Intimate partner violence

I enjoyed the article about a 66-year-old woman with spontaneous rib fracture, which focused on the importance of ruling out metastatic cancer and further discussion of other causes of nontraumatic rib fracture.[1] I would like to add to the differential diagnosis the possibility of intimate partner violence (IPV).

In a recent cross-sectional study of nearly 3000 women assessed at 1 of 12 orthopedic clinics in Canada, the United States, the Netherlands, Denmark and India, the *PR*evalence of *A*buse and *I*ntimate partner violence *S*urgical *E*valuation (PRAISE) investigators found that 1 of 6 women surveyed had a history of IPV in the previous 12 months, 1 of 3 had experienced IPV in their lifetime, and 1 of 50 were attending an orthopedic clinic as a result of IPV.[2] In an earlier study at the Minnesota Domestic Abuse Program, investigators identified chest injuries in 8% of women assessed at the program, most of which were rib fractures.[3]

In the PRAISE study, of the women who were assessed because of an IPV injury, only 14% had been asked by a health care provider whether they were subject to IPV.[2] Although the case described in *CMAJ* is fictitious and describes a "spontaneous" or "nontraumatic" rib fracture, it should serve to remind primary care providers and specialists that there are many opportunities to engage in conversations with patients about IPV.

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Frailty, thy name is Palliative!

Kahlon and colleagues have published important data that relates frailty with 30-day outcomes after discharge from hospital, such as readmission to hospital and death.[1] We are concerned that an important conclusion may have been missed.

Frailty remains a vague and subjective construct that represents an amalgam of curable and incurable illnesses. Furthermore, increasing levels of frailty combined with advancing age translates into decreased life expectancy. A common attitude within health care is that frailty is generally reversible and curable. Thus, is the word "frailty" being used as a euphemism? Are the patients in this study simply frail or are they terminally ill? The documentation of frailty, or worsening of frailty scores, should trigger the need for patient-centred discussions about diagnosis, natural history of disease, prognosis, treatment options and goals of care.[2] This process may trigger the need for a palliative care consultation.

Patients labelled as frail are at high risk of readmission to hospital because they are often given unrealistic expectations for improvement and rehabilitation. The reason for readmission among "frail" patients may be related to the lack of the aforementioned discussion. Perhaps, had it occurred, and if patients had accepted conservative palliative modes of care, such patients would be admitted to community-based hospices or palliative home programs or care units instead of being readmitted to general hospitals.

The domain of palliative care uses the Palliative Performance Scale (PPS) to monitor illness trajectory.[3] Systematic reviews have shown that PPS is the most robust indicator for life expectancy estimates for incurable advanced illness.[4] There is a need to study the correlation between frailty tools and performance status tools. Perhaps a composite score combining frailty scores and PPS may provide a way to identify early patients who should be referred for palliative care.

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Female sexual dysfunction

I was very happy to see a nonmedical opinion piece about what seems to be a nonmedical problem, at least in older adults (those more than, say, 50 years old).[1] I have been in clinical practice for nearly 40 years, and the only women I can recall who complained of decreased sexual desire after menopause came in at their husband's request. In other words, the husband seemed to be the one complaining.

It seems that the lack of desire was not a sensation experienced by the "patient" herself, at least not until she was convinced that she was "abnormal" by her husband or a third party. Rarely was she interested in slathering herself with testosterone cream, for example, to become more desirous.

Indeed, there are conditions that may cause medically (in the usual and strictest sense of the word "medical") decreased sexual desire that a woman might report to her physician, but in my experience, they were the side effect or result of prescribed medications. Prescribing another medication would likely be a very bad recommendation.

Thank you for providing this kind of forum for some perspective on our modern medical ways. There is precious little evidence of it in our professional publications, and I need it.

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