



## **Patient Education February 2004**

1: AIDS Patient Care STDS. 2003 Nov;17(11):581-94.

Program to enhance health literacy and treatment adherence in low-income HIV-infected Latino men and women.

van Servellen G, Carpio F, Lopez M, Garcia-Teague L, Herrera G, Monterrosa F, Gomez R, Lombardi E.

Acute Care Section, UCLA, Los Angeles, California.

This paper reports the initial results of a pilot study to evaluate the acceptability and effectiveness of a program to enhance health literacy in low-income HIV-infected Latino men and women receiving antiretroviral therapy. Participants rated the program highly on measures of satisfaction, providing evidence of its acceptability. The effectiveness of the program was assessed in comparisons of the intervention (n = 41) and standard care only (n = 40) groups at baseline and 6-week intervals. Program participants showed significant improvement over comparison group participants on measures of HIV/AIDS and treatment-related knowledge and recognition and understanding of HIV terms. Although there were no significant changes in adherence mastery and behaviors during the 6-week follow up period, there were significant changes in program participants' knowledge about medication adherence. Future steps to examine the sustainability of the program in the medical management of patients are planned in addition to determining its long-range relative impact.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 14746666 [PubMed - indexed for MEDLINE]

2: Am Fam Physician. 2004 Jan 1;69(1):35, 39-40.

Redefining appropriate use of antibiotics.

Gums JG.

Publication Types:

Editorial

Review

Review, Tutorial

PMID: 14727818 [PubMed - indexed for MEDLINE]

**Library Program Office**  
**Office of Information**  
Veterans Health Administration

3: Am Fam Physician. 2004 Jan 1;69(1):120-6.  
Diagnostic approach to tinnitus.

Crummer RW, Hassan GA.

Department of Family Practice, State University of New York-Downstate, Brooklyn,  
New York 11203, USA. richard.crummer@downstate.edu

Tinnitus is a common disorder with many possible causes. Most cases of tinnitus are subjective, but occasionally the tinnitus can be heard by an examiner. Otologic problems, especially hearing loss, are the most common causes of subjective tinnitus. Common causes of conductive hearing loss include external ear infection, cerumen impaction, and middle ear effusion. Sensorineural hearing loss may be caused by exposure to excessive loud noise, presbycusis, ototoxic medications, or Meniere's disease. Unilateral hearing loss plus tinnitus should increase suspicion for acoustic neuroma. Subjective tinnitus also may be caused by neurologic, metabolic, or psychogenic disorders. Objective tinnitus usually is caused by vascular abnormalities of the carotid artery or jugular venous systems. Initial evaluation of tinnitus should include a thorough history, head and neck examination, and audiometric testing to identify an underlying etiology. Unilateral or pulsatile tinnitus may be caused by more serious pathology and typically merits specialized audiometric testing and radiologic studies. In patients who are discomforted by tinnitus and have no remediable cause, auditory masking may provide some relief.

Publication Types:

Review

Review, Tutorial

PMID: 14727828 [PubMed - indexed for MEDLINE]

4: Am Fam Physician. 2004 Jan 1;69(1):111-6.  
Vertebral compression fractures in the elderly.

Old JL, Calvert M.

Department of Family Medicine, University of Kansas School of Medicine, Kansas  
City, Kansas 66160, USA. jold@kumc.edu

Compression fracture of the vertebral body is common, especially in older adults. Vertebral compression fractures usually are caused by osteoporosis, and range from mild to severe. More severe fractures can cause significant pain, leading to inability to perform activities of daily living, and life-threatening decline in the elderly patient who already has decreased reserves. While the diagnosis can be suspected from history and physical examination, plain roentgenography, as well as occasional computed tomography or magnetic resonance imaging, are often helpful in accurate diagnosis and prognosis. Traditional conservative treatment includes bed rest, pain control, and physical therapy. Interventional procedures such as vertebroplasty can be considered in those patients who do not respond to initial treatment. Family physicians can help patients prevent compression fractures by diagnosing and treating predisposing factors, identifying high-risk patients, and educating patients and the public

about measures to prevent falls.

Publication Types:

Review

Review, Tutorial

PMID: 14727827 [PubMed - indexed for MEDLINE]

5: Diabetes Educ. 2003 Nov-Dec;29(6):933-53.

The educator's guide to diabetes resources.

American Association of Diabetes Educators.

Publication Types:

Directory

PMID: 14746338 [PubMed - indexed for MEDLINE]

6: J Can Dent Assoc. 2004 Feb;70(2):94-8.

Smoking cessation services provided by dental professionals in a rural Ontario health unit.

Brothwell DJ, Armstrong KA.

Community Dentistry, Faculty of Dentistry, University of Manitoba, Winnipeg, Manitoba, Canada. brothwell@ms.umanitoba.ca

**PURPOSE:** This study was undertaken to determine what smoking cessation services dental professionals in Ontario's Wellington-Dufferin-Guelph Health Unit (WDGHU) provide before disseminating a smoking cessation information package. **METHODS:** Data were collected with 540 self-administered questionnaires mailed to 60 local dental offices. Replies were requested from all dentists, dental hygienists, dental assistants and other dental staff working in each dental office. **RESULTS:** Completed responses were obtained from 126 dental personnel in 28 (47%) of the 60 dental offices surveyed. The proportion of dental offices, dentists and hygienists providing cessation services to most patients was as follows: asking patients about tobacco-use status, 46%, 31% and 32%; advising tobacco users to quit, 46%, 32% and 29%; assessing tobacco users' interest in quitting, 46%, 25% and 19%; and assisting interested patients to quit, 25%, 6% and 13%, respectively. **CONCLUSION:** This survey indicates that most dental professionals in the WDGHU do not provide proven smoking cessation services. An opportunity exists to increase the proportion of dental professionals providing proven smoking cessation interventions as part of routine patient services.

PMID: 14756939 [PubMed - indexed for MEDLINE]

7: Johns Hopkins Med Lett Health After 50. 2001 Aug;13(6):6-7.

Same-day surgery: your step-by-step guide.

[No authors listed]

PMID: 14723198 [PubMed - indexed for MEDLINE]

