

AFP Patient Handout Instructions

Suggested Formats

Use either a *Question & Answer* format, or an *Instruction Sheet* format that tells the patient what to do about a particular condition. Look at the following handouts as examples, or review other handouts from previous issues of *American Family Physician* on our Web site: <http://www.aafp.org/afp>. Remember, you don't need to cover all of the following points—emphasize what's important.

Question & Answer format on a particular condition:

1. Title: What you should know about X
2. What is the disease/symptom/problem/test/procedure? (“Definition”)
3. Who gets it and why? (“Epidemiology”) Tell what causes X. Is it contagious? Is it common or rare? At what ages do people get it? Does it run in families?
4. How can I/my doctor tell if I have X? (“Diagnosis”) Say what the signs/symptoms are. Are there any tests my doctor will do? (Keep it general.) Are there any other problems that resemble X? (“Differential diagnosis”)
5. How is X treated? (“Treatment”) List the treatment options (keep it general). What are the risks/side effects of treatment? Do most people get better/worse/stay the same?
6. What can I expect? (“Prognosis”) Are there any things I can't do? Can I drive, travel, work, eat a regular diet, drink alcohol, have sex, or be near others? What if I am pregnant?
7. How can I prevent X? (“Prevention”)
8. If appropriate, provide simple sketches or copies of illustrations. For example, anatomical drawings may be particularly useful. Please note that *AFP* will create original illustrations based on your guidance; do not commission an artist on your own.
9. Where can I get for more information? (Additional Resources) List national organizations, self-help groups, toll-free numbers, Web sites. Include only credible, non-commercial resources.

Instruction Sheet format (exercises, diets, medication directions, wellness tips, etc):

1. Title: What to do for X
Subtitle: Diet/Exercise/Wellness tips/Taking your Medicine(s)
2. Outline the basic steps in the program of exercise/diet/or other therapy. List what to avoid, if applicable. Include some lines for the physician to personalize the program.
3. Provide simple sketches or copies of illustration ideas. Please note that *AFP* will create original illustrations based on your guidance; do not commission an artist on your own.

Guidelines on Writing a Patient Education Handout for *AFP*

Here are some tips on writing a patient education handout. Remember: keep the patient in mind. Use simple words. Avoid jargon. Talk directly to the patient.

- 1. Keep it short.** Aim for about 400 words for a one-page printed handout, or about 750 words for a two-page handout.
- 2. Keep it simple.** Use short sentences (less than 12 words) and short paragraphs. Use common, 1-2 syllable words. Use transition words such as “Next,” “Then,” “First,” and “Finally.” Avoid or define medical jargon.
- 3. Make it personal.** Address the handout directly to the patient. Use “you” frequently. Imagine how you would address a patient who is sitting in your office.
- 4. Be specific** (e.g., “Drink 8 oz. of water” rather than “Drink plenty of fluids). Avoid generalities such as: "Cut down on the fat you eat", or "Exercise more", or "Avoid heavy lifting."
- 5. Keep it active.** Avoid using the passive voice.
- 6. Keep it focused.** Include the key points. Avoid extraneous detail. Keep it practical, not theoretical. Should it discuss diagnosis, treatment or both?
- 7. Make it balanced.** If the topic is controversial, present both viewpoints or a range of treatment options. Don’t bias the presentation, or limit the patient or physician using the handout to only one side of the topic.
- 8. Make it informative.** Tell the patient the things that most people would like to know about the condition (see instructions on format).
- 9. Organize it.** Use headings to organize and highlight the information.
- 10. Make it user-friendly.** Use an appropriate format, either question & answer, or a set of instructions, or a standard discussion about the condition and its diagnosis and treatment (see instructions on format).
- 11. Make it a resource.** Include the names and addresses (toll-free numbers and Web sites) of national groups that offer support and educational material, such as the American Heart Association or the American Diabetes Association. Include only credible, non-commercial resources.
- 12. Illustrate it.** Include copies of simple drawings if that would help make a point (such as specific exercises for knee rehabilitation). Please note that *AFP* will create original illustrations based on your guidance; do not commission an artist on your own.

