

Letters to the Editor

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Please include your complete address, e-mail address, telephone number, and fax number. Letters should be fewer than 500 words and limited to six references and one table or figure.

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Additional Tips for Physicians Making House Calls

Original Article: House Calls

Issue Date: April 15, 2011

Available at: <http://www.aafp.org/afp/2011/0415/p925.html>

TO THE EDITOR: I began general practice in 1957 in a semirural community of 7,000 citizens. The lessons I learned about making house calls in those days are just as relevant to the smart-phone-equipped physicians making house calls today.

It is important to establish good rapport with local law enforcement, so that they can be called on to provide backup for house calls made at night or in areas of uncertain safety. Police should also know what car you drive. I found it reassuring to let them know when and where I was making the house call, and about what time I should return to my home or office. I would then report the time of my return.

In addition to the list of suggested equipment mentioned in the article, I would add a flashlight that can be carried in one hand, placed on a surface near the patient, and stabilized as much as possible. Available lighting often is too poor to notice pallor and icterus. A flashlight is also helpful when climbing up and down dark stairways.

When entering a patient's home, evaluate the surroundings before deciding whether to remove your coat or keep it on. If you decide to remove it, keep it where you can see it.

Although I have retired from practice, I am grateful to the authors for the best article on the subject of house calls that I have encountered.

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Cates Plot for Risks and Benefits of Aspirin Chemoprevention

Original Article: Global Risk of Coronary Heart Disease: Assessment and Application

Issue Date: August 1, 2010

Available at: <http://www.aafp.org/afp/2010/0801/p265.html>

TO THE EDITOR: I found the article "Global Risk of Coronary Heart Disease: Assessment and Application" very helpful. However, I have a concern about the Cates plot illustrated in Figure 3, which I find potentially useful. The Cates plot does not show serious adverse effects caused by aspirin use, which may result in hospitalization or death in some patients from gastrointestinal blood loss.¹ Perhaps an additional color of sad faces can be included in such a plot to represent the number of patients per 1,000 who would be adversely affected by aspirin chemoprevention. As illustrated in the article, the figure includes only benefits, but not risks, of aspirin chemoprevention.

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Author disclosure: No relevant financial affiliations to disclose.

REFERENCE

1. U.S. Preventive Services Task Force. Aspirin for the prevention of cardiovascular disease: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2009;150(6):396-404.

IN REPLY: We thank Dr. Moscow for his letter and agree that the portrayal of the potential harms of aspirin therapy would add to the clinical usefulness of the pictograph. *The accompanying figure* is an example of how benefits and harms might be congruently displayed. In a group of 1,000 men 45 to 59 years of age who have a 10 percent global risk of a coronary heart disease event, the following outcomes can be expected over ►

Cates Plot Showing Risks and Benefits of Aspirin Chemoprevention

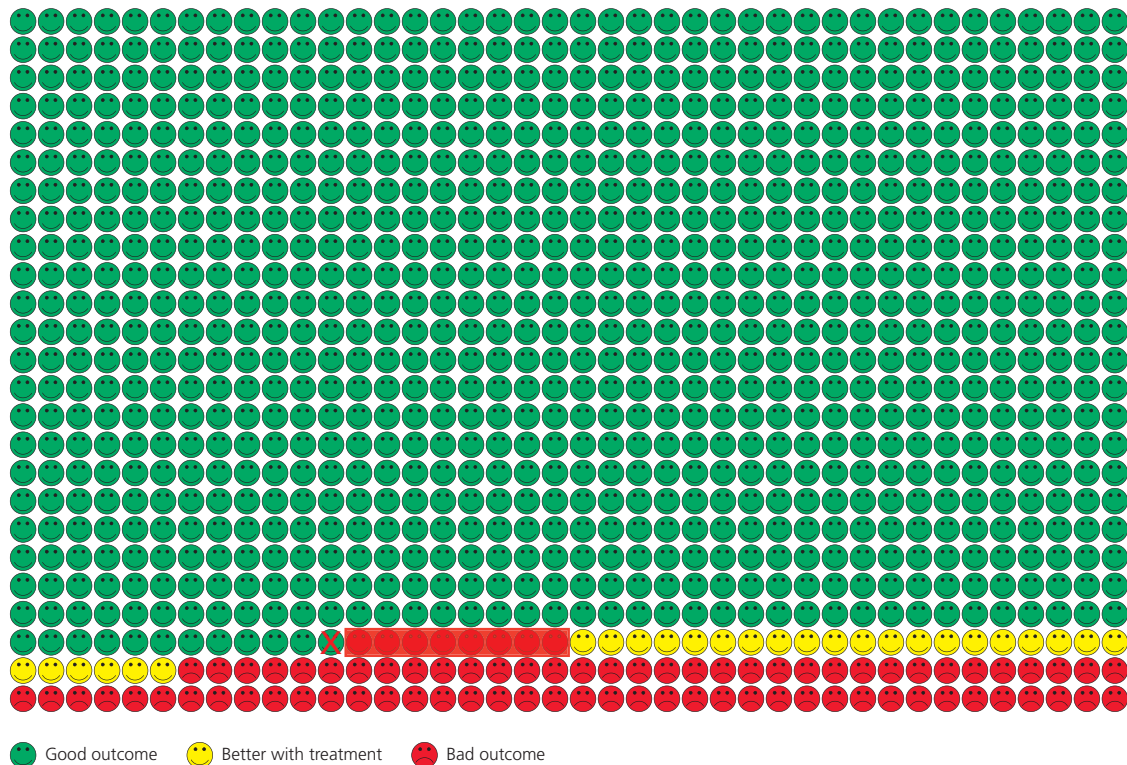


Figure. Modified pictograph showing addition of potential harms of aspirin chemoprevention.

The pictograph shows a population of 1,000 men 45 to 59 years of age who have a 10 percent global risk of a coronary heart disease (CHD) event and who have been receiving aspirin for 10 years to reduce their risk. Green faces represent the number of men who would not benefit because they are not among the 10 percent predicted to have a CHD-related event. The red faces represent the approximate number of men who would have an event despite receiving aspirin. The yellow faces represent the men who would not have an event because it was prevented by aspirin. The reddened rectangle highlights the approximate number of people who would have a gastrointestinal bleed. The red X indicates the one person on average who would sustain a hemorrhagic stroke as a result of receiving the aspirin.

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10 years of aspirin therapy: approximately eight men will have gastrointestinal bleeding from aspirin use, and approximately one person would have a hemorrhagic stroke.¹ Although this kind of simultaneous portrayal of potential benefits and risks has been described,² we found no evidence of the effectiveness of this approach. An alternative to the single pictograph would be to show a second pictograph beside it to illustrate the potential harms of treatment.³ This may be a better approach because there is no way to predict overlap (or lack of overlap) among patients who may benefit and those who may be harmed.

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3. Hawley ST, Zikmund-Fisher B, Ubel P, Jancovic A, Lucas T, Fagerlin A. The impact of the format of graphical presentation on health-related knowledge and treatment choices. *Pat Ed Counsel.* 2008;73(3):448-455. ■