

Journal Review Service

*Continuing Medical Education
in General Practice from the Goodfellow Unit*

Journals Reviewed in this Issue

Am J Clin Nutr*
Ann Emerg Med*
Ann Intern Med*
Aust Fam Physician*
Br J Sports Med*
Can Fam Physician Med Fam Can*
Health & Homeopathy
Homeopathy*
J Fam Pract*
J Tradit Chin Med*
JAMA*
Lancet*
N Engl J Med*
Physica A
Postgrad Med*
Sci Am*

*Journals indexed in Medline

Acupuncture

24-082 Piriformis syndrome treated by triple puncture with the Bai Hu Yao Tou maneuver.

Wu Q. J Tradit Chin Med. September 2003. Vol.23. No.3. p.197-8.

Reviewed by Dr Joan Campbell

Review: One hundred and sixty-one cases were randomised into two groups. Eighty cases received triple puncture to Huantiao (GB 30) and appropriate adjunctive points based on differentiation of the Chinese syndrome. Eighty-one control cases received acupuncture based on syndrome differentiation. A statistically significant difference in the total effective rate was obtained.

Comment: The technique of triple puncture with the Bai Hu Yao Tou manoeuvre ('Tiger shaking its head' needle manipulation) can be used in the treatment of other musculoskeletal conditions. The technique works well for refractory tennis elbow.

24-083 Two-hundred and ten cases of shoulder periarthritis treated by needling Lingxia and Sanjian.

Feng Z. J Tradit Chin Med. September 2003. Vol.23. No.3. p.201-2.

Reviewed by Dr Joan Campbell

Review: Two hundred and seventy-two cases were randomly divided into treatment and control groups. The treatment group received Sanjian (LI 3) on the healthy side and Lingxia on the affected side (2 cun below Yanglingquan GB 34). The control group received common local points on large intestine, small intestine, San Jiao and gall bladder. Twenty treatments were given. The treatment group had a statistically significant difference in therapeutic effect ($p < 0.01$) than the control group.

Comment: Since the control group were given electrical stimulation to their points and the treatment group manual stimulation to their needles, it is difficult to compare the points chosen as they are treated differently. However, the treatment combination is effective and clients can get relief of shoulder pain by massaging Lingxia, which is easy to locate and usually tender.

24-084 Clinical observation in 30 cases of chloasma treated by auricular point pressing and pricking.

Xun J. J Tradit Chin Med. September 2003. Vol.23. No.3. p.207.

Reviewed by Dr Joan Campbell

Review: Facial chloasma was treated using auricular point pricking and auricular point pressing of seeds on selected ear points. Four of the 30 participants had no improvement.

Comment: Local chloasma is difficult to treat and may be induced by some western medications. Pricking the ear gives a dramatic improvement in

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The JRS is a guide to current reading in General Practice. Each article reviewed in the JRS has been selected by the reviewer because, in some aspect, it is considered worth reading by general practitioners.

The majority of reviewers are themselves general practitioners. A review in the JRS should not be considered a substitute for reading the original article.

The JRS seeks to extend the range of journals reviewed and always welcomes new reviewers.

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clinical signs and symptoms for acute conjunctivitis, acute allergy e.g. urticaria etc. Interesting concept using this technique for chloasma.

24-085 Clinical experience in multiple needling therapy.

Yang P. J Tradit Chin Med. September 2003. Vol.23. No.3. p.209-11.

Reviewed by Dr Joan Campbell

Review: A clinical paper describing acupuncture techniques with 'multi-needles in multi-directions', for local disorders. Acupuncture points are selected from the corresponding channels of the affected area.

Comment: In China multiple needling therapy is commonly used for therapeutic effect as well as the single fitiform needle so familiar to acupuncturists and clients. This paper reviews other clinical options with needles.

24-086 Clinical application of the point Xuanzhong.

Hu Y. J Tradit Chin Med. December 2003. Vol.23. No.4. p.275-7.

