

Tobacco, hypertension, and the environment...and a request for reviewers

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This issue of the *Wisconsin Medical Journal* highlights 2 reports from one of the State's – and the country's – leading programs on community- and practice-based smoking cessation. These reports show how hard progress comes in the campaign to change behavior but also show a record of accomplishment of which the State and clinicians should be proud.

Most of us in primary care know that simply raising questions to our patients about their willingness to stop smoking, if it is done with understanding and a non-judgmental quality, will move many to consider or in fact stop. What the research on the use of a fax referral to the Wisconsin Quit Line demonstrates is that our personal interest will increase the likelihood of referred patients to stop smoking rather than leaving it up to patients themselves (The Wisconsin Tobacco Quit Line's Fax to Quit Program: Participant Satisfaction and Effectiveness. *WMJ*. 2010;109[2]:79-84). Having someone who will help us, in the course of a busy and complex practice setting, work with our patients on smoking cessation is a great relief. It moves primary care clinicians from being initiators to supporters of behavioral change.

One fact in the discussion of the UW's Center for Tobacco Research and Intervention's (CTRI) decade of experience (A Decade of Experience Promoting the Clinical Treatment of Tobacco Dependence in Wisconsin.

WMJ. 2010;109[2]:71-78) that stands out is that their Wisconsin Quitline programs received over 50% of their contacts from patients on Medicaid. Research has shown repeatedly that lower income adults smoke at a higher rate than those from higher incomes. Quitline is a source for help for those who need it most. No one group should take credit for the decrease in smoking in the state over the past 20 years, but a personal resource for those most at risk has to have played an important part in the process.

Hypertension control is where the real risk management “money” is in chronic disease care, yet the US doesn't do well.¹ The Veterans Administration has been a leader in innovative primary care approaches, and the article by Hayes and colleagues (Preliminary Description of the Feasibility of Using Peer Leaders to Encourage Hypertension Self-Management. *WMJ*. 2010;109[2]:85-90) discusses a program using volunteer Veterans with hypertension as advocates within the population of patients with hypertension. As the authors note, many community practices and health systems could learn, again from the VA, about a method of outreach from patients themselves as an adjunct to office-based practice.

With winter almost over, could ticks be far behind? Aside from the usual suspects, Johnson and colleagues (Tickborne Powassan Virus Infections Among Wisconsin

Residents. *WMJ*. 2010;109[2]:91-97) describe a rare but serious encephalitis caused by Powassan Virus that should caution us to be mindful of yet more dangers that lurk in the woods and fields (Infectious Disease and Cancer. *WMJ*. 2010;109[2]:66-69) describes the growing awareness of the relationship between viruses and cancer. While virus exposure can't be avoided, the issue of possible vaccines against cancers becomes possible with the research into the virus-cancer link.

Finally, a journal is only as good as what it publishes, and what it publishes is only as good as its reviewers and the timeliness and quality of the reviews. As one of the few indexed online state medical journals, the *Wisconsin Medical Journal* holds a special position in the world of general and regional journals. But we need those of you who are willing to help the process to let us know that you would like to be a reviewer. It is easy. For more information, visit www.wisconsinmedicalsociety.org/wmj or e-mail wmj@wismed.org and let us know your general areas of interest and how frequently you would be willing to review. Thanks ahead of time.

Reference

1. Ostchega Y, Yoon SS, Hughes J, Louis T. Hypertension awareness, treatment, and control--continued disparities in adults: United States, 2005-2006. NCHS Data Brief. 2008 Jan;(3):1-8.

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