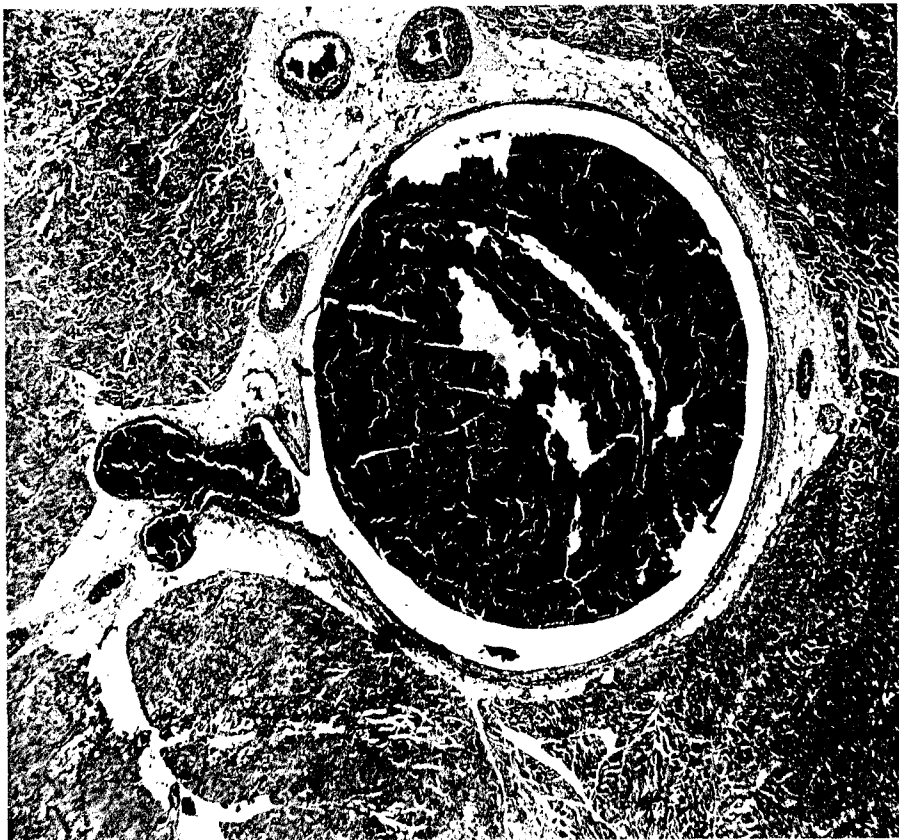


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## Table of Contents

(from page 4)

In this article, the authors synthesize recommendations from the National Institutes of Health guidelines for asthma management, with a focus on evidence-based, low-intensity measures that can be applied in everyday practice. These measures include making the correct diagnosis, characterizing the clinical pattern and prescribing therapy appropriate for the pattern, providing effective patient/parent education, advising elimination of exposure to environmental irritants, and effective monitoring and follow-up.

### **Case Report: Transient Global Amnesia: An Uncommon Differential Diagnosis of Transient Ischemic Attack**

**50**

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Transient global amnesia (TGA) is defined as an acute episode of short-term memory loss that occurs in the absence of other neurologic signs or symptoms and resolves within 24 hours. TGA is a relatively rare condition that infrequently recurs, but it may be confused with several other disorders that have varying prognoses. Most notably, TGA is included in the differential diagnosis of transient ischemic attack, which must be ruled out prior to conferring the diagnosis of TGA. In this article, the authors report 4 cases demonstrating a spectrum of TGA presentations from 2 high-volume, community-based teaching hospitals. In addition, the etiology, pathogenesis, clinical features, and prognosis of TGA are reviewed.

### **Case Report: Acute Dapsone-Induced Methemoglobinemia in a 24-Year-Old Woman with Ulcerative Colitis**

**54**

*Rondeep Brar, MD*

*Sheroin Eshaghian, MD*

*Shahrooz Eshaghian, MD*

*Peggy B. Miles, MD*

## Letter to the Editor

### **LISTENING TO THE HYPERTENSIVE PATIENT**

*To the Editor:*

In their otherwise insightful review of the diagnosis and treatment of hypertensive urgency and emergency,<sup>1</sup> Drs. Vaidya and Ouellette fail to mention stressful life events, the demeanor of the physician taking the history, or the environment in which we provide care. The intense atmosphere of an emergency department and patients' fears of medical personnel and machinery may work against us in some individuals with hypertensive urgency. I have never understood our near-obsession with ruling out a pheochromocytoma at the expense of taking a few more minutes sitting at bedside to get acquainted with patients in order to learn more about their total persona and their own fears and theories about the problem that led them to seek medical attention.

In my experience, few patients truly understand the concept of blood pressure, and teaching it is an undervalued skill. Residents, faculty, professional societies, pharmaceutical companies, and the mass media alike could all be doing a better job in educating patients about the importance of lifestyle changes; in understanding the relationship between patients' financial, family, and occupational (or unemployment) stressors and hypertension; and in motivating patients to be well. The constant morning report and grand rounds discussions of the relative advantages and disadvantages of the many pharmaceutical regimens for treating hypertension consume a disproportionate amount of the time we spend trying to reduce morbidity from hypertension.

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### **Reference**

1. Vaidya CK, Ouellette JR. Hypertensive urgency and emergency. *Hosp Physician* 2007;43(3):43-50.

### **Letters to the Editor**

Comments about a recently published article in *Hospital Physician* or a current topic in medicine or residency education should be sent to:

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Letters should be no longer than one double-spaced page and should include the author's name, address, e-mail address, and phone and fax numbers.