Sinuses, sunburn, and prevention

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Spring has sprung… And can allergies and sunburns be far behind? Articles in this issue of the *Wisconsin Medical Journal* look at some of the things that clinicians will be addressing in the coming months, assuming the snow melts before June. Both asthma and allergies seem to be increasing in prevalence in recent times. Most seasonal allergies do not result in extrinsically induced asthma but cause a large use of over the counter (OTC) medications and visits to physician offices. The burden of allergic rhinitis in the United States may even be higher than suspected.[1] Rabago and colleagues have found evidence that sinus irrigation may present symptomatic relief for allergic rhinitis and decrease asthma symptoms as well (Nasal irrigation for chronic sinus symptoms in patients with allergic rhinitis, asthma and nasal polyposis: a hypothesis generating study. *WMJ*. 2008;107(2):17). If their hypotheses are true, the medication-related side effects of many of the OTC medications could be avoided, cost of care lowered both for asthma and allergic rhinitis, and patients themselves be able to better prevent or decrease symptoms. The article includes some information about the use of this "alternative" but effective therapy which, at some point, may go from an alternative to treatment of choice.

Years ago, the American Cancer Society used to advertise "Fight cancer with a checkup and a check," creating one of the most successful campaigns not only for raising awareness of symptoms that might indicate risk of cancer but also to raise money for cancer research. In their article in the *Journal* on the relationship of nonmelanotic skin cancers and patients' willingness to change preventive behaviors, Rhee and colleagues found that patients did change their behaviors about skin cancer prevention. However, these same patients did not change behaviors to decrease their risk for other preventable causes of cancer (Behavior modification and risk perception in patients with nonmelanoma skin cancer. *WMJ*. 2008;107(2)10). Many physicians believe that seeing a patient for cancer might offer a teachable moment for education about many other health behaviors. But the reality, based on the data from Rhee et al appears to be that patients are more resistant to behavior change than we hoped. We shouldn't give up trying, but continued reinforcement by both consultant and primary physician might be necessary.

While we are mentioning prevention, the review article by Bandi and colleagues on approaches to recurrent urolithiasis offers a primer for clinicians on various types of stones and their etiology (Practical approach to metabolic evaluation and treatment of the recurrent stone patient. *WMJ*. 2008;107(2):39). Prevention of recurrent stones relies heavily, again, on patient adherence to dietary and other behaviors that we know will lessen the likelihood of recurrence. Anyone who has had a kidney stone or treated a patient who has had one would have difficulty imagining that anyone would want to run the risk of developing another. However, as in the patient's with nonmelanoma skin cancers, patients—for whatever reasons—may not believe that their personal likelihood of recurrence is high enough to change their ways of living. Perhaps a second stone might make the point better than our advice.

Finally, as AIDS has become a chronic disease rather than a universally fatal one, testing to detect HIV infection needs to be expanded to find patients early and decrease the likelihood, despite decades of instruction about high risk behaviors, that HIV infection spreads in the population. However, as Petroll and colleagues point out, there are currently inconsistencies between guidelines for testing from the Centers for Disease Control and medical practice in Wisconsin (Updated CDC guidelines for HIV testing: a review for Wisconsin practitioners *WMJ*. 2008;107(2):32). Altering the guidelines would require legal changes as well as changes in physicians' behavior. Often, particularly when faced with the history of the stigma and significant negative consequences associated with even testing for HIV in the not- too-distant-past, generalized testing would require physicians to change our behaviors. We can be as difficult in that regard as our patients.

REFERENCES

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