

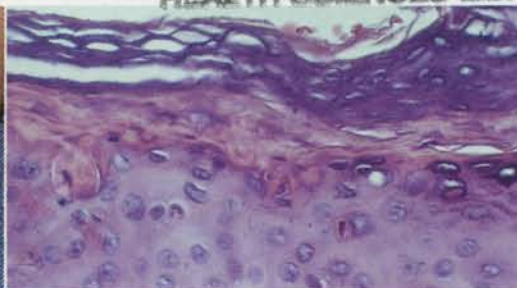
# ARCHIVES

OF

# FAMILY MEDICINE

JUNE 1996

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See Special Selection, page 321.

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THE HEALTH CARE EXPERIENCE  
OF PATIENTS WITH LOW LITERACY

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ANGIOTENSIN II RECEPTOR BLOCKERS

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EDUCATING PATIENTS ABOUT CYSTIC  
FIBROSIS CARRIER SCREENING

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THE ASSOCIATION OF URINARY TRACT  
INFECTION WITH A RECENT PELVIC  
EXAMINATION IN WOMEN

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HORMONE REPLACEMENT THERAPY AND  
BREAST CANCER RISK

American Medical Association

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In reply

We greatly appreciated the response to our article. Stevens et al should be commended for their thoughtful insights regarding the assessment of pediatric immunization rates. Their insights are based on a large study, the results of which we look forward to seeing published.

It is true that many barriers exist in calculating a clinic's own pediatric immunization rate. One barrier that was not discussed is physician education. Physicians have been trained in a clinical modality that focuses on the individual patient sitting across the examination room. This perspective makes it very difficult for the physician to see "the big picture."

The calculation of our clinic's immunization rate is an example of community-oriented primary care in practice. Community-oriented primary care allows physicians to see the whole of their practice in a larger community context.<sup>1</sup> Such a perspective is important in a managed care environment such as that described by Stevens et al.

Other equally important barriers include energy and enthusiasm. There is no greater resource than the energy created by a concept in which you truly believe. Dr Hacker was a very busy second-year resident during the study. He dedicated many postcall hours without additional financial remuneration.

We practice medicine in a world of constraints. There is limited money. We are all short-staffed. There is limited time. We hope that our ability to learn and our enthusiasm for caring are not limited by the realities of practice. In agreement with Stevens et al, let us focus our energies

on identifying barriers to pediatric immunizations and overcoming them.

Ronald W. Chapman, MD, MPH  
Department of Family Practice  
University of California  
Davis

Trevor W. Hacker, MD  
Shasta Cascade Family Practice Residency  
Redding, Calif

1. Nutting PA. *Community-Oriented Primary Care: From Principle to Practice*. Albuquerque: University of New Mexico Press; 1990.

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### National Stuttering Awareness Week

**W**e want to thank you for the generous public service advertisement on stuttering, which was placed for us in the May issue of the ARCHIVES (1995;4:468). The response was outstanding.

We heard from many of your readers who either stutter themselves or are concerned about a family member or a patient who stutters. We hope that our materials will bring them the help they need to deal with this complex disorder.

We know that they join us in thanking you for your outstanding public service efforts on their behalf and for your support of our cause.

Jane Fraser  
Stuttering Foundation of America  
Memphis, Tenn

#### Clinical Pearl

Increased intake of fruits and vegetables was associated with a lower rate of strokes in men. For each increment in 3 servings a day, there was a 22% decrease in the risk of stroke, including transient ischemic attacks. Patients with the lowest quintile of intake (mean, 1.3 servings per day) had 2.4 times the stroke incidence of the highest quintile of intake (mean, 9.6 servings). (JAMA. 1995;273:1113-1117.)

during menses or at other times; recent medications; smoking status and history; and in particular, a more detailed sexual history, including numbers of partners, duration of current and past relationships, and types, frequencies, and trauma of recent sexual activities. Numbers of past UTIs, including information on timing and dependability of the diagnosis (based on the performance of a culture and/or a urinalysis) need to be included. Past cytology smear frequencies and whether these were obtained for screening purposes only or were done in conjunction with another reason for the visit (eg, contraceptive planning or genitourinary symptoms) also need to be documented.

Third, the details of the pelvic examination may be relevant to any association found. What were the physical findings at the time of the examination? What materials were inserted into the vagina? This includes lubricants, types of gloves used, and documentation of the types of cleansers used on the speculums, the residues of which could potentially be sensitizing. What was the level of difficulty experienced in inserting and positioning the speculum and in the bimanual examination? Any action or substance that may be related to trauma, irritation, or migration of bacteria from one site (eg, perineum) to another (eg, urethra and bladder) should be assessed.

This study has taken the first step in assessing a factor that may be causally related to the high prevalence of UTIs in sexually active women. Owing to the suggested association found in this preliminary study, further research is clearly needed to assess this possible relationship. When other potentially confounding factors are taken into account, a clearer view of the reason for this observed association will be possible, and, at that point, directed interventions can be tested for their impact in reducing the morbidity rate associated with the UTI.

Barbara D. Reed, MD, MSPH  
Ann Arbor, Mich

## REFERENCES

1. Tiemstra JD, Sinacore JM. The association of urinary tract infection with a recent pelvic examination in women. *Arch Fam Med*. 1996;5:357-360.
2. Berg AO, Heidrich FE, Fihn SD, et al. Establishing the cause of genitourinary symptoms in women in a family practice: comparison of clinical examination and comprehensive microbiology. *JAMA*. 1984;251:620-625.
3. Komaroff AL, Pass TM, McCue JD, Cohen AB, Hendricks TM, Friedland G. Management strategies for urinary and vaginal infections. *Arch Intern Med*. 1978; 138:1069-1073.

### Clinical Pearl

Thiamine (Vitamin B<sub>1</sub>) levels may be low in patients receiving furosemide for congestive heart failure. In 30 patients with heart failure receiving furosemide, a randomized trial found that 1 week of intravenous thiamine followed by oral thiamine significantly improved left ventricular function. The left ventricular ejection fraction increased by 22%. (*Am J Med*. 1995;98:485-490.)