

February cover

Whatever the “diagnosis” of the young boy on the cover of the February 2010 issue of *Canadian Family Physician*, there are several comments I would like to make:

- The boy is making no effort to inspire (cheeks still full).
- He will probably spray most of the salbutamol onto his tongue and throat even if he does inhale.
- He appears to have a slightly dilated left pupil.
- He appears to have a mild strabismus (based on the small difference in the position of light reflected from his 2 eyes).

—Robert C. Dickson MD
Hamilton, Ont

Not promoting good inhaler technique

I experienced a knee-jerk reflex when I saw the picture on the front cover of the February 2010 issue of *Canadian Family Physician*. The cover shows a child with a pressurized metered-dose inhaler (pMDI) and no spacer. Good inhalation technique is primary and essential in the management of asthma. This picture clearly goes against everything that has been written in our Canadian Asthma Consensus Guidelines for years. It is well known and proven that the device consistently showing the poorest technique in children (or even in adults) is the straight pMDI. This is yet another of numerous examples in the press (medical or lay) in which the isolated pMDI is shown instead of a dry powder inhaler (more appropriate for a child of this age) or a pMDI with a spacer (second choice).

In my opinion and, I am as sure as can be, in the opinion of most of my colleagues, this picture perpetuates something that we have been trying to reeducate and inform family physicians about for well over a decade. I very much appreciated the articles in the issue, but this one image, in my mind, detracted so much from your messages as to make this issue of the journal detrimental to the practice of asthma in Canada.

I think, however, that we can look for a positive possibility here. I suggest that the next issue of *Canadian Family Physician* take the opportunity to correct the poor information inferred by the February cover image.

—Sheldon Spier MD FRCPC
Calgary, Alta

Cover concerns

I am writing to add to Dr Spier's comments regarding the February 2010 cover of *Canadian Family Physician*. I agree with Dr Spier, who notes that this child is too young to use a metered-dose inhaler alone. However, I have 2 additional concerns:

First, the asthma articles in the February issue (commentary on long-acting β_2 -agonists¹ and the debate on spirometry^{2,3}) both mainly address adult asthma. Long-acting β_2 -agonists have much more evidence demonstrating efficacy in adult asthma,^{4,5} although a very recent article has suggested they might also have a role in pediatric asthma.⁶ All the articles cited in the commentary by D'Urzo et al¹ discuss adult asthma. Similarly, while spirometry is an important tool in the management of asthma in children 6 years of age and older, the debate^{2,3} argues its role in diagnosing asthma in adults and differentiating asthma from chronic obstructive pulmonary disease. I realize that an image of a sick child is more dramatic and gripping than a photo of an adult; however, this photo is unfair to children, as the articles really do not address pediatric asthma, and is equally unfair to adults, who have a right to have their asthma recognized.

My second concern is that it seems that every photo used of someone with asthma depicts someone using one of the familiar “blue inhalers.” Recent guidelines have emphasized that really any use of a rescue bronchodilator inhaler represents a failure of both asthma control and successful asthma management.⁷ We need to reshape people's perception of asthma from being a disease in which patients frequently need bronchodilators to relieve symptoms to one in which patients—apart from taking their preventive, “earth-toned” inhalers—go about their active daily lives. If the cover needs to show someone with asthma using an inhaler, it is time that it is an image of someone using an anti-inflammatory, preventive inhaler (and using the appropriate device, with good technique).

—Tom Kovesi MD
Ottawa, Ont

References

1. D'Urzo AD, Jugovic P, Bouchard J, Jhirad R, Tamari I. Safety of long-acting β_2 -agonists in the management of asthma. A Primary Care Respiratory Alliance of Canada perspective. *Can Fam Physician* 2010;56:119-20 (Eng), 123-4 (Fr).

The top 5 articles read on-line at cfp.ca

1. **Research:** Functional impairment in chronic fatigue syndrome, fibromyalgia, and multiple chemical sensitivity (February 2010)
2. **Emergency Files:** Patient safety and diagnostic error. *Tips for your next shift* (January 2010)
3. **RxFiles:** Taking the stress out of managing gout (December 2009)
4. **Child Health Update:** ADHD stimulants and their effect on height in children (February 2009)
5. **Clinical Review:** Complementary and alternative medicine for the treatment of type 2 diabetes (June 2009)

