



Dear Colleague:

So many medical journals, so little time. That is the dilemma of today's physicians, who struggle to keep current but are overwhelmed by tight schedules and an avalanche of journals.

With this issue of the CCJM, we are introducing a new series, called "1-Minute Consult," which we hope will be one solution to this problem. The 1-Minute Consult briefly answers a focused clinical question on a hot topic in medicine. Unlike review articles, the answer zeroes in on a single question. The series and its title reflect the informal communications between colleagues that take place over the phone or in the hallway.

The challenge of 1-Minute Consult is to balance brevity and depth, to not "dumb down" the discussion in the interest of making it short.

That's where you come in. We need your suggestions for clinical questions that we should pose to experts in the field. But we also need your critique of the series as it progresses. Are we asking the right questions? Is there enough information in each answer? Is there too much? How can we improve the series?

■ 1-Minute Consult (page 206)

The series begins with a discussion by Dr. Wilke on the reasons why methotrexate is now considered a first-line treatment for moderately severe rheumatoid arthritis. Then, Dr. Hoogwerf discusses whether we should be prescribing angiotensin-converting enzyme (ACE) inhibitors for all patients with diabetes.

■ UKPDS trial and type 2 diabetes (page 247)

Tight glycemic control has been shown to reduce microvascular complications in type 1 diabetes. Dr. Nasr and his colleagues review a major 20-year trial in type 2 diabetes, which showed a similar benefit of tight control.

■ Steroid-induced osteoporosis (page 221)

Although the use of glucocorticoids carries a significant risk of bone loss, many other factors affect bone turnover, including physical activity, diet, smoking, and the underlying disease. Drs. Zaqq and Jackson provide a concise review of the risk factors, diagnosis, and treatment of steroid-induced osteoporosis.

■ Perimenopausal therapies (page 213)

Dr. Thacker points out the hazards of alternative therapies for symptoms of perimenopause. Normally thought of as "natural" or homeopathic, herbal remedies may, however, be hazardous, and there is no proof that they work. Physicians need to be aware of and cautious about what their patients are getting over the counter.

Some of the many other interesting articles in this issue include angioedema, anticonvulsant-induced hypersensitivity syndrome, and a conservative approach to treating heel pain.

As always, we are interested in what you think of the *Journal*, and your ideas for future topics.

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