

Editor's Message

Alphabet Soup

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In my first editorial message I wish to thank the outgoing editor Meridith Norris, DO, FACP; managing editor, Belinda Bombei, MS and the chair of the editorial committee, Peter Zajac, DO, FACP for their encouragement. Let me introduce Ronald Januchowski, DO, FACP who has agreed to serve as the associate editor for the next three years with plans of assuming the editor position after that time. This journal requires reviewers, writers and especially readers to continue, and as a reader we invite you to become a writer.

This edition of the journal offers several articles of interest to the osteopathic family physician as we go about our work as generalists. Each article contains acronyms that are used freely in the specialties of the subjects.

The article about new oral anticoagulants (NOA) reviews these new alternatives to warfarin and heparin. These medications are approved to treat non-valvular atrial fibrillation (NVAF) as well as prevention and treatment of deep vein thrombosis (DVT) and stroke. There is some convenience in avoiding injections to treat DVT at the time of diagnosis and avoiding bridging therapy. These drugs are expensive and we need to make sure the patient can get care if they cannot afford these medicines.

The article on stroke prevention also stresses the same anticoagulants. Elderly patients are at the highest risk for stroke and thus may benefit the most from these medicines for stroke prevention. Many elderly patients in America are poor and they fall. Ask if they can afford the medicine or will they need to go without food to purchase the drug? Ask when they last fell and observe the gait of the patient. If it takes a long time to watch them or you are reaching out to hold the patient it is time to have a longer conversation about the risks vs. benefits of anticoagulants.

The article that researches whether post traumatic stress disorder (PTSD) has a higher association with obstructive sleep apnea (OSA) is full of more abbreviations which I do not need to know to care for my patients. I will leave those to the sleep doctors, you know who you are.

The short article on tetanus reminds us to consider human tetanus immune globulin (HTIG) as well as tetanus vaccine if we think a patient has tetanus. It is not wise to assume that folks are vaccinated these days as many parents are opting out of vaccinating their children (and then they go to Disneyland™.) Folks are living longer and may not have had a tetanus shot in many years.



For those continuing to work in the inpatient setting we have an article on patient blood management (PBM) and blood components. New terms include treatment caused transfusion associated circulatory overload (TACO), especially in the elderly, or less commonly transfusion related acute lung injury (TRALI). In the past we called it acute respiratory distress syndrome (ARDS). Febrile non-hemolytic transfusion reactions (FNHTR) are not common and transfusion associated graft vs. host disease (TA-GVHD) is even less common but may be deadly. The key to patient safety is the right product to the right patient. Double checks and bar codes are used to ensure safety.

As we have an article mentioning TACO let's take a moment for a laugh. I direct you to one of my favorite comedians Trevor Noah. Check out his skit about his first taco on YouTube.com and maybe he will become one of your favorites too.