Reviewed by Dr Joan Campbell

Review: Xuanzhong (GB 39) belongs to the gall bladder channel and is the influential point of marrow. The point can be used for a wide variety of clinical conditions.

Comment: Historically this point has been considered a point of importance by physicians. Its uses include treatment for musculoskeletal disorders such as post stroke sequelae, rigid muscles/joints, peri arthritis of the shoulder, hypochondrial pain, migraine, stiff neck (empirical point), gynaecological and paediatric disorders.

24-087 Electric acupuncture in the treatment of 36 cases of female urethral syndrome.

Liu L, Wang X. J Tradit Chin Med. December 2003. Vol.23. No.4. p.284-5.

Reviewed by Dr Joan Campbell

Review: Thirty-six cases of urethral syndrome were treated with electro-acupuncture using front body points alternated with back Shu point. A total effective treatment rate of 88.89% was obtained by the treatment group and this was statistically significant ($p < 0.01$) when compared with the total effective rate for controls who received orthodox western management.

Comment: Urethral syndrome is a syndrome with aseptic frequent micturition, urge incontinence, discomfort in urination, pelvic floor pain with tenderness in the bladder and urethral areas. Clinically it responds well to acupuncture by nourishing the kidney qi, removing dampness and heat, and regulating the functional activity of the bladder.

Alcohol and Substance Abuse

24-088 Oral topiramate effective for alcoholism.

Anderson N, Oliver MN. J Fam Pract. September 2003. Vol.52. No.9. p.682-7.

Reviewed by Dr Bruce Adlam

Review: Oral topiramate is effective in the treatment of alcohol dependence. Patients taking topiramate consumed less alcohol, had fewer heavy drinking days, and had more days abstinent within a 12-week period. This medication adds a significant adjunct to our current treatment of alcohol-

ism and can be considered for use in treating those alcoholics who desire sobriety. (Original article reviewed: Lancet 2003; 361: 1677-85.)

Comment: Topiramate is an anticonvulsant that inhibits dopamine release in portions of the brain that may be associated with alcohol's rewarding effects.

Cardiovascular System

24-089 Valsartan, captopril, or both in myocardial infarction complicated by heart failure, left ventricular dysfunction, or both.

Pfeffer MA, McMurray JJ, Velazquez EJ, et al. N Engl J Med. 13 November 2003. Vol.349. No.20. p.1893-906.

Reviewed by Dr Raina Elley

Review: There is strong evidence that the addition of an ACE inhibitor, post-myocardial infarction complicated by left ventricular systolic dysfunction or heart failure, is associated with a 26% reduction in mortality. This large trial investigates whether an angiotensin II receptor antagonist (Valsartan) is more effective than an ACE inhibitor (Captopril), and whether Valsartan plus Captopril is more effective than Captopril alone, at reducing all-cause mortality amongst these patients. This trial involved 931 centres from 24 countries and was supported by a grant from Novartis Pharmaceuticals. Patients were entered into the trial at between 0.5-10 days post MI. At a median follow-up of 24.7 months, 979/4909 patients in the Valsartan group had died, 958/4909 in the Captopril group had died, and 941/4885

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in the Valsartan and Captopril group had died. The hazard ratio for Valsartan vs Captopril was 1.0 (97.5% CI 0.90–1.11), and Valsartan plus Captopril vs Captopril was 0.98 (97.5% CI 0.89–1.09). The authors concluded that Valsartan is as effective as Captopril in reducing all-cause mortality in this group of patients and that the combination of Valsartan and Captopril increases drug-related adverse events without improving survival. Secondary outcomes of CVD deaths, recurrent MI and hospitalisation for CHF showed similar results. Only a post-hoc analysis of hospitalisation for MI or CHF found that the combination of Valsartan and Captopril was better than Captopril, alone.

