To the Editor:

The complex management of peptic ulcer disease underscores the relative merits of each modality for clinicians. Both modalities are useful for patients with Parkinson disease, an antidepressive effect and an antitremor effect as a result of its anticholinergic component. If the patient does not tolerate amitriptyline, then I prescribe a different antidepressant drug. In the subsection on dementia in my article (p 420), I suggested that if dementia or hallucination is already present, anticholinergic drugs in all forms should be avoided. Because orthostatic hypotension can be caused by the primary disease itself or the medications, I routinely obtain pulse rate and supine and upright blood pressures in all Parkinson disease patients. My article was written as a general guide, and the suggestions offered should be modified based on individual patient's condition.

I agree with Dr. Mandanas' suggestion regarding the use of olanzapine, which does not require uncomfortable monitoring for agranulocytosis or the related paperwork.

Bala V. Manyam, MD
Springfield, Ill

Health Problems of Refugees

To the Editor: Dr. Ackerman1 uses a creative approach in determining important medical and cultural issues of refugees. She acknowledges that most data are from studies conducted in the country of origin. We agree there is a dearth of data on health care of refugees once they arrive in the United States. Furthermore, there is little information on the costs of medical care provided to refugees.

Dr. Ackerman cites the experience of some Somali and Ethiopian children who arrived in Buffalo, NY, with inadequate immunizations, anemia, intestinal parasites, and dental caries.12 We were involved with the Refugee Health Project in Buffalo from 1987 to 1994. More than 1500 refugees were triaged through our Refugee Health Center during a 1-year period (1991-92). Our estimated expenses for that year were $202,800 (in 1992 dollars). Costs included hospital care, nursing salaries for the health project, vaccines and Mantoux testing, medical supplies, and transportation to medical facilities. Of 306 refugees examined and tested that year, 27 percent had positive tuberculosis (PPD) test results. Many had intestinal parasites. Nine refugees were hospitalized during the 1991-92 period, 2 were for psychiatric reasons, 4 women were in labor, and 3 children had pyelonephritis, vasculitis, and typhoid, respectively.

Other health problems might have been a consequence of hardships the refugees and their families had endured in refugee camps en route to the United States. We documented malnutrition, overwhelming fatigue, scabies, and dysentery. Depression, anxiety, and even psychosis were not unusual. Few pregnant women reported prenatal care. Persons with chronic conditions arrived without needed medications. Some refugees had been tortured or mutilated; 3 women reported be...
ing raped by agents who arranged their passage.

We wholeheartedly agree with Dr. Ackerman that ongoing clinical trials are needed. In addition, we believe it is critically important to determine costs of care and mechanisms of reimbursement. The costs of not caring for refugees could outweigh resources spent on detecting illness and preventing complications.

Kim S. Griswold, MD, MPH
Lucinda Kahler, RN, MS
Candace Hines, RN, PNP
Chester Fox, MD
Carlos Roberto Jaen, MD, PhD
State University of New York at Buffalo

References

The Doctor, the Patient, and the Home
To the Editor: Ian R. McWhinney points out the value of caring for patients in their homes, both to them and to their physicians, who thereby get to know their patients better. Dr. McWhinney's article deals mainly with the elderly and dying. There is another time in people's lives when being at home can be an important emotional and spiritual experience: the time of giving birth. Recent reports from the United States, England, the Netherlands, and Switzerland again show that home birth can be a safe option for well-selected patients. Most home births in the United States are attended by midwives, but most physicians who attend home birth are family physicians. The climate of fear that surrounds home birth, at least among physicians, has never been supplemented by evidence of increased risk. Will the time come when this subject can be looked at dispassionately? Our patients will be better served if it does.

William G. White, MD
Franklin Park, Ill

References

Training Residents to Care for Handicapped Patients
To the Editor: I would like to commend Goodenough and Hole-Goodenough for their article regarding residency training in the care of mentally handicapped patients. The authors highlight the importance of training our future family physicians on caring for persons with mental handicaps. I would also like to emphasize the importance of family physician involvement with disabled patients and their families. This care can be of special benefit to more than 2.9 million children in the United States with disabilities.

Family physicians are in an ideal position to care for these children and their families, whose population is increasing as a result of increased survivability. These families need primary care providers who are able to address the needs of the family as a whole and who can provide continuity as these children move into adulthood. The families with exceptional children often are not looking for an expert on their child's disability; rather, they want someone who knows their family and who knows what resources are available for their child.

As the authors eloquently stated, many family physicians are not provided with the training needed to understand how to use such resources as respite care, parent support groups, early intervention services, and school special education services. Our residency has a unique family practice-based Developmental Disabilities Continuity Clinic, which involves residents in researching resources, interacting with our local special education system, and providing on-going support to these families. Although some of this training can be supplemented by community service in areas such as Special Olympics and at specialized camps for children with disabilities; the importance of further developing our family practice faculty in this area cannot be overemphasized.

Karen Kerle, MD
Fort Benning, Ga

References