PLEASE NOTE: Your draft will be edited to meet AFP style requirements and to ensure the reading level is appropriate for the general public.

Carpal Tunnel Syndrome

What is carpal tunnel syndrome?

Carpal tunnel syndrome (KAR-pal TUN-el SIN-drome) is a common, painful disorder of the wrist and hand. It happens when the median nerve, which runs through the wrist, gets squeezed under a band of tissue called a ligament. This causes pain and other symptoms along the nerve (*see drawing*).

hands a lot. You may notice that over time your grip gets weaker and you tend to drop heavy objects.

How is it diagnosed?

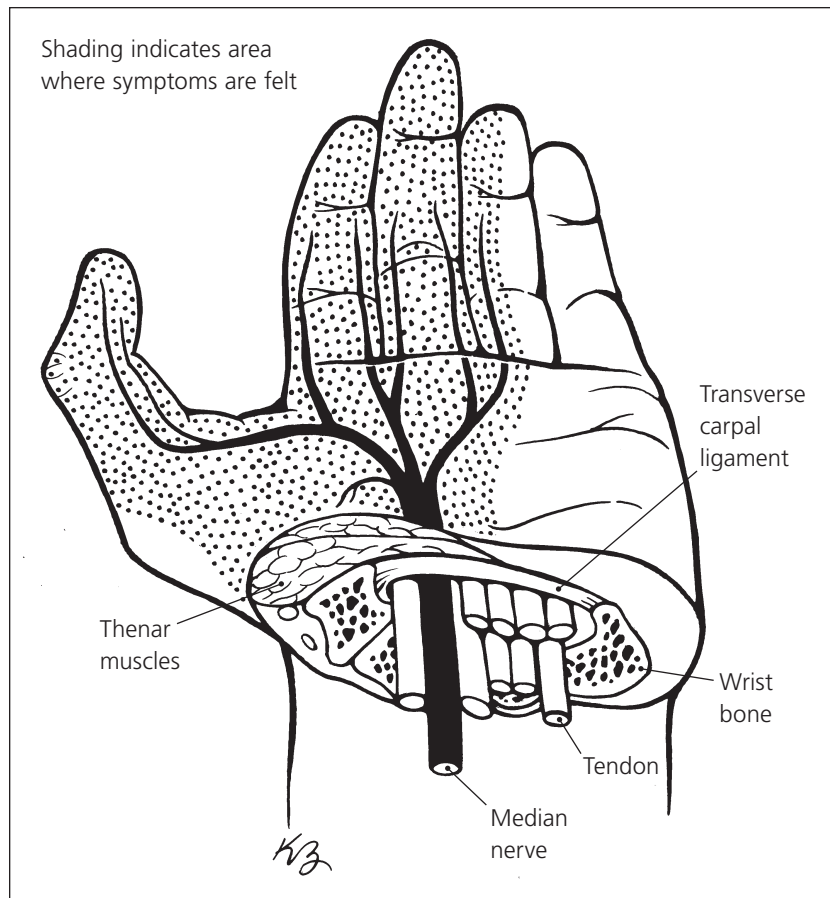
Talk to your doctor if you are having these symptoms. He or she will ask questions about the ways you use your hands and about specific

What causes it?

Anything that increases pressure on the median nerve can cause carpal tunnel syndrome. Sometimes pregnancy and health conditions like arthritis and diabetes can increase the pressure. People who use their hands and wrists repeatedly in the same way (for example, typists, carpenters, and cashiers) are more likely to get carpal tunnel syndrome.

What are the symptoms?

Carpal tunnel syndrome may cause pain, numbness, or tingling in your wrist and hand, mostly in the middle finger, index finger, and thumb. The symptoms are usually worse at night and when you use your wrists and



Carpal Tunnel Syndrome *(continued)*

symptoms in each part of your hand and wrist. He or she may also test how your nerves and muscles respond to electrical stimulation.

