

FROM THE EDITOR'S DESK

## PATTERNS IN MEDICINE

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Having an open mind about patterns can help us help our patients. We certainly know to look for patterns when trying to make diagnoses. We can also augment patient counseling regarding life patterns – or what we might call “habits” – when we describe effective ways patients might avoid ruts and instead “get in the groove.” Artists and scientists who are trying to discern whether the patterns they observe are meaningful, and describe what that meaning may be, need space and forum to present their ideas. We at *JLGH* are happy to be one such opportunity.

In this issue, our Sports Medicine colleagues present the suggested workup for a syndrome whose very concept may be news to many: Relative Energy Deficiency in Sport, or REDs. This is an umbrella term that includes the female athlete triad and may expand the scope of what primary care clinicians, as well as orthopedic colleagues, think about, screen for, and educate regarding when treating young athletes, no matter the gender. REDs represents a group of symptoms that clinicians have been witnessing and patients have been experiencing for many years, and a pattern that the International Olympic Committee finally began to codify in 2014. Reports like these, by those who are looking for and have found new patterns, are just the sort of exchange in which readers of journals like *JLGH* may be interested.

We are uniquely privileged this issue to present the work of two study teams. The first report is by a group of pharmacists who identified prescribing patterns in our primary care colleagues that run counter to accepted guidance. Their work has already saved money, and efforts like these may further decrease costs, save

patients from drug interactions, and certainly can lead to better care.

The second is a collection of investigations by our colleagues in the Department of Trauma and Acute Care Surgery who identified how frailty assessments among patients admitted to our hospital may or may not predict ICU stays, hospital lengths-of-stay, and mortality, among other correlations. It’s an attempt to determine whether there are meaningful patterns that might lead to improved care among our elderly patients.

Heather Madara from the LG Health Research Institute presents a thoughtful Clinical Research Spotlight that considers a stirring log of transgressions committed against patients and citizens, from enslaved women to institutionalized children. Her concluding comments are a call to action – to educate ourselves and each other, and to stand up in the face of injustice.

I also invite you to read the narrative essays by Dr. Kirsten Johnsen Martin and Dr. Scott Paist, along with the case presentation by Madeline Cingle, PA-C. Each writes eloquently about meaningful interactions and the lessons we can learn. Certainly, the ramifications of worsening dementia, poor communication between clinician and patient, as well as iatrogenic electrolyte disturbances, are scenarios in which we can always use a refresher.

We at *JLGH* are happy to work with our clinician authors to cultivate meaningful and thought-provoking articles and stories that can help you in the practice of medicine. I encourage you to read through this Summer issue and continue the conversation about the patterns you may find all around you.

*“Having an open mind about patterns can help us help our patients.”*