JAMA
The Journal of the American Medical Association

Quick Uptakes . . . - August 27, 1997

JAMA

Inadequate Pain Knowledge . . .

Deficiencies in medical education and the shifting landscape of health care delivery are combining to produce new physicians who are poorly versed in cancer pain control.

In a survey of 81 resident physicians, researchers at Washington University School of Medicine in St Louis, Mo, reported that only 5% correctly converted an intravenous dose of morphine to the oral equivalent. Most of the residents also thought that maximum cancer pain relief occurs soon after the start of radiation therapy. In fact, it takes 12 to 20 weeks for patients to feel maximum pain relief.

"The [survey] questions were considered to be reasonable knowledge for physicians in training, but most of those in the study couldn't answer them," said Joanne E. Mortimer, MD, associate professor of medicine and head of clinical oncology at Washington University.

Of the 55 medical schools where the surveyed residents earned their medical degrees, only 8 offered a course in cancer pain management, the researchers reported. They said that as more cancer treatment is given on an outpatient basis in managed care settings, fewer residents will receive hands-on training in cancer pain issues such as drug toxicities and radiation therapy.

The study appeared last month in the *Journal of Pain and Symptom Management*.

(JAMA. 1997;278:620)

. . . But Higher Pain Prevalence

Nursing home patients have made modest gains in a number of health areas during recent years. Yet a new study reports that the prevalence of daily pain has increased substantially.

Researchers at the University of Michigan in Ann Arbor and several other institutions set out to determine the impact of the national resident assessment instrument that was federally mandated in the early 1990s to assess and improve treatment for nursing home residents. The

researchers analyzed data from more than 2000 nursing home residents that compared the prevalence of 8 common health conditions from 1990, before the instrument was used, and from 1993, after it had been implemented in virtually all US nursing homes.

They found that the prevalence of dehydration was cut in half, stasis ulcer declined by 40%, highly impaired vision dropped by 24%, and poor teeth by 20%. But the prevalence of daily pain increased by nearly one third, from 13% of nursing home residents in 1990 to 17% in 1993. The researchers said a specific assessment protocol for pain is needed. The study is in this month's *Journal of the American Geriatrics Society*.

(JAMA. 1997;278:620)

Battered Men

While medical groups champion campaigns to reduce domestic violence against women, a new study indicates that men are victims as often as women.

The study included 516 patients who presented at the emergency department of Charity Hospital, New Orleans, La, in July 1995. Using the index of spouse abuse (ISA), a validated survey tool, researchers determined the prevalence of domestic violence in 4 areas: physical violence that occurred recently or more than a year ago and nonphysical violence that was recent or had occurred in the past.

Based solely on ISA scoring, the researchers said 19% of the women patients and 20% of the men had experienced recent physical violence. They pointed out that some experts fear attention to domestic violence against men will de-emphasize the importance of services for women.

"Recognition of the global nature of violence may be more realistic than assuming that only women are victims," the researchers wrote in this month's *Annals of Emergency Medicine*.

(JAMA. 1997;278:620)

Reduce Redundancy

Two major health care accrediting groups have agreed to cut duplication of efforts in evaluating physician groups.

Last month, the Joint Commission on Accreditation of Healthcare Organizations, in Oakbrook Terrace, Ill, and the Medical Quality

Commission, in Seal Beach, Calif, entered into an interim agreement. It states that the Joint Commission will accept Medical Quality Commission accreditation of physician groups when the health care networks they're affiliated with seek Joint Commission accreditation.

More than 30 medical groups and independent practice associations have received Medical Quality Commission accreditation based on satisfactory performance in 150 quality standards.

(JAMA. 1997;278:620)

Differentiating Lung Cancers

Major differences in therapeutic approaches make it critical for physicians to determine whether a lung cancer is non-small cell or small cell.

In a new statement, the American Thoracic Society (ATS) said the diagnosis is difficult, producing disagreements among expert lung cancer pathologists in 5% to 7% of cases. But once diagnosed, the ATS statement said computed tomography of the chest is accepted for staging non-small cell lung cancer.

The ATS also noted that it is important to group patients into anatomic subsets to help predict prognosis and determine therapeutic options. Patients in clinical stages IA or IB or IIA or IIB should be referred to a thoracic surgeon who is expert in lung cancer because surgery has produced the best long-term survival rates in these groups. Patients with stage IIIB lung cancer typically are treated with chemotherapy or radiotherapy.

The statement appeared in the July issue of the *American Journal of Respiratory and Critical Care Medicine*.

(JAMA. 1997;278:620)

Unnecessary Antibiotics

Dental patients who have had total joint replacements don't necessarily need antibiotic prophylaxis.

Even though acute infections in the oral cavity and other sites in the body can cause late implant infection, an expert panel gathered by the American Dental Association and the American Academy of Orthopaedic Surgeons (AAOS) has issued a statement advising against

routine antibiotic prophylaxis in dental patients with pins, plates, and screws and in most patients with total joint replacement.

"Physicians and dentists don't want to jeopardize the effectiveness of our arsenal of antibiotics to fight infection through indiscriminate use. It's also not cost-effective to routinely administer antibiotics when it is not necessary," said William Tipton, MD, executive vice president of the AAOS.

However, the advisory statement includes a list of conditions that could increase a patient's risk of hematogenous total joint infection: immunosuppression from medication, radiation, or diseases such as rheumatoid arthritis or systemic lupus erythematosus; insulin-dependent diabetes mellitus; previous prosthetic joint infections; or the first 2 years following joint replacement.

The statement was released last month and appears on the AAOS Web site at http://www.aaos.org/.

—by Rebecca Voelker

(JAMA. 1997;278:620)

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