medications are working at many different sites on many different levels. For example, a patient might take a statin on alternate days and achieve lipid targets. It is not known, however, whether this would translate into the same benefits for cardiovascular morbidity and mortality as once-a-day dosing, or whether the other benefits of statins, such as effects on endothelial dysfunction, are the same.

Just achieving good blood-pressure control and good lipid levels does not necessarily mean that you are doing all you want to do for your patients.

More long-term studies are needed to look at alternate-day regimens, whether it be alternate-day dosing or other proposed evidence-based medicine plans. Such long-term studies might never be done, leaving practitioners to make tough choices between pure evidence-based medicine and less optimal treatment plans dictated by patients' circumstances. The gulf between what should be done and what can be done exists in all practices to a certain extent, but probably exists in some subgroups to a greater degree. To bridge this gap, for right or wrong, we are bending evidence-based guidelines and we probably should be. The question is, how is the bending to be done?

We should certainly not throw out evidence-based medicine, but it is challenging to use this information to benefit all our patients. We cannot take guidelines as is and use them in all situations; they are not written in stone. We must use guidelines creatively to make them practical for our patients. More studies are needed to give practitioners a better idea of how far they can wander away from the guidelines and still offer their patients sound treatment plans.

In our practice, if we can get patients' lipid levels and blood pressure down to target using pill splitting and alternate-day regimens, we do it, especially if we know the alternative is to write expensive medication lists that patients have no ability to pay for and will not use.

—Daniel Hewitt, MD
—Tony Richards, NP
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by mail

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Computerization and going paperless

I read with pleasure the October 2005 book review (2005;51:1385-6) of *Computerization and Going Paperless in Canadian Primary Care* by Nicola T. Shaw, which is indeed an excellent and timely book. Perhaps my colleagues would appreciate knowing that it is available through Canadian Medical Association Books on **cma.ca** at a better rate of $44.95 for CMA members and $51.95 for non-members.

—Dr Alexandra Tcheremenska-Greenhill
Director, Office for Leadership in Medicine
Canadian Medical Association
Ottawa, Ont
by e-mail

Ordering *Mental Disorders in Primary Care*

A revised edition of *Mental Disorders in Primary Care*, reviewed in the October 2005 issue of *Canadian Family Physician* (2005;51:1383), was released in February 2005. The revised kit includes modules on depression, anxiety, post-traumatic stress disorder, alcohol use disorders, tobacco, sleep problems, chronic tiredness, and unexplained somatic complaints. The cost of the kit is $119.00. It can be ordered from: Jeff Green, *Elgin Ventures Ltd, 134 Rolling Hill Dr, Fredericton, NB E3A 9W5; telephone (506) 451-8711; fax (506) 451-8100; e-mail* **elginventures@rogers.com.**

Updated classification of findings for evaluation of sexual assault in children

It is a shame that the article on evaluation of sexual assault in children[1] published in your October issue only included literature published before March 2004.

The authors refer to a proposed classification which was originally published in 1992.[2] Certain sections of this classification have been modified many times as there have been some important research findings since 1992.

The Adams approach is the product of an ongoing collaborative process by child maltreatment physican specialists under the leadership of Joyce Adams, Professor of Pediatrics at the University of California, San Diego. The most widely available revision was published in June 2004.[3] It is an excellent resource.

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—Deborah A. Seibel, MD, CCFP, FCFP
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Response

We are in agreement with the letter.

—Gary Smith, MD, FRCP
Orillia, Ont
by e-mail