Comment: With the increased use of combination medications, particularly with the possibility of combining an angiotensin II receptor antagonist with an ACE inhibitor because of their different mechanisms of action, this is an interesting study. It was also interesting to note that although doses were estimated to be equivalent in each group, that the combination group had significantly lower blood pressure than either drug alone. Another incidental finding of this study was that there was no increase in adverse events when an A2 receptor antagonist was combined with an ACE inhibitor and B-blocker (triple therapy) in the presence of CHF or LV systolic dysfunction, post MI, which has been a concern in the past.

24-090 Diuretics are first choice for hypertension.

Reznik J, Newton W. *J Fam Pract.* September 2003. Vol.52. No.9. p.664, 67.

Reviewed by Dr Bruce Adlam

Review: Low-dose diuretics are equal or superior to all other major classes of antihypertensive medications in improving long-term cardiovascular outcomes. Given that diuretics are also inexpensive and have a favourable side-effect profile, clinicians should use low-dose diuretics (e.g. hydrochlorothiazide 25mg/d or less) as a first choice for almost all patients with hypertension. (Original article reviewed: *JAMA* 2003; 289: 2534–44.)

24-091 Do antiarrhythmics prevent sudden death in patients with heart failure?

Ball TA, Kerns JW, Nashelsky J. *J Fam Pract.* September 2003. Vol.52. No.9. p.719–21.

Reviewed by Dr Bruce Adlam

Review: Beta-blockers (class II antiarrhythmics) reduce sudden death and total mortality in patients with heart failure (strength of recommendations: A). Amiodarone (class III) may reduce sudden death in heart failure (strength of recommendation: B), but evidence is weak that it reduces total mortality, and it has significant side effects. Class I and other class III antiarrhythmic agents appear to cause an increase in mortality due to sudden death in heart failure (strength of recommendation: B).

Comment: Class I drugs include flecainide, procainamide, propafenone and other class III drugs include sotalol.

24-092 Managing the patient with venous ulcers.

de Araujo T, Valencia I, Federman DG, et al. *Ann Intern Med.* 18 February 2003. Vol.138. No.4. p.326–34.

Reviewed by Dr Mike Slatter

Review: This case based review article examines the problem of venous ulcers (being the commonest type of leg ulcer). Discusses the differential diagnosis of leg ulcers and useful diagnostic procedures (ankle-brachial index and colour duplex ultrasonography). Treatment with elevation, compression therapy, aspirin, pentoxifylline, debridement, skin grafting and use of growth factors are discussed.

Comment: Very good review article to assist in the management of these patients. I couldn't find pentoxifylline in MIMs.

24-093 Cardiovascular benefit of light to moderate alcohol consumption.

Dixon AF, Dixon JB, O'Brien PE. *Aust Fam Physician.* August 2003. Vol.32. No.8. p.649–52.

Reviewed by Dr Barry Suckling

Review: In recent years, strong epidemiological evidence has arisen associating cardiovascular benefit with

light to moderate alcohol consumption. GPs should have two goals: to minimise harm and maximise benefit. Blanket discouragement of all levels of alcohol consumption can no longer be justified.

Comment: Very well written by a fourth year medical student. Surprise, surprise! How he managed to find time to take his fourth year, to write this really good article, and to drink enough to protect his arteries, only students would know. Can you remember the days?

Contraception and Family Planning

24-094 Prescribing oral contraceptives for women older than 35 years of age.

Seibert C, Barbouche E, Fagan J, et al. *Ann Intern Med.* 7 January 2003. Vol.138. No.1. p.54–64.

Reviewed by Dr Mike Slatter

Review: This review article looks at the use of combined oral contraceptives (COC) in women over 35 years of age. A case based discussion is presented focussing on risks and benefits, pretreatment assessment, common side effects and their management, appropriate follow-up and diagnosis of the menopause while on COCs. There is a useful discussion on issues pertaining to women who smoke, have hypertension or dyslipidemia.

Comment: Very good update on the use of COCs in older women but also with good application to all women who take COCs.

24-095 Infertility evaluation and management: Strategies for family physicians.