How is it treated?

If you have a disease or condition that is causing carpal tunnel syndrome, treatment may improve your symptoms. Not repeating the same hand activities over and over, doing hand and wrist exercises, and wearing a wrist splint may also help. Your doctor may prescribe medicine to reduce wrist swelling or recommend a shot into your wrist. If these treatments don't help, surgery may be an option.

Where can I get more information?

Your doctor

AAFP's Patient Education Resource

Web site: <http://familydoctor.org/online/famdocen/home/common/bone/023.html>

American College of Rheumatology

Web site: http://www.rheumatology.org/practice/clinical/patients/diseases_and_conditions/carpaltunnel.asp

National Institutes of Health

Web site: <http://www.nlm.nih.gov/medlineplus/carpaltunnelsyndrome.html>

April 2011

Notes:

This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP online at <http://familydoctor.org>.

This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject. Copyright © 2011 American Academy of Family Physicians. Individuals may photocopy this material for their own personal reference, and physicians may photocopy for use with their own patients. Written permission is required for all other uses, including electronic uses.

Exercise-Induced Wheezing

What is exercise-induced wheezing?

Exercise-induced wheezing, or bronchoconstriction (BRON-ko-kon-STRIK-shun), happens when your airways shrink during or after exercise. It can cause shortness of breath, coughing, or wheezing.

What causes it?

When you exercise, you breathe faster. If you have exercise-induced wheezing, your airways become dry and irritated, making it hard to breathe. If you also have asthma, the swelling in your airways will feel like an asthma flare-up.

How do I know if I have it?

Tell your doctor about your exercise routine and symptoms. He or she will examine you. You may also need to do breathing tests before and after exercise to see if you have it.

How is it treated?

Your symptoms can be treated with or without medicines. Some ways to treat wheezing without medicine include doing a proper warm-up before exercising and wearing a mask when you exercise in cold weather. You should also avoid things that can make symptoms worse, like cold weather, dry air, dust, pollen, or chemicals in the air (such as at hockey rinks and swimming pools).

Several inhaled medicines can help your symptoms, including the following:

- Short-acting bronchodilator: Take 15 minutes before exercise; lasts three to four hours
- Mast cell stabilizer: Take 15 to 30 minutes before exercise; lasts three to four hours
- Leukotriene modifier: Take every day; may last up to 24 hours
- Corticosteroid: Take once or twice a day if you exercise and already have asthma

You and your doctor can talk about which medicine is right for you, and how and when to take it. Follow your doctor's directions and tell him or her if the medicine isn't helping. If you have serious symptoms that don't get better with medicine, get medical attention right away.

Where can I get more information?

AAFP's Patient Education Resource

Web site: <http://familydoctor.org/online/famdocen/home/common/asthma/lung/741.html>

American Academy of Allergy, Asthma & Immunology

Web site: <http://www.aaaai.org/patients/publicedmat/tips/exerciseinducedasthma.stm>

American College of Sports Medicine

Web site: <http://www.acsm.org/AM/Template.cfm?Section=brochures2&Template=/CM/ContentDisplay.cfm&ContentFileID=1309>

August 2011

This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP online at <http://familydoctor.org>.

This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject. Copyright © 2011 American Academy of Family Physicians. Individuals may photocopy this material for their own personal reference, and physicians may photocopy for use with their own patients. Written permission is required for all other uses, including electronic uses.

Saline Nasal Irrigation for Sinus Problems

What is saline nasal irrigation?

This therapy rinses your nasal cavity, the area behind your nose, with salt water (saline). You can do it at home to help with your sinus problems, such as a stuffy or runny nose.

How do I do it?

You can use a nasal cup, also known as a neti pot, and nasal saline salt packs. You can get these at many pharmacies. To use a nasal cup, follow three steps:

1. Mix the solution. Follow the directions on the salt package to make salt water using lukewarm water. Put 4 fl oz (100 mL) of the solution in the nasal cup.

