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## EDITOR'S NOTE

D'Arcy Little, MD, CCFP, FRCPC Medical  
Director, JCCC and [www.healthplexus.net](http://www.healthplexus.net)



I am pleased to introduce the third issue for 2014 of the *Journal of Current Clinical Care*. In this edition, we offer some new topics as well as articles expanding on themes from recent issues.

**Dr. Ted Findlay** helps guide clinicians through the appropriate selection of various *Pharmacological Options in the Management of Low Back Pain* that range from over-the-counter analgesics including acetaminophen and non-steroidal anti-inflammatory drugs to muscle relaxants, and weak opioid combinations that include codeine or tramadol.

In his article *Why Are Physicians Still Prescribing Sulfonylureas as First Choice for Older Diabetic Adults?*, **Dr. Michael Gordon**, from the Baycrest Centre of Geriatric Care in Toronto, explains why Sulfonylureas should be used rarely and carefully in older especially frail individuals because of their inherent risks. Getting physicians to change their prescribing practices in this frail elderly diabetic population is an important challenge to educators and drug program administrators.

**Dr. Francesca Cheung** from the Lynde Centre for Dermatology describes herpes simplex viruses (HSVs) in her article *A Recurrent Painful Rash*. HSVs are DNA viruses that present as vesicles in clusters on an erythematous base. Treatments are most effective when they are administered at the first sign of symptom onset.

In the first article in a series, **Dr. Ian Pun** offers *Five Reasons to Switch to EMR That Will Impact Your Patient Care*. Although many doctors have embraced and modernized their practices with the advent of an EMR (Electronic Medical Record) system, there are a remaining majority who are hesitant to convert to a computerized recording keeping system fearing change and hassle. A few brief points are raised urging doctors to change to a more efficient system that saves time and space which will ultimately improve patient care.

I hope you enjoy this edition of the Journal. As always, your comments are welcomed.