

Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Know Your Risk, be Proactive and Don't be the Victim

SIR, — We have read with great interest and would like to take the opportunity to comment on the recently published article by Devendra Prasad Singh, *et al*¹ ie, 'Cardiovascular Diseases Risk Assessment of Healthcare Professionals' published in issue of June 2023. Few literature is available regarding the health issues of doctors and we are also not focusing to resolve the same.

This present study aimed at assessing the cardiovascular risk factors among Healthcare Professionals mainly in Bihar/Jharkhand states of India using a questionnaire electronically pertaining to their demographic characteristics, personal and medical history. It was found that 33% Hypertensive, 24% had Diabetic and 15% combination of both Hypertension and Diabetes and 30% of all diabetics had their HbA1c above optimal levels. 16% of Doctors were smokers and 17% had Dyslipidemia. 70% of Doctors were doing exercise for >150 minutes/week, however only 15% were sleeping for 7 hours or more. Risk assessment and assessing risk factors are related but distinct concepts in the field of risk management. *I wanted to make comments on title of the article. In this study the authors were assessed the risk factor not the risk assessment. But in title it is highlighted as "Cardiovascular Diseases Risk Assessment of Healthcare Professionals".* Risk assessment is systematic process for evaluating prospective risks, their likelihood, and potential repercussions and evaluation of risk factors entails locating and examining the underlying elements or variables that influence a risk's incidence or seriousness and useful in understanding the underlying causes and patterns of potential problems². Various tools and scoring systems are available to calculate an individual's cardiovascular disease risk based on their risk factors. Like Framingham Risk Score, this estimates the 10-year risk of developing coronary heart disease³ and it is useful to provide personalized recommendations for lifestyle modifications and preventive interventions to manage cardiovascular risk. We also did study entitled as "Study of Prevalence of prediabetes in faculty of medical college" and we found 50% prediabetic medical staff and they were are not aware about that.

In summary, risk assessment is a broader aspect in which we assess various risk factors so that we can determine an individual's overall risk profile.

Doctors save millions of lives through their medical knowledge and dedication to helping others, but they also need to be reminded from time to time to take care of their own overall well-being. They put their patients' needs before their own also work long hours and in stressful environments, and frequently neglect their own health. Hence there is a need of such type of studies.

REFERENCES

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- 3 Sasikumar M, Oommen AM, Mohan VR, Gupta P, Rebekah G, Abraham VJ, *et al* — Recalibration of the Framingham risk score for predicting 10-year risk of cardiovascular events: A non-concurrent rural cohort study from Tamil Nadu. *Indian Heart J* 2023; **75**(1): 47-52.

Dr DY Patil Medical College,

Hospital and Research Centre, Pune

Sarita A Shinde¹

Pradnya Jay Phalak²

¹PhD, Professor, Department of Biochemistry **Umesh K More³**

²MD, Professor and Head, Department of Biochemistry

³PhD, Professor, Department of Biochemistry

Over-Treating the Clavicle Fracture: A Critical Analysis

SIR, — The clavicle, a crucial component of the shoulder girdle, is a commonly fractured bone, accounting for approximately 2-5% of all fractures. While the majority of clavicle fractures can be managed conservatively, there is a growing concern over the potential for over-treatment, particularly in cases of minimally displaced or stable fractures.

Traditionally, most clavicle fractures have been treated conservatively, with immobilization and early rehabilitation being the standard approach. However, with the advent of new surgical techniques and a better understanding of the potential complications associated with non-operative management, the treatment of clavicle fractures has become increasingly complex.

Recent studies have highlighted that not all clavicle fractures require surgical intervention. In fact, a significant proportion of these injuries, particularly in the elderly population, can be successfully managed without the need for surgery. The decision to pursue surgical treatment should be based on a comprehensive assessment of the fracture pattern, displacement, and the patient's functional expectations and comorbidities.

One of the key considerations in the management of clavicle fractures is the risk of non-union. While non-union rates have been reported to be higher in conservatively treated clavicle fractures, the clinical significance of this finding has been debated.

Proponents of surgical treatment argue that it can provide a more reliable and predictable union, as well as improved functional outcomes.

Furthermore, the literature suggests that the majority of clavicle fractures, even those with significant displacement, can heal with satisfactory outcomes when treated conservatively. Conversely, over-treating these injuries with unnecessary surgical intervention can lead to a cascade of complications, including infection, nerve or blood vessel damage, and hardware-related issues. The risks associated with these procedures, coupled with the potential for delayed healing and the economic burden of unnecessary healthcare costs, underscore the importance of a conservative approach when appropriate.

Careful patient selection and shared decision-making between the patient and the healthcare provider are crucial in determining the appropriate treatment approach. Factors such as the patient's age, activity level, and overall health status should be taken into consideration, as well as the specific characteristics of the fracture. The management of clavicle fractures requires a nuanced and personalized approach that balances the unique needs and circumstances of each individual patient with the potential risks and benefits of available treatment options, ensuring the best possible outcome.

MS (Ortho), DNB Ortho,

MCh Ortho (UK), Research Scholar,

Department of Orthopaedics, Meenakshi Medical College Hospital & Research Institute (MMCHRI), Meenakshi Academy of Higher Education and Research (MAHER), India

Jeff Walter Rajadurai OR

Shinde SA, Phalak PJ, More UK. Know Your Risk, be Proactive and Don't be the Victim & Jeff Walter Rajadurai OR. Over-Treating the Clavicle Fracture: A Critical Analysis.