Preface

*It was the best of times, it was the worst of times,*
*it was the age of wisdom, it was the age of foolishness.*

—Charles Dickens
*A Tale of Two Cities*

One of the major reasons that patients go to the doctor is to seek diagnosis and treatment for infectious diseases. The current approach to infectious disease is influenced by two competing factors: good evidence for how and when to use increasingly powerful antibiotics, and the increasing prevalence of antibiotic resistance, threatening to make those same antibiotics less effective, or even ineffective, in the treatment of disease. These competing issues make the choices of primary care physicians, who prescribe, by far, more antibiotics than any of the other medical specialties, even more important in determining both short- and long-term outcomes for patients who acquire infections.

Patients present to their doctors with illnesses that vary in severity from viral upper respiratory infections that require no treatment to meningitis, in which the correct antibiotic must be chosen and administered quickly to avoid life-threatening consequences. Primary care physicians must be sensitive to individual and social circumstances, as in the treatment of sexually transmitted diseases, and will often treat infectious diseases that have important public health implications, such as in the treatment of latent tuberculosis infections and screening for chlamydia infection.

This book provides an evidence-based approach to the most common and important infectious diseases seen by family doctors and internists. We have emphasized parsimonious use of antibiotics when the evidence shows that antibiotics are helpful, and knowledgeable restraint when an antibiotic is not needed. It is this balance of information and wisdom that will enable primary care physicians to continue to effectively treat patients with infectious diseases.

*Essential Infectious Disease Topics for Primary Care* is the result of a collaboration between the Departments of Family Medicine at Abington Memorial Hospital and Drexel School of Medicine. Although the two departments have worked together for years in the training of excellent Drexel medical students in the field of Family Medicine, this is the first time they have worked together on an
academic project of significant scope. I believe that all involved feel that the collaboration was worthwhile and enjoyable. Ross H. Albert, who graduated from Drexel School of Medicine just 2 years ago with an MD, PhD, agreed to lend his considerable skills to this project, giving enthusiasm, perspective, and a meticulous approach that characterizes all of his work. Thanks are also due to the other members of the department of Family Medicine at Abington Memorial Hospital—Mathew M. Clark, Amy Clouse, Pamela Ann Fenstemacher, Trip Hansen, and John Russell—who have together created an academic family medicine residency program at a community hospital that provides incredibly high-quality training for residents who are interested in the art and science of family medicine. Special thanks to Todd Braun, who gave generously of his time reading selected chapters in manuscript form and gave excellent constructive input. Thanks are due again to the administration of Abington Memorial Hospital, particularly Dick Jones, Meg McGoldrick, Gary Candia, and the chief-of-staff, Jack Kelly, who have given unwavering support to our department and supported our mission of providing excellent care to diverse patients in a practice where attending and resident physicians share in the joys and the responsibilities of patient care.

No plant, no person, and no book grows to its best and fullest without the love and support of family. The highest of thanks goes to my wife, Alison, who is my confidant and keeper of the key to the joy and soul of our household; my son Aaron, who continues to amaze me with his keen eye for detail, his love of nature, and above all his love of fishing; and my daughter Ava, whose beauty, intelligence, and wit are a joy.

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