

Family APGAR

Family APGAR is one of the first tools taught to trainees in family and community medicine training programs. The tool and its utility as a test for family function was proposed by Gabriel Smilkstein in 1978.¹ There are five item parameters of family functioning in the tool: Adaptability, Partnership, Growth, Affection and Resolve (APGAR). The tool was developed with the hypothesis that a family members' satisfaction with the five parameters is reflective of one's own perception of family functioning. In 1982, Smiklein et al published a second article that reviewed several studies to provide evidence for the utility of the Family APGAR.² The Family APGAR has evolved, its original statements revised, and its reliability and validity studied and published in the international literature.^{3,4} Locally, it has been used in special clinical consults, counselling, and research purposes.

Despite the numerous studies on Family APGAR, there are still a few who doubt the perceived satisfaction to family relationships is equivalent to family function. Family dynamics and norms differ across different societies and in different time. While "Are we using the tool the correct way?" may be a valid question, the other question might also be "What is the alternative?"

An evidence of its validity and utility as a family practice tool is its demonstrated association with control of diseases. One of the earlier studies published way back in 1993 showed that families with good Family APGAR score was associated with good control of glycosylated hemoglobin among diabetic patients. In this issue, the tool was used in 2 researches. The study by Lusica and her colleagues, showed that the Family APGAR score was associated with teenage pregnancy. What is interesting in the study is another finding that teenage pregnancy in the parent was also associated with teenage pregnancy in the sibling. This is a direct evidence to show that family dynamics have direct effect on the health status of its individual members. Another study in this issue was done by Cruz and his colleagues who tried to determine the association of the appropriateness of coping mechanisms in patients with leukemia. Although the results did not show statistically significant results, the findings showed a trend to escape-oriented coping mechanism among dysfunctional families.

Up to this time, family medicine has been trying to identify its differentiating mark from other medical specialties. The studies in this issue are evidences of association of family function and certain health outcome. Focusing on the family as the unit of intervention and promoting interventions to promote appropriate family function in different health problems may be the differentiating identity of family medicine.

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References

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