

the role of the doctor-patient relationship in different treatment contexts—is urgently needed.<sup>6</sup> Our study indicated that the degree to which men feel their family physician cares for and understands them is associated with their motivation to pursue treatment. We hope this finding will stimulate further interest in investigating men's experience of the doctor-patient relationship, while bolstering family physicians' confidence in the time-honored practice of forging responsive therapeutic relationships.

David Kealy, PhD, and John S. Ogrodniczuk, PhD  
Department of Psychiatry, University of British  
Columbia, Vancouver, Canada

Simon M. Rice, PhD  
The National Centre of Excellence in Youth Mental  
Health, Centre for Youth Mental Health, The  
University of Melbourne, Melbourne, Australia  
Olivier Ferlatte, PhD, and John L. Oliffe, PhD  
School of Nursing, University of British Columbia,  
Vancouver, Canada

To see this article online, please go to: <http://jabfm.org/content/32/4/000.full>.

## References

1. Kealy D, Rice SM, Ferlatte O, Ogrodniczuk JS, Oliffe JL. Better doctor-patient relationships are associated with men choosing more active depression treatment. *J Am Board Fam Med* 2019;32:13–9.
2. Parker GB, Hyett MP. Management of depression by general practitioners: impact of physician gender. *Aust NZ J Psychiatry* 2009;43:355–9.
3. Roter DL, Erby LH, Adams A, Buckingham CD, Vail L, Realpe A, Larson S, Hall JA. Talking about depression: an analogue study of physician gender and communication style on patient disclosures. *Patient Educ Couns* 2014;96:339–45.
4. McKay KM, Imel ZE, Wampold BE. Psychiatrist effects in the psychopharmacological treatment of depression. *J Affect Disord* 2006;92:287–90.
5. Rice SM, Kealy D, Oliffe JL, Ogrodniczuk JS. Externalizing depression symptoms among Canadian males with recent suicidal ideation: a focus on young men. *Early Interv Psychiatry* 2018;13:308–313.
6. Seidler ZE, Rice SM, Ogrodniczuk JS, Oliffe JL, Dhillon HM. Engaging men in psychological treatment: A scoping review. *Am J Mens Health* 2018;12:1882–900.

doi: 10.3122/jabfm.2019.04.190140

## Re: Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use

To the Editor: Dear Editor, we read the publication on “Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use” with a great interest.<sup>1</sup> Dale concluded that, “independent of test outcome, patients who received the test were more likely to receive an antiviral and less likely to receive an antibiotic or have a return visit within 2 weeks.”<sup>1</sup> We

would like to share ideas on this report. In our setting in tropical Indochina, influenza is very common and the diagnosis is usually primarily done by clinical decision. In primary health care center, the PCR point of care testing is usually not available and the cost of the test is considered high and not affordable. Most patients are examined and if there is any suspicious clinical feature viral infection, the anti-influenza drug might be used. This practice might result in unnecessary use of antiviral drug but it is better than waiting for a very long time for getting the confirmation of influenza test result from referring referencing laboratory. Regardless of final diagnosis, the patients usually inquire for getting antiviral drug.<sup>2</sup> Nevertheless, another important problem is the effectiveness of antiviral drug due to the problem of drug resistance.<sup>2</sup> How to implement the low cost point of care PCR test for influenza is usually a big question. To serve the need in primary health care center, a cost-effective point of care test should be searched for.

Sora Yasri, PhD  
KMT Primary Care Center, Bangkok Thailand  
Viroj Wiwanitkit, MD  
Dr DY Patil University, Pune, India

To see this article online, please go to: <http://jabfm.org/content/32/4/000.full>.

## References

1. Dale AP, Ebell M, McKay B, et al. Impact of a rapid point of care test for influenza on guideline consistent care and antibiotic use. *J Am Board Fam Med* 2019;32:226–233.
2. Wiwanitkit V. Rates and effectiveness of antiviral use among hospitalized influenza patients. *Expert Rev Anti Infect Ther* 2015;13:835–842.

doi: 10.3122/jabfm.2019.04.190089

The above letter was referred to the author of the article in question, who offers the following reply.

## Response: Re: Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use

To the Editor: We thank Yasri and Wiwanitkit for their response regarding our publication on “Impact of a Rapid Point of Care Test for Influenza on Guideline Consistent Care and Antibiotic Use.”<sup>1</sup> A cost-effective point of care test is necessary to increase guideline consistency of care. Yasri and Wiwanitkit make an excellent point about the transferability of our findings to other primary care settings throughout the world where access to point of care testing may be limited. The emerging issue of drug resistance is an important consideration, particularly when diagnoses must be made solely on clinical judgment. Currently, drug