

events.^{12,13} Therefore, rather than focusing on a specific risk factor, a holistic approach represents the best way to manage the growing population with diabetes at present.

—*Jacky T.P. Siu*

—*Aaron M. Tejani PharmD*

—*Vijaya Musini MD MSc*

—*Ken Bassett MD PhD*

—*Barbara Mintzes PhD*

—*Jim Wright MD PhD*

Vancouver, BC

Competing interests

None declared

References

- Campbell NR, Gilbert RE, Leiter LA, Larochelle P, Tobe S, Chockalingam A, et al. Hypertension in people with type 2 diabetes—update on pharmacologic management. *Can Fam Physician* 2011;57:997-1002.
- Cushman WC, Evans GW, Byington RP, Goff DC Jr, Grimm RH Jr, Cutler JA, et al. Effects of intensive blood-pressure control in type 2 diabetes mellitus. *N Engl J Med* 2010;362(17):1575-85. Epub 2010 Mar 14.
- Cooper-DeHoff RM, Gong Y, Handberg EM, Bavry AA, Denardo SJ, Bakris GL, et al. Tight blood pressure control and cardiovascular outcomes among hypertensive patients with diabetes and coronary artery disease. *JAMA* 2010;304(1):61-8.
- Arguedas JA, Perez MI, Wright JM. Treatment blood pressure targets for hypertension. *Cochrane Database Syst Rev* 2009;(3):CD004349.
- Tuomilehto J, Rastenyte D, Birkenhäger WH, Thijs L, Antikainen R, Bulpitt CJ, et al. Effects of calcium-channel blockade in older patients with diabetes and systolic hypertension. Systolic Hypertension in Europe Trial Investigators. *New Engl J Med* 1999;340(9):677-84.
- Hansson L, Zanchetti A, Carruthers SG, Dahlöf B, Elmfeldt D, Julius S, et al. Effects of intensive blood-pressure lowering and low-dose aspirin in patients with hypertension: principal results of the Hypertension Optimal Treatment (HOT) randomised trial. *Lancet* 1998;351(9118):1755-62.
- Turnbull F, Neal B, Algert C, Chalmers J, Chapman N, Cutler J, et al. Effects of different blood pressure-lowering regimens on major cardiovascular events in individuals with and without diabetes mellitus: results of prospectively designed overviews of randomized trials. *Arch Intern Med* 2005;165(12):1410-9.
- Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group. *BMJ* 1998;317(7160):703-13. Erratum in: *BMJ* 1999;318(7175):29.
- Casas JP, Chua W, Loukogeorgakis S, Vallance P, Smeeth L, Hingorani AD, et al. Effect of inhibitors of the renin-angiotensin system and other antihypertensive drugs on renal outcomes: systematic review and meta-analysis. *Lancet* 2005;366(9502):2026-33.
- ALLHAT Officers and Coordinators for the ALLHAT Collaborative Research Group. Major outcomes in high-risk hypertensive patients randomized to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic: the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). *JAMA* 2002;288(23):2981-97.
- Wright JM, Musini VM. First-line drugs for hypertension. *Cochrane Database Syst Rev* 2009;(3):CD001841.
- Gaede P, Lund-Andersen H, Parving H-H, Pedersen O. Effect of a multifactorial intervention on mortality in type 2 diabetes. *New Engl J Med* 2008;358(6):580-91.
- Gaede P, Vedel P, Larsen N, Jensen G, Parving H-H, Pedersen O. Multifactorial intervention and cardiovascular disease in patients with type 2 diabetes. *New Engl J Med* 2003;348(5):383-93.

Health care expectations in Newfoundland

I just had a chance to read the April 2011 issue of *Canadian Family Physician* and found much to disagree with in the correspondence¹ about the periodic health examination.^{2,3} I was particularly incensed by the letter “A British perspective,” in which Dr Peter Gray tells of spending a short time in the colony of Newfoundland before

moving on, as many of his kind do, to Ontario. I came from the United Kingdom many years ago and practised for a number of years in rural Newfoundland. My admiration for the people of Newfoundland started then and continues to this day. Dr Gray's description of these people and their expectation of health care is quite different from my experience. Because many visits to family practitioners are for acute care and last 5 to 10 minutes, there is a lot to be said for an annual comprehensive assessment of the patient's health. The visit is mainly to review the patient's medical history in detail, including family history. The physical examination plays a very small part. However, the laying on of hands is a valuable part of patient care, and if there is no laying on of hands, patients are often rightly dissatisfied. This is illustrated by an elderly woman who told me when asked about her visit to another physician, "He didn't even feel my pulse." It is common to pontificate about avoiding laboratory tests and imaging studies, but a physician with proper humility will admit that such tests are sometimes the only clue to a problem.

—D.W. Ingram MB FRCPC FACP MCFP(Hon)
St John's, Nfld

Competing interests

None declared

References

1. Gray P. A British perspective [Letters]. *Can Fam Physician* 2011;57:413-4.
2. Howard-Tripp M. Should we abandon the periodic health examination? Yes [Debates]. *Can Fam Physician* 2011;57:158,160 (Eng); 164,166 (Fr).
3. Mavriplis C. Should we abandon the periodic health examination? No [Debates]. *Can Fam Physician* 2011;57:159,161 (Eng); 165,167 (Fr).

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 online 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.

— * * * —