HELPING PATIENTS NAVIGATE THE WEB IS TRICKY, BUT WORTHWHILE

Most patients and physicians are very familiar with “Dr. Google,” one nickname for the now common practice of using the Internet to self-diagnose aches and pain. Some patients may view online research as a way to empower themselves about their care, while some physicians may fear that if patients uncover inaccurate information they’ll have to rule out more “zebras” during each visit than ever before. Today’s tools can be of benefit, experts say, if physicians engage with patients about them and help them interpret what they find. In our cover story on page 1, Stacey Butterfield delves into the online resources available to patients, looks at the pros and cons, and talks to physicians for suggestions about how best to incorporate these resources in everyday practice.

To continue the Internet theme, we turn to physicians’ online presence, which has become increasingly important in recent years. Patients and colleagues now look to rating sites and social media to share and gather opinions on doctors’ practices as they would for any other business. Wondering whether to respond to a bad online review, whether to combine personal and professional webpages, and even whether to have a webpage at all are just a few of the tricky questions that all physicians will need to answer. This issue features a Q&A with blogger and ACP Member Kevin Pho, MD, well known for his popular website KevinMD.com. Turn to page 12 for Dr. Pho’s advice on establishing and maintaining an online presence, dealing with negative information, and promoting yourself and your practice.

This issue’s second cover story, meanwhile, addresses back pain, one of the most common reasons patients visit internists’ offices and potentially one of the most frustrating problems to treat. A quick fix is often impossible to achieve, and the “wait-and-see” approach advocated by guidelines can be difficult for patients to accept. Our story, also starting on page 1, looks at how internists can manage patients’ expectations regarding treatment and offers tips on overcoming barriers to provision of evidence-based care.

Finally, this issue also features a profile of Aziz Kamali, MD, FACP: a general internist and professor who is dedicated to helping improve health care in Afghanistan. Fifteen years ago, he started a clinic for Afghan refugees in Pakistan; the clinic moved to Afghanistan in 2008 and is now a 30-bed hospital in Jalalabad. Dr. Kamali’s plans for the future include a state-of-the-art hospital that will both provide health care to Afghan patients and help train new health care professionals. To learn more about his work, turn to page 11.

Please let us know your opinions of the articles in this issue at acpinternist@acponline.org. As always, we’d love to hear from you.

Sincerely,
Jennifer Kaurney-Strouse

ACP INTERNIST WEEKLY

Cartoon Caption Contest

Put words in our mouth

ACP InternistWeekly has compiled the results from its latest cartoon contest, where readers are invited to match wits against their peers to provide the most original and amusing caption.

This issue’s winning cartoon caption was submitted by Cy Anderson, MD, ACP Member. Thanks to all who voted! The winning entry captured 51% of the votes.

Captions and voting are conducted through ACP InternistWeekly. If you’re not already receiving ACP InternistWeekly, visit www.acpinternist.org/subscribe; contact Customer Service at 800-523-1546, ext. 2600, or direct at 215-351-2600 (M-F, 9 a.m. to 5 p.m. EST); or send an e-mail to custserv@acponline.org.

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Test Yourself

MKSAP Quiz: Intermittent abdominal discomfort

A 61-year-old woman is evaluated for intermittent abdominal discomfort and a bloating sensation. Approximately 2 months before the swelling started, the patient had a pruritic, gradually progressive rash characterized by redness of the face, and a pruritic rash on her chest, upper back, shoulders, hands, and lateral hips. She has no muscle pain, weakness, or joint pain. Pertinent family history includes breast cancer in her mother and ovarian cancer in her grandmother. Mammogram, Pap test, and esophagogastroduodenoscopy, all performed within the last year, were normal.

On physical examination, vital signs are normal. BMI is 30. There is violaceous erythema of the periorbital region. She has reticulate and poikilodermatous erythema of the V-neck of the chest with areas of cutaneous ulceration. There are small, flattened erythematous papules over the distal and proximal interphalangeal joints. Skin findings are shown.

Lungs are clear. There is no lymphadenopathy or hepatosplenomegaly. There is trace lower extremity edema. The patient has normal strength and no difficulty raising her arms or rising from a chair without using her arms to help. Pelvic examination is normal.

Laboratory findings reveal normal complete blood count, comprehensive metabolic profile, and serum aminotransferase, creatine kinase, and aldolase levels. Electrolymogram of the right arm and leg is normal.

Which of the following is the most appropriate diagnostic study for this patient?
A: Antinuclear antibody serologic testing
B: Serum CA 19-9 and carcinoembryonic antigen measurement
C: Thigh muscle biopsy
D: Transvaginal ultrasound

See Test Yourself, page 16, for answer

Crossed Words

Holiday surprise

By Justin Vader, MD, ACP Resident/Fellow Member

Answers to clues are placed horizontally and rows to reveal an answer written vertically. Unlike the familiar acrostic puzzle format, the final answer can be in any column.

Horizontal clues
1) The effect of Mustard on mixed-up blood in the heart
2) Pretty primitive as reflexes go
3) Brain nucleus with a bend toward appetite
4) Selective, akinetic—we can’t say
5) Sclerolipidating feature of migraine
6) Diagnosis takes time or Kvetim
7) Can be a real pain in the butt … and thigh
8) Baker’s dozen pounds, different metric

Find in the vertical columns: Christmas never had enough of this

See Crossed Words, page 16, for answer