2. Position the nasal cup. Lean over the sink so you are looking down into the basin. Turn your head slightly to one side, and gently put the spout of the nasal cup into your upper nostril so that it forms a comfortable seal. Do not press the spout against the middle part (septum) of your nose.

3. Pour the solution. Tip the nasal cup so that the solution pours into your upper nostril. Make sure to breathe through your mouth. The solution will soon drain out of your other nostril (*see drawings*). When the cup is empty, breathe out through both nostrils to clear out extra salt water and mucus. Gently blow your nose into a tissue. Then, repeat the process in the other nostril.

A variety of squirt and spray bottles are also available for nasal irrigation.

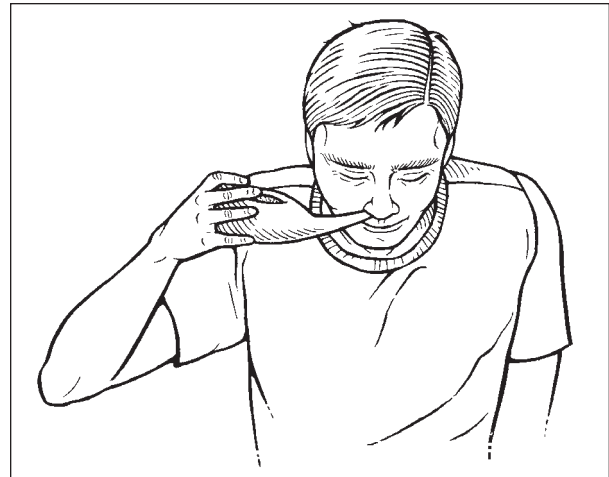


ILLUSTRATION BY KATHRYN BORN

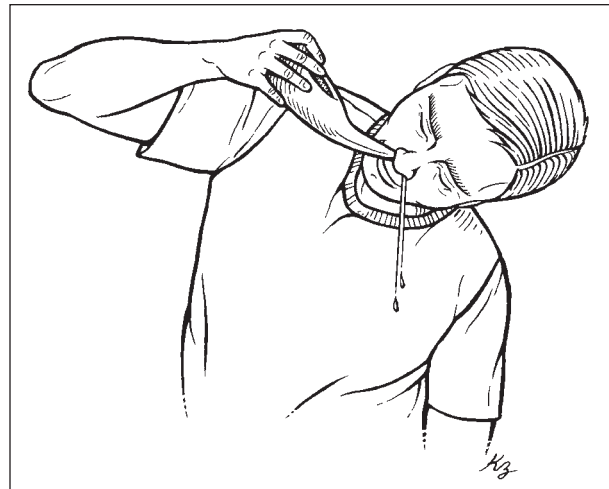


ILLUSTRATION BY KATHRYN BORN

How often should I do it?

Start with one irrigation per day while you have symptoms. If you feel better, you may want to do it twice a day as part of your regular routine. Some patients use it to prevent sinus problems even when they don't have symptoms.



Saline Nasal Irrigation for Sinus Problems *(continued)*

How will I feel afterward?

It is normal for drops of water to occasionally drain from your nose for up to 30 minutes after irrigation. You may want to carry tissues with you. If your nose stings or burns, try using half as much salt next time. You may also want to try a different water temperature. Do not use very hot or very cold water. You can also try nasal irrigation while you are in the shower.

How do I clean the nasal cup?

Always rinse out the extra salt water and wash the nasal cup with soap and water after using it. Most nasal cups are dishwasher safe. When you want to use the cup again, mix a fresh salt water solution.

Where can I get more information?

Your doctor

University of Wisconsin Department of Family
Medicine

Web site: [http://www.fammed.wisc.edu/
research/past-projects/nasal-irrigation](http://www.fammed.wisc.edu/research/past-projects/nasal-irrigation)

November 2009

Notes:

This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP online at <http://familydoctor.org>.

This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject. Copyright © 2009 American Academy of Family Physicians. Individuals may photocopy this material for their own personal reference, and physicians may photocopy for use with their own patients. Written permission is required for all other uses, including electronic uses.