

# EDITOR'S MESSAGE

## Time Invested Now Helps the Patient Later

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A review article related to the everyday non-pharmacologic management of diabetes is included this month. This is a common challenge to most osteopathic family physicians. When patients with diabetes are diagnosed, present for their annual visit, or have evidence that further changes are required, counseling is a part of that care. Treatment of diabetes is a four-legged table. The first leg is pharmacotherapy that supports the patient and has been reviewed in other articles in this journal. But this is a condition best not treated with drugs alone.

The table's second leg is exercise. Aerobic exercises, like walking, running, or swimming; resistance training that increases muscle mass; balance improvement exercise like yoga or tai chi, and flexibility, like stretching, needs to be a regular part of the life of a diabetic patient. Patients need to organize their time to include exercise.

The third leg, psychological support is required to help a patient manage their diabetes. If a patient is depressed it can be very hard to do the self-care required to manage diabetes.

The fourth and final leg is nutrition counseling that describes the multi-factorial dietary issues related to diabetes care. Many patients have access to a dietician and referral may be made to improve their dietary choices. Some physicians work in health care systems where there are teams of professional diabetes educators or there may be group visits to aide diabetic patients. Some osteopathic family physicians work in settings where the osteopathic physician provides much of this counseling. We can do all of this counseling but it takes time. Time invested now helps the patient later.

In *A Guide to Treating the Symptoms of Menopause*, we are asked, "What if instead of waiting for women to bring up these issues, we asked our patients about them during comprehensive exams?" By OFP's proactively addressing the health problems of menopausal women, the author delves into the possibility of being able to improve their overall quality of life.

OFP primarily focuses on the common diagnoses we see every day, the exception this issue is a review article about one of the less common causes of shoulder pain, Parsonage-Turner Syndrome. Sounds very painful and might require narcotics.

Our visual case this month describes a 27-year-old female presenting to the E.R. with a subcutaneous inguinal mass. Not to be a spoiler, because many of you like to guess the answer - let me add we have a thorough review with questions for that section.

A condition often seen in primary care is functional abdominal pain in children. The article in this issue reviews the evaluation and management of the diagnosis of exclusion.

Hope everyone had a great summer.