2. Kaplan A, Stanbrook M. Must family physicians use spirometry in managing asthma patients? Yes. *Can Fam Physician* 2010;56:126,128 (Eng); 130,132 (Fr).
3. D'Urzo AD. Must family physicians use spirometry in managing asthma patients? No. *Can Fam Physician* 2010;56:127,129 (Eng); 131,133 (Fr).
4. Verberne AA, Frost C, Duiverman EJ, Grol MH, Kerrebijn KF. Addition of salmeterol versus doubling the dose of beclomethasone in children with asthma. The Dutch Asthma Study Group. *Am J Respir Crit Care Med* 1998;158(1):213-9.
5. Kovesi T, Schuh S, Spier S, Bérubé D, Carr S, Watson W, et al. Achieving control of asthma in preschoolers. *CMAJ* 2010;182(4):E172-83. Epub 2009 Nov 23.
6. Lemanske RF Jr, Mauger DT, Sorkness CA, Jackson DJ, Boehmer SJ, Martinez FD, et al. Step-up therapy for children with uncontrolled asthma while receiving inhaled corticosteroids. *N Engl J Med* 2010;362(11):975-85. Epub 2010 Mar 2.
7. Loughheed MD, Lemièrre C, Dell SD, Ducharme FM, Fitzgerald JM, Leigh R, et al. Canadian Thoracic Society Asthma Management Continuum—2010 consensus summary for children six years of age and over, and adults. *Can Respir J* 2010;17(1):15-24.

Editor's response

The editors at *Canadian Family Physician* have received helpful feedback regarding the cover image used in the February 2010 issue of the journal.

The cover images that are used for *Canadian Family Physician* are taken from stock photos. When choosing cover images, the editorial and design staff look for dramatic or visually interesting images that are consistent with the theme of the journal issue. When possible, we also try to represent best practice. In the case of the February issue it was difficult to find a visually interesting image that incorporated the use of a spacer device.

Dr Spier's feedback presents an important opportunity to clarify to readers that the most recent recommendations from the Canadian Asthma Consensus Guidelines and the Canadian Pediatric Asthma Consensus Guidelines state the following: "When prescribing a pressurized metered-dose inhaler (pMDI) for maintenance or acute asthma, physicians should recommend use of a valved spacer, with mouth-piece when possible, for all children (level II evidence)."¹

Furthermore, we are grateful for Dr Kovesi's feedback about the importance of clearly linking the cover image to the content (ie, image of an adult with asthma when the issue addresses adult asthma), as well as his criticism of images that depict the use of rescue medication.

—Nicholas Pimlott MD CCFP
Scientific Editor

Reference

1. Summary of recommendations from the Canadian Asthma Consensus Guidelines, 2003 and the Canadian Pediatric Asthma Consensus Guidelines, 2003 (updated to December 2004). *CMAJ* 2005;173(6 Suppl):S1-56.

Inspiring events

I had a strong emotional reaction when I read Dr Gutkin's Vital Signs in the February issue of *Canadian Family Physician*.¹ Here I learned that 20 family physicians participated in the 2010 Olympic torch relay—a simple fact, but one with an enormous meaning.

It reminded me of when I attended the 50th anniversary celebration of the College of Family Physicians of Canada, where I witnessed the beautiful Declaration of Commitment ceremony and the commitment of Canadian family doctors to the principles and values of the College, to Canada, and to Canadians. It was a fantastic ceremony! It inspired an editorial I wrote in *Atención Primaria*, the journal of the Spanish Society of Family and Community Medicine, entitled "Canadá:

Make your views known!

To comment on a particular article, open the article at www.cfp.ca and click on the **Rapid Responses** link on the right-hand side of the page. Rapid Responses are usually published on-line within 1 to 3 days and might be selected for publication in the next print edition of the journal. To submit a letter not related to a specific article published in the journal, please e-mail letters.editor@cfpc.ca.

...

Faites-vous entendre!

Pour exprimer vos commentaires sur un article en particulier, ouvrez l'article à www.cfp.ca et cliquez sur le lien **Rapid Responses** à droite de la page. Les réponses rapides sont habituellement publiées en ligne dans un délai de 1 à 3 jours et elles peuvent être choisies pour publication dans le prochain numéro imprimé de la revue. Si vous souhaitez donner une opinion qui ne concerne pas spécifiquement un article de la revue, veuillez envoyer un courriel à letters.editor@cfpc.ca.

medicina de familia. Crisis y respuesta,” in which I reflected upon the importance of rituals and symbols.

Now I see another ritual: carrying the Olympic torch—a symbol of an alliance in society and a message about the importance of a healthy lifestyle. I am inspired to write an article on this, in my opinion, historical event.

I am pleased once again to congratulate Dr Gutkin and the College for the brilliant strategies developed to overcome the general crisis in Canadian health services. Good luck and congratulations on your leadership.

—Julio Ceitlin MD DPH
Buenos Aires, Argentina

References

1. Gutkin C. Carrying the torch. *Can Fam Physician* 2010;56:201 (Fr), 202 (Eng).
2. Ceitlin, J. Canadá: medicina de familia. Crisis y respuesta [Canada: family medicine. Crisis and response]. *Aten Primaria* 2005;35(6):281-2.

