EDITOR'S MESSAGE

Why Do We Diagnose in Millimeters But Treat in Inches?

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Sleep disorders and treatment is the lead article for this issue paired with an article on FDA approved medications for the treatment of obesity. The editors decided on the pairing due to the common nature of obstructive sleep apnea and obesity as the most common cause of the most frequently diagnosed hypersomnolent sleep disorder. This article makes a point that there are many other causes of sleepiness. As history is a key to any diagnosis consider a referral to a sleep medicine physician rather that directly to a sleep laboratory. Many times a diagnosis may be made by history alone or in other scenarios knowledge of the patient history may aid in the evaluation of the polysomnogram if ordered. Often the polysomnogram without significant sleep apnea will still yield a diagnosis if one knows the patient's habits, work schedule, medicines, etc. and can interpret the study with that additional light. A brief review and treatment of insomnia, commonly treated in family medicine is a helpful section of this article.

Family physicians have the option of completing further education and sleep boards without pediatric or internal medicine boards. It is one of the few areas of specialty medicine that is open to family physicians.

Otitis media is a common diagnosis in family medicine. Antibiotic choice and pain relief are discussed but the idea of no antibiotic was only briefly mentioned. High dose amoxicillin remains the treatment for mainstay of antibiotic treatment.

A nicely written review of the assessment and treatment of leg length discrepancy is included in this edition. It left me with one question. Why do we diagnose in millimeters but treat in inches? Did researchers determine the length data and the clinicians the treatment units?

We have included two clinical images with discussion. Both depict painful skin lesions, their diagnosis and treatment.