Case AM. *Can Fam Physician Med Fam Can.* November 2003. Vol.49. p.1465–72.

Reviewed by Dr Mike Lyons

Review: Logically laid out GP orientated article by this Assistant Professor and Director of Assisted Reproduction Unit in Saskatoon. Starts with preconception counselling. Progresses to discuss age and infertility. Lists causes of infertility

with percentage of occurrences. Outlines approach to assessment through history, focussed exam, limited blood tests and sperm analysis. Guidelines for referral are tabled. Treatment options are briefly discussed with cost and success rate in Canada tabled.

Comment: Good article to read up (if you have not already got a similar favourite) next time you face a couple where the female has been rendered infertile from a single episode of pelvic inflammatory disease – 13% risk.

Dermatology

24-096 Toenail splinting: Inserting cotton splints to treat ingrown toenails.

Pottie K, Dempsey M, Czarnowski C. Can Fam Physician Med Fam Can. November 2003. Vol.49. p.1451-3.

Reviewed by Dr Mike Lyons

Review: Focuses on this noninvasive technique of nail splinting using cotton wicks. Claims to be an effective, easy to learn and inexpensive treatment for uncomplicated ingrown toe nails. Recurrence rates same as radical excision of nail fold – 20%. Packing left in place for three months. Excision of exuberant granulation tissue briefly dealt with.

Comment: Clear instructions with four figures. Handy technique to add to GP skills. Now where is my Black's file?

Diagnosis

24-097 Investigation tiredness in Australian general practice: Do pathology tests help in diagnosis?

Gialamas A, Beilby JJ, Pratt NL, et al. Aust Fam Physician. August 2003. Vol.32. No.8. p.663-6.

Reviewed by Dr Barry Suckling

Review: About two hundred patients presenting with tiredness, and all had pathology tests. Only 3% had a significant clinical diagnosis based on pathology tests.

Ear, Nose and Throat

24-098 Naturopathic ear drops minimally effective for acute otitis media.

Fay DL, Schellhase KG, Wejek D. J Fam Pract. September 2003. Vol.52. No.9. p.673, 76.

Reviewed by Dr Bruce Adlam

Review: In children aged five to 18 years with acute otitis media, naturopathic herbal ear drops accounted for a small change in reported otalgia over 48 hours. (Original article reviewed: Pediatrics 2003; 111: e574-9.)

Comment: This study does not provide strong evidence for using naturopathic herbal ear drops in the studied population, let alone the population we most often see with otalgia due to acute otitis media (i.e. infants aged six to 24 months). Since no adverse events were reported, it seems reasonable to allow parents this option if they desire a nonpharmacologic analgesic – although the study does, once again, point out that time is often the best treatment for acute otitis media.

Emergency Medicine

24-099 It's about time: the evolution of acute coronary syndrome evaluation in the emergency department.

Blomkalns AL, Gibler WB. Ann Emerg Med. December 2003. Vol.40. No.6. p.595-7.

Reviewed by Dr Mike Slatter

Review: This editorial looks at the evaluation of patients with possible acute coronary syndrome (ACS) in the ED setting. More than a decade of research has led to a rapid six to nine hour diagnostic risk stratification period (usually in ED) which has replaced inpatient admissions for ? ACS. There is discussion of a neural network (computerised) approach using 40 variables and also an accelerated chest pain evaluation protocol using two hourly ECGs, serum markers, and selective nuclear stress testing. See also 24-100 and 24-101.

Comment: Good article with up-to-date developments in acute chest pain evaluation (a complicated condition). Unless we are confident that

chest pain is non-cardiac our patients will need further assessment in ED with protocols similar to those mentioned. We need to have a good understanding of the acute coronary syndrome and its management.

24-100 A neural network aid for the early diagnosis of cardiac ischemia in patients presenting to the emergency department with chest pain.

Baxt WG, Shofer FS, Sites FD, et al. Ann Emerg Med. December 2002. Vol.40. No.6. p.575-83.

