Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Lymphadenopathy Incidence

To the Editor:

In the January issue of *The Journal of Family Practice* the first two articles both quote incidence rates. I understand the meaning and use of the incidence of bacteremia[1] in a hospital but not the annual incidence of enlarged lymph nodes[2] given as 0.5 percent of the study population and derived from encounter records. How was this calculated? What would it mean if the "incidence" were twice as high next year? If a practice in Des Moines recorded 1.5 percent, what would a comparison between Des Moines and Cedar Rapids tell us?

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References

1. Wilson CB, Jones T, Shane L: Bacteremia in a small non-urban community hospital. J Fam Pract 12:37, 1981
2. Allhiser JN, McKnight TA, Shank JC: Lymphadenopathy in a family practice. J Fam Pract 12:27, 1981

The preceding letter was referred to Dr. Shank, who responds as follows:

Dr. Kilpatrick has raised a reasonable question. In our article, we present a figure of 0.5 percent annual incidence for enlarged lymph nodes in our study population. It is emphasized that the study population was the active practice of the Cedar Rapids Family Practice Residency Program at the midpoint of the two-year study. This rate was calculated from 80 cases of lymphadenopathy per 7,483 active patients per two-year study period. It was made clear that our incidence rate applies only to our study population, which we can characterize, and not to the general population of our community.

We believe our qualified definition of incidence is within the guidelines provided by the "Glossary for Primary Care"[1] and in Howie's recent monograph.[2] We believe it would be of interest to compare incidence rates for a problem such as lymphadenopathy in different defined study populations. For example, we could compare the incidence of lymphadenopathy in the Cedar Rapids Family Practice Residency patient population with that of other family practice residency practices. Any differences noted should raise appropriate curiosities and beg for explanation.

We respect Dr. Kilpatrick's concern that we not be casual in our use of the important epidemiologic term *incidence*. In its traditional sense, this applies to much larger population studies. Despite this, we believe with the qualification of stating our study population, this term can still be useful for more limited family practice research endeavors.

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References

1. Glossary for primary care. J Fam Pract 7:129, 1978
2. Howie JGR: Research in General Practice, London, Croom Helm, 1979, p 367