

disk is a single sentence stating that "all costs are paid by the advertisers featured in the magazines and video programming." My attempts to obtain further information about the Medical Advisory Board and the advertising ratios from the company by telephone and letter were unsuccessful.

The appropriateness of even the nonmedical segments can be an issue in some office settings. The system is obviously designed for an upper-middle-class white patient population. In the 1-hour disk that I viewed, the sole person of color was a black female host with a doctorate degree. A colleague who works in a clinic serving indigent minority patients was appalled to see a segment that discussed the importance of saving several hundred dollars monthly for retirement. Retirement saving

is not high on his patients' lists of concerns.

The second reason the system should not be in office waiting rooms is because it is inherently intrusive. The waiting room I share with one other physician is rather small, measuring 4.2 by 5.1 m. Waiting patients cannot escape the television. They are a captive audience. The television makes it more difficult for patients to read our carefully selected patient education brochures. It is also more difficult to read a magazine or book or to quietly collect thoughts and questions before seeing the physician. What kind of example does the waiting area provide for the pediatric patients, whom we otherwise advise to limit television viewing?³

My waiting area no longer has the television system and its

Energizer Bunny. Neither should yours.

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The Energizer Bunny is a registered trademark of the EverReady Battery Co Inc, St Louis, Mo, and is not affiliated with the video system discussed herein.

REFERENCES

1. Hickson GB, Clayton EW. Are you and your waiting room's televised 'expert' saying the same thing? *Clin Pediatr (Phila)*. 1993;32:172-174.
2. Fried RA, Iverson DC, Nagle JP. *The Clinician's Health Promotion Handbook*. Denver, Colo: Mercy Medical Center; 1985.
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The Family Doc Answers

Diabetes Mellitus Management 'PENTAD'

P= Proteinuria/Urinalysis
E= Eye Examination
N= Necklace/Bracelet Identification
T= Toe Check
A= A_{1c} Glycohemoglobin
D= Documentation!

As shown above, "PENTAD" is a mnemonic I use with my medical students and house staff regarding the five important things that they must address with their diabetic patients during each office visit. The proteinuria "P" stresses the importance of evaluating the urinalysis results for nephropathy. An eye "E" examination addresses retinopathy and other diabetic eye complications. Patients with diabetes must be encouraged to wear an identifying necklace "N" or bracelet. Shoes and socks should be removed during each office visit to carefully inspect the toes "T" for neuropathy, vasculopathy, and foreign bodies. Long-term glucose control should be monitored periodically by measuring hemoglobin "A" A_{1c} or glycohemoglobin levels. The documentation "D" in the medical records assures me that the key points were addressed.

Several years ago, I did 100 record reviews and was shocked to find that only 15% of the medical records addressed these five basic diabetic points. Glycohemoglobin levels had been determined in only 10% of cases in the previous 6 months. I started an active "critical pathway" with our Joint Commission on Accreditation of Healthcare Organizations department. I am pleased to say that we are up to 60% compliance, but anything less than 100% is unacceptable.

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