

# Introduction

*clinical CORNERSTONE*<sup>®</sup> was expressly developed to provide a timely and practice-oriented educational resource for primary care practitioners. Each issue addresses in depth a medical condition seen in everyday clinical practice. Nationally recognized specialists present their “best management” approach, and in the Dialogue Box that appears at the end of their article, answer some of the “real world” questions that busy clinicians face. We bridge the gap between what the specialist knows and what the primary care physician needs to know.

Since 1998, *clinical CORNERSTONE*<sup>®</sup> has addressed a wide range of medical topics, from asthma to urology. For this final issue of our Volume 4 series, we have selected 5 outstanding articles published during the past 4 years that discuss topics of continued relevance and importance to clinical practice.

In the first article, Mark S. Chesnutt, MD, provides important guidelines for optimizing the management of asthma, which calls for self-monitoring and treatment by the patient coupled with aggressive pharmacologic intervention. He underscores the notion that early treatment of asthma is the best strategy for management.

Next, Paul M. Ridker, MD, MPH, explains the inherited risk factors for venous thromboembolism. Dr. Ridker, a thought leader in the field, discusses in detail the newly identified factor V Leiden and the prothrombin G20210A mutation.

Osteoporosis is a common disorder of our aging population and most especially in the industrialized world. Karen M. Prestwood, MD, and Lawrence

G. Raisz, MD, discuss the role of exercise and diet and pharmacologic options available to health care providers for the prevention and treatment of osteoporosis. They emphasize the importance of working with the patient to ensure compliance with the recommended regimen.

Congestive heart failure (CHF) is another modern-day epidemic; however the outlook for the management of CHF is encouraging. In their article, Adrian B. Van Bakel, MD, PhD, and Geoffrey Chidsey, MD, provide practical advice. Because CHF constitutes an increasingly larger portion of general medical practice and advances in research and therapy continue to occur, we have asked Dr. Van Bakel to discuss some of these recent advances in the Dialogue Box following his article. This discussion represents an update of his original Dialogue Box.

In the last article, Michael S. Mega, MD, PhD, presents a practical and readily implementable approach for making a differential diagnosis in a patient presenting with possible dementia. Dr. Mega stresses the urgency in diagnosing Alzheimer’s disease as early as possible and highlights recent breakthroughs in disease-modifying interventions. When the results of the clinical assessment and history suggest the dementia syndrome, laboratory and imaging studies should be ordered to assist in an accurate diagnosis by ruling out reversible causes of cognitive decline.

It is with pleasure that we present these articles.

**Martin Quan, MD, EDITOR**