

Further Evolution and Challenges for *JABFP*

This issue of the *JABFP* marks the start of its 9th year of publication and is noteworthy on several counts. With the specialty now 26 years, or about one generation, old, this journal's readership now totals almost 55,000 Diplomates of the American Board of Family Practice and family practice residents. That number is projected to grow by at least 3000 each year as new residency-trained graduates become Board certified in this specialty.

It is also noteworthy that the *JABFP* enters a new year in good editorial health despite an increasingly fragile journal environment throughout medical publishing. The costs of publication have continued to escalate as a result of many factors, including frequent quantum jumps in the costs of paper and postage. Since pharmaceutical advertising simultaneously continues to change and to retrench in terms of medical journals, cost-cutting and downsizing of journals have become the norm in medical publishing, including the closure of some medical journals. The loss last year of the *Family Practice Research Journal* is the latest casualty of this trend in our field.

Although the *JABFP* has also undergone major budget cuts, we enter the new year with a streamlined editorial process, updated computer equipment, a new cover, and new publishing arrangements through MRA Publications. A new Health Policy feature is being inaugurated in this issue through the leadership of Dr. Howard Rabinowitz, who recently spent a year in Washington, DC, as a health policy fellow under the auspices of the Robert Wood Johnson Foundation. Another article in this issue, a "Formal Model of Family Medicine," describes the groundbreaking work of the American Board of Family Practice toward development of a computerized knowledge base and testing in family practice.

Preservation and ongoing development of this kind of forum for publication of original scholarly work are of vital importance to our specialty and its clinical discipline. This forum becomes progressively more important as other such journals in the field fall by the wayside. As we begin this new year in a challenging time, I am indebted to the continued dedication and involvement of the

editorial staff, the associate editors, and editorial board, as well as the leadership of the American Board of Family Practice, which sponsors and supports this enterprise.

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Atherogenesis, Families, and Family Practice: Recognizing and Treating an Important Syndrome

A common and important syndrome that leads to premature atherosclerosis and end-organ damage has been described and needs to be recognized by family physicians. Individuals with this syndrome have multiple metabolic abnormalities, including insulin resistance, hyperinsulinemia, hypertension, central obesity, and abnormal low-density lipoprotein (LDL), high triglyceride, and low high-density lipoprotein (HDL) levels. The syndrome is estimated to occur in 2 percent of the general population and in the majority of persons with diabetes or atherosclerosis.^{1,2} These risk factors can be expressed early in life, can be associated with the development of obesity, and are usually fully expressed by the third decade of life.³ The syndrome is referred to by various names, including "familial dyslipidemic hypertension," "the atherogenic lipoprotein phenotype," "the deadly quartet," or "syndrome X."

In this issue of the Journal, Spangler and Ko-

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