests advocated as the minimum workup would result in a $75 to $125 bill for that patient on her initial office visit. Some might argue this is the cost of emergency room medicine. It may be, but this is a *family medicine* Grand Rounds, with its emphasis on knowledge of the patient and the patient's family and continuity of care. In that respect it is most difficult, if not impossible, to accept Dr. Daehler's recommendations for the minimum workup of back pain in an elderly woman.

I am equally confused by Dr. Daehler's comment about the bone scan. What does he mean by "of more value"? Was he hinting that one should obtain a scan rather than a "routine x-ray examination" if a fracture is suspected? I hope not.

In the future I hope we can maintain a jaundiced eye when reading

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articles with similar recommendations concerning "the minimum workup." Let us not forget that the history is the most important element of the minimum workup. And let us demand, as we do in other areas of medicine, that those who propose these so-called minimum workups base their recommendations on scientific rationale and cost effectiveness, and support their claims with documentation from the medical literature.

Paul D. Fuchs, MD
Family Medicine Resident
Worcester, Massachusetts

Adolescent Health Care and Family Practice

To the Editor:

Poole and Morrison's recent article[1] reflecting diagnostic information on adolescents collected from 12 family practices in Colorado provides an interesting appendix for the comprehensive summary of ambulatory health care data recently published by the National Center for Health Statistics (NCHS).[2] Unfortunately, because the age groups selected by the National Ambulatory Medical Care Survey (NAMCS) are slightly different (either 11 to 14 years and 15 to 24 years, or less than 15 years and 15 to 24 years, depending on the category) direct comparisons are not possible. However, a brief look at the national data does verify some of the conclusions drawn by the authors.

First, the importance of general practitioners and family physicians in the care of adolescents is confirmed by the fact that patients in both early and late adolescent years get more health care from general practitioners and family physicians than any other group of health care providers (Table 1). Moreover, only patients over the age of 65 years have a higher percentage of their health care visits directed by family physicians and general practitioners than the 15- to 24-year-old group (37.1 percent of all visits vs 36.9 percent of all visits). We assume, therefore, that the patients are "voting with their feet" that the family physician and general practitioner's office is the most likely place for them to seek care.

Table 1. Percent of All Patient Visits by Physician Specialty

Specialty	Age (yr) 11-14	15-24
General and family practice	35.0	36.9
Internal medicine	3.9	6.2
Pediatrics	30.2	4.7

National figures on frequency of specific diagnoses diverge slightly from the authors' data but generally corroborate their conclusions on the importance of certain specific adolescent health care issues (Table 2). One of the most interesting statistics emerging from the national data and echoed in the authors' study is the high percentage of adolescents who visit a physician for a "general medical examination" (NCHS terminology) or "general health maintenance" (authors' terminology). This is exciting in that adolescence is a crucial time for inculcating good health, diet, and exercise habits and this can often be most successfully done during the "general" health care evaluation and examination.

For those of us who confine our professional lives to the care of

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adolescents and the training of those who will continue this care, the message from the NAMCS is inescapable: If we are really interested in providing the best health care possible for adolescents and young adults, and if we have a special interest in training those who will provide care to this group, we must align ourselves with family practice programs and participate actively in the training of family physicians. We can only hope that our peers involved in organizing and directing family practice programs will appreciate our interest and recognize that we have something special to offer.

Lawrence J. D'Angelo, MD, MPH
Chairman, Adolescent and Young Adult Medicine
Children's Hospital National Medical Center
Washington, DC

References

1. Poole SR, Morrison JD: Adolescent health care in family practice. J Fam Pract 16:103, 1983

2. Gagnon RO, DeLuzier JE, McLemore T: National ambulatory medical care survey, United States, 1979 summary. In National Center for Health Statistics (Hyattsville, Md): Vital and Health Statistics, series 13, No. 66. DHHS publication No. (PHS) 82-1727. Government Printing Office, 1982

Table 2. Rank Order of Adolescent Diagnoses

Poole and Morrison[1]		NAMCS[2]	
Diagnoses	Percent of All Diagnoses	Diagnoses	Percent of All Diagnoses
1. Obstetrical care	15.9	1. Normal pregnancy	11.9
2. General health maintenance	13.3	2. General medical examination	5.1
3. Upper respiratory tract infection	8.4	3. Acne	4.0
		4. Sprains	3.8
4. Sprain	4.2	5. Allergic rhinitis	2.6
5. Contraception	3.1	6. Upper respiratory tract infection	2.2
6. Laceration	2.7		
7. Pharyngitis	2.3	7. Inflammatory disease—female pelvis	2.2
8. Abdominal pain	1.8		
9. Acne	1.8	8. Neurotic and personality disorder	2.1
10. Cystitis	1.7		
11. Bruise/contusion	1.7	9. Pharyngitis	1.8
12. Vaginitis	1.7	10. Disorders of refraction	1.8
13. Fracture	1.7	11. Tonsilitis	1.5
14. Menstrual disorders	1.6	12. Viral warts	1.5
15. Warts	1.6	13. Contraception	1.4
16. Bronchitis	1.4	14. Fracture of upper limb	1.3
17. Hay fever	1.4		
18. Acute otitis media	1.3	15. Rheumatism	1.3
19. Headache	1.2	16. Obesity	1.3
20. Viral syndrome	1.1	17. Allergy, unspecified	1.2
		18. Bronchitis	1.2
		19. Open wound	1.1
		20. Contact dermatitis and eczema	1.1