The decision to utilize warfarin for anticoagulation in the elderly patient with AF remains an art, involving judicious use of tools to evaluate baseline risk of stroke, careful evaluation for risk factors for bleeding, and diligent consideration of the patient, and his or her comorbidities, medications and ability to comply with treatment and monitoring.

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Letter to the Editor

To the Editor:

(Inspired by Dr. Joseph Friedman's, "Acronyms: What's In A Name?" in the February 2009 issue), I am submitting "Acronymic Adventures of an Octogenarian."

Having had to learn new terminology when I entered the New York University School of Medicine in 1942, I am now, 67 years later, able to express myself with symbolic brevity.

After symptoms of BPH for many years, I fortunately avoided episodes of UTI and have not had a C & R. I've gone about my ADL quite well. The Heberden's Nodes in my distal IPJs have not interfered with my IADL. Having had some annoying episodes of SVT, I was pleased to learn that my PMI was in the 5th ICS in the MCL, and my BP was normal. My ECG was normal, without BBB. I have never had JVD, PND, other signs of CHF, or PVD. My SVT never evolved into paroxysmal AF or AFL. My ECHO showed no signs of MI, MS, AI or AS. I signed out of the ER, AMA and AOR. I did have an elevated LDL and low HDL. I am taking a statin QD; those values are now WNL.

After cataract extractions OU, my post-op vision is better OS than OD; my EOMs are fine. After I had an unexplained brief episode of blurred lateral field vision in OD, my ophthalmologist assured me I was not having a CVA.

A few years ago I fell and injured my right knee. An MRI showed a slight tear in my MCL and a normal ACL. With rest and PT, I recovered fully.

A reluctant dental patient since childhood, I have had many BWXs while struggling, without success, to retain most of my teeth. I have had better luck after my annual winter attacks of acute bronchitis, which never deteriorated into BOOP and have not left me, a cigarette smoker from ages 15-26, with COPD.

As the son of an otorhinolaryngologist, I have had no serious ENT problems, except for one episode of BPPV, which resolved spontaneously. My lifelong allergies have resulted in annual episodes of SAR, particularly when June grasses and August ragweed are in bloom.

In 1946, as commanding officer of the medical detachment of the 27th Infantry Regiment in Occupied Japan, one of my major missions was mosquito control. I dispatched teams of NCOs and enlisted men with DDT equipment to designated areas. At that time, DEET was not available for cutaneous prophylaxis.

A few years ago I had an episode of bilateral low back pain. Xrays of my hips and lumbo-sacral spine showed no evidence of DISH, but I had extensive DJD, surely now worse though I remain free of pain or disability (another unexplained medical mystery).

I hope to join both the Nonagenarian and Centenarian Clubs in the near and distant future. By then, Acronyms won't matter.

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