

Primary care doctors get little information about chronic sinusitis

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Facial pain. Nasal congestion. Postnasal drip. Fatigue. These are hallmark signs of chronic sinusitis, a swelling of tissue in the nasal and sinus cavity. The illness strikes millions of Americans each year and is one of the top five reasons patients visit their primary care doctor. Treating sinusitis is difficult in part because it's often not known if the cause is viral or bacterial. Unfortunately little information on the subject is available to internists says a new study by a Georgetown University Medical Center (GUMC) internist.

"Chronic sinusitis is an often debilitating illness with symptoms comparable to those of serious medical diseases," says Alexander C. Chester, M.D., a clinical professor at GUMC and practicing internist at Foxhall Internists based in Washington, DC.

Awareness of new developments and findings is crucial for physicians who care for patients with chronic rhinosinusitis or CRS, but Chester's new study finds such new information to be "scant and occasionally inaccurate." His findings are published online in the August issue of the *Ear, Nose & Throat Journal*.

Rhinosinusitis, also called sinusitis, is an inflammation or swelling of the lining in the sinus cavities. The sinuses are in the hollow spaces in the cheeks and around the eyes. The illness can come and go fast, or hang around for many weeks. It's estimated that more than one out of every 10 Americans presently suffer from it.

Chester says despite 15 years of advances about what is known of the illness, the information isn't making its way to internists because it is not been published in journals or other sources often reviewed by internists.

"Internists who rely on traditional sources of information provided to their specialty may conclude that CRS is not an illness that is often associated with significant morbidity and that endoscopic sinus surgery is not an effective treatment," says Chester. He adds that many internists are unaware that chronic sinusitis can cause serious chronic fatigue.

Traditional sources of information for internists include journals, textbooks, board preparation review material, and Internet databases. Much of this information is provided, directly or indirectly, by the American College of Physicians, the nation's largest medical specialty society.

Chester says if new information is more readily accessible, it would help physicians better treat their patients. He specifically sites the benefits of endoscopic sinus surgery which has replaced older procedures as a safe and effective treatment for CRS that does not respond to medical therapy.

Chester concludes by encouraging "More studies, review articles, and evidence-based analyses need to be submitted for publication in general medical journals." He says papers on chronic sinusitis should be not be presented only at specialty meetings but also at general internal medicine meetings. Finally, Chester suggests establishing formal communication between appropriate otorhinolaryngologic societies and the American College of Physicians to facilitate the education of internists with regard to CRS.

Provided by Georgetown University Medical Center

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