Millions of people are using social media networks, such as Facebook and Twitter, including health professionals and patients who exchange information and insights about topics relevant to family medicine. We are pleased to announce that AFP has joined the dialogue by launching Facebook and Twitter pages. These pages will build relationships with our readers in new and different ways. By following our status updates at these sites, you’ll be able to connect and interact with the latest issue of AFP, be alerted to new features and online enhancements, and keep up to date on the latest news related to the journal. These sites also provide a forum for you to comment about issues in family medicine raised by the journal.

You can access the AFP Facebook page at http://www.facebook.com/AFPJournal, or by searching for “American Family Physician.” Our Twitter page is available at http://www.twitter.com/AFPJournal or by searching for “afpjournall.” Please post a message on either of these sites to let us know what you think.

AFP By Topic

We recently introduced a new online feature, “AFP By Topic: Editors’ Choice of Best Current Content,” available at http://www.aafp.org/afp/topics. This resource compiles the best content from AFP Online for 35 core clinical topics (such as coronary artery disease, diabetes, hypertension, and obesity), and we will be adding more topics in the future. These collections include articles, AFP’s Point-of-Care Guides, Cochrane for Clinicians reviews, FPIN’s Clinical Inquiries, summaries of practice guidelines from major medical organizations, patient education handouts, and other resources, such as articles from Family Practice Management and the American Academy of Family Physicians’ (AAFP) Metric practice improvement modules.

The content is selected by Kenny Lin, MD, associate medical editor for AFP Online, based on its usefulness, currentness, and quality, and the content lists are updated continually to ensure the collections remain as relevant as possible. To aid in answering clinical questions, the content in each topic collection is organized into categories, such as Screening and Diagnosis, Prevention, Treatment, and Complications.

AFP By Topic is just one of the many ways we are striving to improve the usability of the vast collection of clinical resources available on the AFP Web site. If you have ideas for additional topics, or general suggestions for making AFP Online work better for you, please let us know by posting a comment on our Facebook page or by e-mailing us at afpedit@aafp.org.

Coming Soon

Later this year, AFP will launch a series of paired “pro/con” editorials that offer AAFP members an opportunity to join the discussion by posting comments online. The first pair of editorials, scheduled for the September 1, 2010, issue, discuss the treatment of hyperlipidemia in children. In the future, we hope to expand this commenting feature to most or all AFP online content. We welcome your comments and want to encourage thoughtful discussion and differing viewpoints.

Further down the road, we have plans to publish a blog on AFP Online. This blog will be written and moderated by Kenny Lin, MD, and will discuss various topics related to the journal and family medicine, including: selected articles or departments in new issues, department and topic collections, and additional practice management, policy, and public health perspectives on clinical topics. Watch for more information on this blog coming soon.

In This Issue

This issue of AFP features several departments focused on hyperbilirubinemia. The “U.S. Preventive Services Task Force” (page 408) and “Putting Prevention into Practice” (page 411) departments discuss screening infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy. The accompanying editorial (page 336) advocates a cautious approach and utilizing clinical judgment when deciding whether to screen for this condition. Finally, the four “Tips from Other Journals” (starting on page 426) discuss different approaches to screening for neonatal hyperbilirubinemia.