less critically reading the literature.

In a study of 318 family medicine residents, self-reported reading averaged 3.7 hours per week. Pocket manuals were read most often; original research was read least. This did not change with year in residency. The reading behaviors of internal medicine residents and faculty appear to be different than those in our field. A study of 38 trainees in internal medicine at a major teaching hospital revealed that residents read 8.7 hours per week. Another study compared the time that residents thought they spent reading and performing other duties versus the results of a formal time analysis. They found that residents believed they spent 8.4% of their time reading, but a time analysis demonstrated that they actually read 2.7% of their time, or just 32% of the time thought they were reading. If this holds true for family medicine residents, then 3.7 hours/week x .32=1.2 hours/week!

Given that family physicians read little, and what they read is not generally original research, it seems unlikely that we are going to be able to turn around and produce high-quality research ourselves. To change this, literature appraisal skills need to be taught to the entire family medicine community. Physicians who are adept at answering clinical questions with the research that already exists will be better equipped to conduct research on questions that haven’t been studied yet. We can’t simply train our current residents in this and wait for them to replace those already in practice. We need to act now.

Allen R. Last, MD
UPMC-St Margaret Hospital
Pittsburgh, Pa

REFERENCES


New Research

Effectiveness of Leukotriene Receptor Antagonists for Dysmenorrhea of Endometriosis

To the Editor:

We hypothesize that leukotriene receptor antagonists could control menstrual pain associated with endometriosis. Endometriosis is the chronic inflammation reaction that is induced by many chemokines and cytokines related with mast cells. Its mechanism is similar to that of bronchial asthma. Leukotrienes and leukotriene receptors are present in the smooth muscle cells of uterine tissues. There are two major pathways related to uterine smooth muscle contraction in arachidonic acid metabolism. One is the cyclooxygenase pathway that leads to the formation of prostaglandins. The other is the lipoxygenase pathway that initiates the biosynthesis of leukotrienes. The up regulation of the gene that encodes the arachidonate 5-lipoxygenase activating protein was reported in an endometriotic cyst. The rationale was that leukotriene receptor antagonists have the potential to suppress the pain caused by the uterine contraction via a mechanism other than prostaglandin synthesis inhibition by NSAIDs. Further, we also speculate that leukotriene receptor antagonists could inhibit the remodeling of the pelvic peritoneum by endometriosis via the same mechanism for treating bronchial asthma.
A clinical pilot study was conducted to investigate the effect of Montelukast (Banyu Pharmaceutical Company Ltd, Tokyo, Japan), a leukotriene receptor antagonist, for menstrual pain patients (n=22) with endometriosis. This trial was approved by the ethical committee at our facility, and informed consent was obtained from all patients. Montelukast (10 mg/day) was given orally to patients for 2 months. To evaluate the efficacy of treatment, the degree of menstrual pain was quantified up to 10 points by the visual analogue scale (VAS) according to the patient’s self-assessment. Scores were compared before and after treatment. Then, when the average VAS point decreased to half or lowers by the treatment, it was defined as effective, and the efficacy was calculated by the unpaired t test. The efficacy was 59.1% (pre treatment 8.09 ± .37, post treatment, 4.64 ± .65, P=.000034). None of the patients stopped taking the medication for adverse effects or abnormal clinical tests.

In conclusion, these results suggest that leukotriene receptor antagonists can be used as a new and useful drug for the treatment of dysmenorrhea in patients with and endometriosis.

To the Editor:

Family medicine has witnessed a decline in graduating medical students choosing its residencies. Choosing a specialty is a serious matter, but for the specialty, it is just as serious since residents become its future leaders and those who serve in its rich heritage. It has become popular to ponder the reasons for this decline, such as wondering what happened to Marcus Welby.1 The declining interest in family medicine residencies was also addressed in a survey of department heads when only 42% of family medicine residencies were filled in 2003. In that survey, 24 department heads believed the decline was most likely due to loss of financial and philosophical support from state legislatures or medical school administration.2 In 2002, the American Academy of Family Physicians reported variations from 8% to 15.2% were “normal” ranges for a medical school’s graduating class to choose family medicine residencies.3 Wright State University School of Medicine has enjoyed 25 years of a consistent 25% of its graduates choosing family medicine residencies and saw declines affecting its stellar reputation as a provider of family medicine residents. Wright State University’s success is due to multifactorial reasons, all consistent with published articles on selection of a residency specialty, but, like most medical schools in 2003, its numbers faltered and its faculty began to wonder why.

In May 2003, the WSU Department of Family Medicine faculty developed a two-step process to determine the decision-making process used by its 82 medical graduates to choose any residency. The first step was a mixed (open-closed) questionnaire mailed to them. The second step was a 2-hour group interview with 10 medical graduates and a professional interviewer 6 weeks later. This interview served as a reality check on data gleaned from the questionnaire’s respondents.

The questionnaire produced 44 respondents, a 54% response rate. This return rate was considered strong enough for descriptive presentations, but its open-ended questions did not supply responses that were strong enough to permit any statistical inference. However, of interest to readers of Family Medicine is what was learned about why WSU’s medical graduates did NOT choose family medicine residencies. The top three reasons were: (1) the onerous influence of managed care (44%), (2) the specialty required too much knowledge to master over a broad field (44%), and (3) their need to earn higher compensation in a specialty other than family medicine, so they could reduce their medical school debt more quickly (8%). Their need for higher compensation in another specialty to facilitate reducing medical school debt is interesting considering that this need is tied to their revelation that 71% of them made their residency choice in third year, and 77% came into medical school knowing their residency. Their responses are also interesting because of how they contrast with the reasons cited by department heads in a previous study.

There is no reason to doubt the candor of these graduating medical students. Their reasons for not pursuing careers in family medicine do have implications for residency directors, undergraduate preceptors, and faculty, especially when they cite economic or compensation is-

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Graduating Medical Students Reveal That Economics Plays Role In Choice of Family Medicine

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