Reviewed by Dr Mike Slatter

Review: See 24-099.

24-101 The Erlanger chest pain evaluation protocol: A one-year experience with serial 12-lead ECG monitoring, two-hour delta serum marker measurements, and selective nuclear stress testing to identify and exclude acute coronary syndromes.

Fesmire FM, Hughes AD, Fody EP, et al. Ann Emerg Med. December 2002. Vol.40. No.6. p.584-94.

Reviewed by Dr Mike Slatter

Review: See 24-099.

24-102 Clinical policy: critical issues in the initial evaluation and management of patients presenting to the emergency department in early pregnancy.

ACEP Clinical Policies Committee and the Clinical Policies Subcommittee on Early Pregnancy. Ann Emerg Med. January 2003. Vol.41. No.1. p.123-33.

Reviewed by Dr Mike Slatter

Review: This Clinical Policy document was developed by the American College of Emergency Physicians and relates primarily to the initial evaluation and management of Ectopic Pregnancy. The critical issues discussed include: interpretation of beta-HCG assays and pelvic ultrasound scans in relation to ectopic pregnancy, use of Rh prophylaxis in the first trimester of pregnancy, and the outpatient management of pregnancy with cytotoxic agents.

Comment: Although this guideline is intended for use in hospital based EDs, it is relevant to general practice as we are often the first to order ur-

gent scans and beta-HCG assays. It is imperative that we don't delay when an ectopic is likely. Good discussion of Methotrexate (side effects and interactions), Rh seroconversion and indications for anti-immunoglobulin.

24-103 Evaluation and management of febrile seizures in the out-of-hospital and emergency department settings.

Warden CR, Zibulewsky J, Mace S, et al. *Ann Emerg Med.* February 2003. Vol.41. No.2. p.215-22.

Reviewed by Dr Mike Slatter

Review: This review article discusses febrile seizures and their management. Evaluation in both out-of-hospital and ED settings is discussed. Patients with febrile seizures are not at higher risk for serious bacterial illness than similarly aged febrile patients. An LP should be strongly considered under the age of 18 months if certain other risk factors are present (prior antibiotics, slow return to normal mentation, complex seizure).

Comment: Good discussion on simple and complex seizures, definition and epidemiology. There is a good advice sheet to give to parents after a simple febrile seizure. Cooling is not critical and don't forget to do a glucose test.

24-104 2002 Update to the ACC/AHA guidelines for the management of patients with unstable angina and non-ST-segment elevation myocardial infarction: Implications for emergency department practice.

Pollack CV, Roe MT, Peterson ED. *Ann Emerg Med.* March 2003. Vol.41. No.3. p.355-69.

Reviewed by Dr Mike Slatter

Review: This update article looks at the diagnosis and management of unstable angina and NSTEMI (non-ST-segment elevation) acute coronary syndrome. It summarises the ACC (American College of Cardiology)/AHA (American Heart Association) 2002 guidelines for the management of this group of patients. Emphasis is placed on risk stratification (TIMI score) and there is a decided preference for interventional management in high risk patients. There is detailed discussion

on the use of aspirin, clopidogrel, low molecular weight heparin and glycoprotein antagonists.

Comment: A good algorithm is provided with evidence-based guidelines. This article will help us with understanding this sometimes vague and subjective condition where the examination and ECG are usually normal.

Family Practice

24-105 Teaching practical procedures in general practice: A primer for supervisors of medical students and registrars.

Fraser J. *Aust Fam Physician.* July 2003. Vol.32. No.7. p.540-3.

Reviewed by Dr Barry Suckling

Review: Develops a framework for teaching practical skills and their assessment in general practice.

Comment: Will be good reading for trainers and registrars. A subsequent article 'Performance and remediation in general practice training' (see 24-106), would be also good reading.

24-106 Performance and remediation in general practice training.

Mugford B. *Aust Fam Physician.* July 2003. Vol.32. No.7. p.544-6.

