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Clinical Pearls

Low doses of a resin and reductase inhibitor cost less than high-dose reductase inhibitors, have a similar efficacy, and are well tolerated. For example, 10 g of colestipol plus 20 mg of lovastatin had greater cholesterol reduction than placebo, 5 g of colestipol plus 20 mg of lovastatin, or 40 mg of lovastatin. (*Am J Cardiol.* 1995;75:34-39.)

Stapling is less costly than suturing, particularly for longer lacerations, after taking into account the expense of the physician's time and supply costs. (*Am J Emerg Med.* 1995;13:77-81.)

expertise in diabetes care, including preventive items, may also be useful. The practitioner then only needs to remember 1 step (ie, to refer the patient to the staff member) to increase the likelihood that patients will receive appropriate preventive care.

FINAL REMARKS

Kraft et al[1] have demonstrated that practitioners do not adhere to the ADA guidelines for the prevention of visual loss, which is related to retinopathy. The gap between the ADA recommendations and reported practice reflects, in part, a disagreement with the ADA guidelines themselves. This issue highlights the importance of designing guidelines that are evidence-based and that are likely to be viewed as acceptable. Dilation of the pupil for funduscopic examination in the primary care setting for routine care clearly does not meet these criteria, and the ADA would be wise to abandon this guideline. The inclusion of it dilutes the potential impact of having a simpler, clearer message to refer patients periodically to an ophthalmologist.

Referral to an ophthalmologist initially appears to be implemented easily. In fact, of all the screening tests that are recommended in the new US Preventive Services Task Force guidelines, none of the tests specifically require referral to another physician. The perception of potential financial disincentives has a particularly adverse impact on referral rates. The ADA, and other interest groups, should actively lobby for universal insurance coverage for proved preventive care maneuvers.

Finally, practitioners can improve their provision of preventive care to diabetic patients by (1) explicitly defining their personal policy, (2) committing appropriate resources, (3) implementing a preventive health care system and adapting it to the needs of the diabetic patient, and (4) working with office staff to form a prevention health team.

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Clinical Pearl

Higher serum vitamin D levels were inversely related to systolic and diastolic blood pressure ($r=-0.42$) and triglycerides ($r=-0.47$) in 34 middle-aged men. (*Am J Hypertens.* 1995;8:894-901.)