You've got mail

Results of a recent survey from Statistics Canada[1] described the Internet habits of Canadians. They showed that in 2005, 72% of Ontario residents, 71% of Alberta residents, and 69% of British Columbia residents used the Internet. More than 90% of adult home Internet users cited e-mail communication as a reason for using the Internet at home. It is likely that the other provinces of Canada will soon catch up and that in a few years nearly 100% of us will have access to the Internet at home.

Given this interesting social development, it seems prudent that health care services should capitalize on this relatively new way to access people. E-mail can provide a cheap and easy way to contact people about health care issues. Of course, primary care providers could contact their patients about such issues as drug renewal, annual health checks, and Pap tests. There has been little work, however, on active prevention of diabetes and cardiovascular disease with use of e-mail. One recent study has shown that weekly e-mail support provided by a dietitian helped obese individuals reduce their weight by up to 7.3 kg over 6 months.[2]

This method could be tried for various conditions needing lifestyle support. Diabetes is a good example of a chronic disease that could be better controlled by patient and health care provider e-mail dialogue. People with diabetes have better control over their disease when they are more empowered.[3] With increasingly busy primary care clinics, e-mail for patient support could be developed into a system of its own. Patients with diabetes could check in with their family doctors at scheduled intervals and upload their hemoglobin A_{1c} or fasting blood glucose levels and their weight (after near-patient testing). Glucometers could be attached to e-mail connections, and measurements could be downloaded to family doctors or nurse practitioners who could tabulate and graph results and work out future medication doses or exercise goals. Lifestyle advice could be personalized for these patients, and it might be possible to support patients to lose enough weight that their conditions disappear or at least become less troublesome.[4,5]

More research in this area is needed, however, and issues of privacy of health information and how family physicians are to be paid for their time on the Internet contacting their patients will need to be worked through. Also, in order to maintain and build doctor-patient relationships, patients must expect to be able to come in and see their doctors occasionally. It is only a matter of time, however, before most people in Canada are using Skype-like technology to contact each other, and then family medicine will be far behind once again, trying to catch up.

—Gina Agarwal MB BS MRCGP CCFP, Hamilton, Ont
by e-mail

References

1. Statistics Canada. Canadian Internet use survey. *The Daily* 2006. Catalogue no. 11-001-XIE:5-7. Available from: **http://www.statcan.ca/Daily/English/060815/d060815b.htm**. Accessed 2007 January 26.
2. Tate D, Jackvony E, Wing R. A randomized controlled trial comparing human e-mail counselling, computer automated tailored counselling, and no counselling in an internet weight loss program. *Arch Intern Med* 2006;166:1620-5.
3. Pibernik-Okanovic M, Prasek M, Poljicanin-Filipovic T, Pavlic-Renar I, Metelko Z. Effects of an empowerment-based psychosocial intervention on quality of life and metabolic control in type 2 diabetic patients. *Patient Educ Couns* 2004;52(2):193-9.
4. The Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long term complications in insulin dependent diabetes mellitus. *N Engl J Med* 1993;329:977–86.
5. UK Prospective Diabetes Study Group. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet* 1998;352:837–53.

Inadequate numbers

We noted with interest the article "Paternal use of ribavirin–interferon alpha 2B combination therapy before conception" by Taguchi and Ito (*Can Family Physician* 2005;51:1623-5). In their conclusion the authors state, "Although ribavirin is a potential teratogen, there seems to be no immediate reason for terminating pregnancy when a father has been exposed to it." A note of caution is in order, however, because their conclusion is based on only 12 live births and 7 spontaneous or induced abortions where the outcome was not known. In 2003, the United States Food and Drug Administration required all ribavirin manufacturers to form the Ribavirin Pregnancy Registry, a prospective, observational, exposure-registration and follow-up program. Since January 2004, more than 70 pregnancy outcomes related to paternal exposure to ribavirin have been reported to the Registry, a number we, as members of the Scientific Advisory Board of the Registry, consider inadequate for drawing conclusions regarding the safety of ribavirin exposure during human pregnancy. Enrolment in this United States–based registry is ongoing. Health care providers and patients can visit the website (**www.ribavirinpregnancyregistry.com**) for additional information.

—Karen L. Lindsay MD MMM, Los Angeles, Calif
—Michael F. Greene MD, Boston, Mass
—Judith K. Jones MD PhD, Arlington, Va
—Willis C. Maddrey MD, Dallas, Tex
—Richard K. Miller PhD, Rochester, NY
by e-mail

Response

We thank Dr Lindsay and colleagues for their valuable comments on our article. It is of the utmost importance to gather data on fetal toxicity from paternal ribavirin exposures so that the risk, if any, is clearly characterized based on large-scale data. In this regard, the Ribavirin Pregnancy Registry is an important endeavour. At the same time, it is also important to summarize the

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information currently available for rational management of those patients who failed contraception during paternal therapy. Our conclusion in the article describes the course of action that we think best under the uncertain circumstances. Namely, a detailed fetal ultrasound study is warranted. This is by no means a conclusive remark on the fetal risk, or lack thereof, resulting from the ribavirin–interferon treatment of the fathers.

—Shinya Ito MD FRCPC
—Nobuko Taguchi MD
Toronto, Ont
by e-mail

Teamwork

Ah "the team"—and in this case the "multidisciplinary team"—panacea for all complex, multifaceted illness. As a rural physician, I am bothered by the current overemphasis on "the team" in Canadian health care. In the article on amyotrophic lateral sclerosis in the December 2006 issue, the authors state that care of patients with amyotrophic lateral sclerosis is best provided by multidisciplinary teams.[1] I would submit that the multidisciplinary team is an urban construct that works from a geographically fixed site. The patient must travel to the site to access the resources of the team.

I provide care for patients with amyotrophic lateral sclerosis in my practice, 100 km from the capital city. My "team" consists of the neurologist, who confirms the diagnoses; the occupational therapist, who provides home visits to assess and supply the equipment for patients to be cared for at home; the respiratory therapist, who also makes home visits to service the oxygen concentrators and bi-level positive air pressure machinery; the community health nurse, who visits for wound care; the home-care worker, who provides daytime care and assistance; the clergyman, who visits for patients' spiritual needs; me; and, most important, the patients and the patients' families, who provide the bulk of day-to-day care. In my rural practice, my team brings its resources to the patient.

—Paul Bonisteel MD CCFP FCFP
New Harbour, Nfld
by e-mail

Reference

1. Shoesmith CL, Strong MJ. Amyotrophic lateral sclerosis. Update for family physicians. *Can Fam Physician* 2006;52:1563-9.

Research in Wonderland

In their article about Alice's adventures with research, Liddy and Harrison describe the difficulties community doctors face with accessing necessary tools and resources.[1] I would like to remind readers that the College