Reviewed by Dr Barry Suckling

Review: See 24-105.

Gastroenterology

24-107 Irritable bowel syndrome: Drug therapy.

Mertz HR. *N Engl J Med.* 27 November 2003. Vol.349. No.22. p.2136-46.

Reviewed by Dr Raina Elley

Review: Irritable bowel syndrome (IBS) has a prevalence of about 12% and is characterised by altered bowel habit (diarrhoea, constipation, bloating, discomfort or pain), without an identifiable mechanical, biomedical or inflammatory cause. Those who present with IBS have a higher rate of psychosocial stressors than those without IBS. This article reviews the evidence for the different management options. Non-pharmacological approaches such as

reassurance and a firm diagnosis, after excluding more alarming causes of the condition, are useful. Identification of psychosocial stressors and lifestyle modification such as increased exercise, as usual, are effective. Although there is little evidence to suggest specific diets are effective, it is advised to avoid excesses such as caffeine, identified triggers, and high fat intake. Fibre is often helpful with constipation, and long-term osmotic laxatives are sometimes helpful (but not stimulant cathartic laxatives long-term). Antidiarrhoeal agents such as loperamide are effective for diarrhoea but not pain, and cholestyramine can be helpful in resistant diarrhoea. The article also reviews the evidence for (and safety of) anti-spasmodic agents (e.g. anticholinergics), low-dose tricyclic antidepressants, serotonin 3 receptor antagonists, and serotonin 4 receptor agonists. Because the placebo response has been shown to be between 20 and 50% for up to three months amongst those with IBS, the efficacy of any treatment is difficult to demonstrate unless a blinded placebo-control approach is used. Even so, there is reasonable evidence that psychotherapy such as CBT, dynamic psychotherapy, relaxation, and hypnotherapy are effective for diarrhoea and pain, but not constipation. There is some evidence that antibiotics, herbal preparations, and peppermint oil may be helpful, but longer duration and good quality trials are needed to confirm this. There are also several new pharmacological agents that are being tested at present.

Comment: This is a useful review article that presents the evidence for the different treatment options available when managing this common but hard to manage condition.

24-108 Omeprazole and placebo have same long-term effect on dyspepsia.

Lepsh M, Strayer S. *J Fam Pract.* September 2003. Vol.52. No.9. p.687-8.

Reviewed by Dr Bruce Adlam

Review: Treatment with omeprazole relieved symptoms in the first two weeks in about half of patients with

dyspepsia – a better response than in the patients treated with placebo. However, by six weeks a similar number of patients taking placebo also had symptoms relieved, and at one year treatment offered no benefit over placebo. (Original article reviewed: *Am J Gastroenterol* 2002; 97: 3045-51.)
Comment: Additionally, treatment (versus placebo) did not reduce the number of patients who eventually would need endoscopy to investigate the cause of their dyspepsia. Interestingly, treating patients first with either placebo or omeprazole reduced the need for endoscopy by almost half.

Genetics

24-109 The unseen genome: Gems among the junk.

Gibbs WW. *Sci Am*. November 2003. Vol.289. No.5. p.26-33.

Reviewed by Dr Ron Vautier

Review: Of the so-called 'junk' DNA that does not directly code for proteins, a larger part is transcribed into varieties of RNA that evidently perform many regulatory functions. There is also another 'epigenetic' layer of information in the chromosomes contained within the proteins and chemicals that surround, support, and stick to DNA.

Comment: Sequencing genomes is only a tiny part of understanding inheritance. This article begins to explain the rest, and should fascinate some GPs.

24-110 The unseen genome: Beyond DNA.

Gibbs WW. *Sci Am*. December 2003. Vol.289. No.6. p.78-85.

Reviewed by Dr Ron Vautier

Review: This article explores in a little more detail how epigenetic information is coded in chemical tags attached to histories and the DNA, and its significance in growth, disease and ageing. Altering these functions with medicines is likely to be easier than altering the DNA.

