It is clear that nutrition recommendations alone are not achieving desired goals, at least with respect to fruit and vegetable consumption. The USDA recommended 4 or more servings of these foods in 1957 and tied these recommendations to a health message in 1979. Yet, for the decade for which data are available (1976–1986), consumption of these foods has remained virtually unchanged. We agree with Dr. Blackburn that the public health community must give this subject high priority.

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References

Defining Carpal Tunnel Syndrome

I congratulate Dr. Katz and colleagues on their paper, which critically examines the sensitivity, specificity, and predictive value of NIOSH’s surveillance case definition for work-related carpal tunnel syndrome (CTS). I would like to point out the potential for misclassification of the physical examination maneuvers and comment on the implication this may have on the validity testing.

The authors have defined a positive carpal Tinel’s sign and a positive Phalen’s sign as “pain or paresthesia in at least one of the first three digits.” Having performed physical examinations of the upper extremities to detect cumulative trauma disorders for workers employed in high-risk industries,2,3 my experience has led me to define a positive Tinel’s and Phalen’s test as having symptoms in at least two of the first three digits. This stricter maneuver criterion would probably decrease the sensitivity and increase the specificity, but to what extent is unknown. It is interesting to note that Katz et al. designed a self-administered hand diagram to classify patients as classic, probable, possible, and unlikely for CTS.4 A classic or probable diagram required symptoms in at least two of the first three digits. The hand diagram ratings were better predictors of CTS than Phalen’s or Tinel’s tests in a bivariate analysis and had the strongest association with CTS in the logistic regression model.5 Whether the “two rather than one digit” criterion is responsible for this difference needs to be evaluated.

Finally, I would like to emphasize Katz’s comment, “carpal tunnel syndrome is just one of a variety of occupation-associated upper extremity disorders. Symptomatic workers who do not have carpal tunnel syndrome may have other occupation-related cumulative trauma disorders and might benefit from job modification and treatment.”

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References

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Katz Responds

Dr. Hales argues thoughtfully that the sensitivity and specificity of diagnostic tests may depend upon how the tests are interpreted. Most authors reporting on the Tinel sign in carpal tunnel syndrome consider tingling “in the median nerve distribution” a positive response and do not indicate if tingling in one finger satisfies this criterion. Three studies employing such a vague criterion for the Tinel sign reported sensitivities of 0.26, 0.44, and 0.62.