

Readers weigh in on opioid epidemic

I read Dr. Unger's guest editorial, "Staring down the opioid epidemic" (*J Fam Pract.* 2017;66:8) and thought that he made some good points, but as an internist for 38 years and a detox addiction specialist for the past 7 years, I have seen too much "pendulum swinging" with regard to opioids.

The state of Pennsylvania is enforcing opioid prescription laws so intensely that I now see underprescribing of needed medications by physicians and dentists. For example, I recently had dental surgery and wasn't prescribed a narcotic. I suffered for 24 hours with ineffective non-steroidal anti-inflammatory drugs. And a relative of mine experienced excessive pain following gynecologic cancer surgery because the surgeon wouldn't prescribe opioids for fear of reprisal.

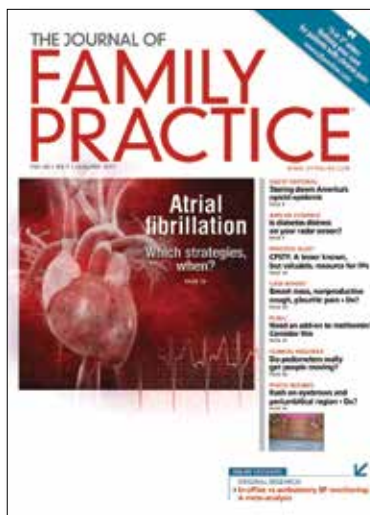
I would like to see someone conduct a nationwide survey of primary care physicians regarding their views on narcotics for pain so that I can better understand my colleagues' perspectives on this issue.

Don Sesso, DO, FCCP
Gwynedd Valley, Pa

In his guest editorial, Dr. Unger urged family physicians to treat patients who are addicted to opioids with buprenorphine. It's a shame that so few of us do so.

Patients who are addicted to opioids are no more difficult to treat than patients with diabetes, yet we, as family physicians, often fail to fulfill our basic duty to respond to their illness. Using buprenorphine to help a patient who is addicted to opioids achieve sobriety is highly effective. And treating these patients is amazingly satisfying, as you'll never have more grateful patients than these.

I began integrating buprenorphine treatment into my family practice 10 years ago. It has made me much more effective in treat-



ing my patients who are addicted to alcohol, and it has provided me with a great deal of personal satisfaction in the latter part of my career.

I challenge all family physicians to step up and do their duty to help combat the opioid epidemic.

David A. Moore, MD
Salt Lake City, Utah

Medical marijuana: Irresponsible medical care?

As we know, the active ingredient of marijuana, delta-9 tetrahydrocannabinol (THC), has been available by prescription since 1985.¹ The Food and Drug Administration (FDA) has allowed a pill form to be prescribed for wasting related to acquired immunodeficiency syndrome and for patients with terminal cancer.

And while the FDA can extend use of the pills to other conditions when scientific, evidence-based studies prove that they are effective, it has not done so. The reason? The evidence is lacking.

According to *The Medical Letter on Drugs and Therapeutics* (August 1, 2016), no adequate studies of cannabis (botanical marijuana) are available for such indications as cancer pain, multiple sclerosis, epilepsy, and neuropathic pain.¹ Thus, I feel that there isn't a need for "medical marijuana clinics," which sell a product that isn't regulated, is of unknown quality and strength, and may be dangerous or ineffective.

Illness should continue to be treated by health professionals employing scientific evidence. This is responsible policy. It is not appropriate or medically justified for family physicians to refer patients to medical marijuana clinics; instead, they should inform their patients that medical treatment must be based on scientific evidence.

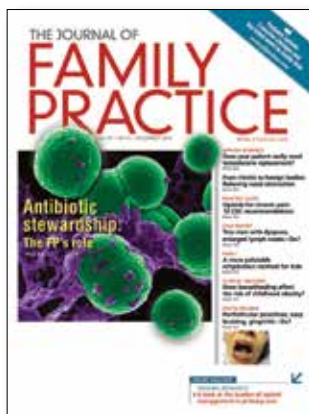
Nayvin Gordon, MD
Oakland, Calif

1. Cannabis and cannabinoids. *Med Lett Drugs Ther.* 2016;58:97-98.

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An overlooked Rx for nasal obstruction relief

In the article, "Improving your approach to nasal obstruction" (*J Fam Pract.* 2016;65:889-893,898-899), I noticed that ipratropium nasal spray was not mentioned in Table 2, which listed commonly used medications for nasal obstruction.



We frequently recommend ipratropium nasal spray in our office, as it is an effective, non-addictive nasal decongestant. It is available in 2 strengths, .03% and .06%, and we

usually prescribe 2 sprays in each nostril, 2 to 3 times a day, as needed.

We have found this to be very effective for short-term use. Its value, of course, is that it acts rapidly and there is no limit on how long it may be used.

Walter D. Leventhal, MD
Summerville, SC

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