

Family medicine has its unique characteristics, including its ability to synthesize the work of other disciplines. It is not hiding behind "the academic yardsticks of other specialties" to apply rigorous standards to the literature that has directed the way we view a particular illness. In fact, when the literature is fraught with misconceptions about a diagnosis of clinical relevance to family physicians, it seems prudent for academic family physicians to define the problems with the literature and to identify the questions of clinical and epidemiologic importance to the clinicians in our field. The "views of another specialty" have had their impact. Our review was an attempt to illustrate the problems with the research in this field, to highlight the illness, and to suggest the areas for future research.

Our paper addressed the unique opportunity family physicians have to work with women before and after childbirth. In addition, family physicians have the skills to diagnose and treat depression, incorporating their knowledge of the issues particular to the different stages of life. We hope our review will stimulate more clinical attention to mood, affect, and adjustment of families in the puerperium, as well as new directions for research about depression after childbirth.

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Measurers of Clinical Effectiveness

To the Editor: Dr. Neighbor should be commended for his common-sense discussion of "The Numbers Needed to Treat (NNT)."¹ As he pointed out, the NNT is the inverse of the absolute risk reduction (ARR), the difference in the proportion of placebo and treatment subjects experiencing the outcome of interest. The NNT is the most relevant statistic for clinicians to use in deciding whether their patients are likely to benefit from a treatment.

Neighbor purports that the drawback of the NNT statistic is that, as the effectiveness of the treatment diminishes, the NNT approaches infinity, and there is therefore no clear cutpoint in deciding whether the treatment is statistically significant. In fact, it is the confidence interval for the NNT that indicates statistical significance, not the point estimate. A NNT in the negative range indicates that the outcome of

the placebo group was better than that of the treatment group. If the confidence interval, then, includes a NNT in the negative range, the treatment has not been shown to be statistically better than placebo.

The data for death and cardiovascular morbidity from the Helsinki heart study illustrate this phenomenon. Neighbor's statement that the point estimate for NNT, 83, falls outside the 95 percent confidence interval is not quite correct. The confidence interval for NNT (-729, 39) is wide, which indicates that the power of the study is low; and it includes a negative number, suggesting that there is insufficient evidence to reject the null hypothesis of no treatment effect. A negative number in the confidence interval can be thought equivalent to needing to treat an infinite number of patients to see a benefit, so the confidence interval for NNT would be better expressed as (39, infinity), which includes the point estimate of 83.

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Health Promotion for the Nursing Home Patient

To the Editor: I appreciate Dr. Richardson's timely and valuable article regarding health promotion for the nursing home patient. In an era of increasing regulatory oversight of health practices in skilled nursing facilities, physicians who include residential long-term care in their practices need to become increasingly proactive for their elderly residents.

Dr. Richardson nicely points out the difficulties in making determinations of what is "appropriate" health promotion for the variety of long-term care residents whom we are seeing. A couple of additional points need to be emphasized, however. The first is to recognize the critical role that nursing professionals and family members must play in the decision-making process about health screening within the facility. It is my perception that physicians frequently use a panel of automated biochemical screening tests (which unfortunately represent the current standard of health promotion activities for too many nursing home residents), primarily because they lack the time and patients lack the education necessary to review other health promotion activities. In my experience I am impressed that the nurse managers and long-term health assistants, who often are well aware of families' philosophies toward their residents' care, are able to provide invaluable assistance when I must contact relatives about treatment decisions for their long-term residents. The input of both families and nursing staff professionals in considering health promotion activities is a valuable resource.

Another tool that I have seen used to help focus attention on health promotion activities within a busy nursing home practice is to hold a monthly birthday