Comment: The concepts are well-explained and illustrated here.

Hemic and Lymphatic Systems

24-111 Congenital thrombophilic states associated with venous thrombosis: A qualitative overview and proposed classification system.

Crowther MA, Kelton JG. *Ann Intern Med*. 21 January 2003. Vol.138. No.2. p.128-34.

Reviewed by Dr Mike Slatter

Review: This qualitative review is a good evidence-based practical guide to the congenital prothrombotic states. A simple classification for the congenital prothrombotic states is presented. An overview of the coagulation cascade is given.

Comment: With widespread use of oral contraceptives it is important to have an understanding of the conditions which need to be looked for when a thrombophilia screen is indicated.

Homeopathy

24-112 Over the top: Over-reactive, over-sensitive and always over-doing it, classic indications for Nux vom.

Souter K. *Health & Homeopathy*. Autumn 2003. p.8-10.

Reviewed by Dr Mimi Irwin

Review: Keith Souter works as a part-time GP in Yorkshire. He works in a private holistic medical practice. This article has been written for a non-medical audience sympathetic to homeopathy. Dr Souter describes a consultation with a patient who is stressed and over-reactive and suffering from premenstrual syndrome. The article gives the reader a clear idea of the homeopathic interview. The practitioner is interested in the physical symptoms and how these feel for the patient physically as well as emotionally. There is a six month follow-up after the patient has taken Nux vom 30c BD for three days only.

Comment: Nux vomica is commonly used homeopathic medication with a reputation for being helpful for hangovers and temper tantrums in young children. This article is straight forward and will give those interested an insight into the homeopathic interview. Homeopathy attempts to understand

the unique qualities of a patient and is a remarkable system which integrates the mind and body. Something that comes naturally to many GPs.

24-113 The homeopathic approach to the treatment of symptoms of oestrogen withdrawal in breast cancer patients. A prospective observational study.

Thompson EA, Reilly D. *Homeopathy*. July 2003. Vol.92. No.3. p.131-4.

Reviewed by Dr Mimi Irwin

Review: This paper reports on a study of 45 consecutive women who were referred to the Glasgow Homeopathic Hospital for homeopathic treatment of menopausal symptoms in association with breast cancer. Nearly half the group were on Tamoxifen. The most common complaints were hot flushes, mood disturbance, anxiety and depression, joint pain and fatigue. Other problems including sleep disorder were included. The patients went through a standard homeopathic consultation (up to 60 minutes) and were given an individualised homeopathic prescription. Forty women completed the study. Numerical self-rating scores were used to identify problem symptoms and monitor progress. The homeopathic intervention appeared to be helpful for the management of symptoms of oestrogen withdrawal in women with breast cancer on or off Tamoxifen. There was significant improvement with hot flushes and mood disturbance as well as ability to cope with daily life.

Comment: This is an uncontrolled, open outcome study. Homeopaths over recent years have been turning to outcome studies particularly before going on to a controlled study. These authors have now done a controlled trial looking at the impact of the homeopathic approach on women with breast cancer who are suffering from symptoms of oestrogen withdrawal. This study has yet to be published. The most commonly used homeopathic medications used in the outcome study reviewed about were: Ignatia, Sepia, Stapysagria and Arsenicum.

24-114 The memory of water regained?

Milgrom LR. Homeopathy. October 2003. Vol.92. No.4. p.223-4.

Reviewed by Dr Mimi Irwin

Review: LR Milgrom works in the Department of Chemistry at the Imperial College of Science. He is also a non-medical homeopath. He reviews Professor Louis Rey's paper on thermoluminescence of ultra-high dilutions of lithium chloride and sodium chloride. Rey appears to show, with technology used to study crystals, that substances diluted and shaken between dilutions such that no molecules of the solute can possibly be present in the solution still exert an effect on the hydrogen bonding of the diluent. Milgrom quotes Martin Chaplin who feels that these results may be an error. He also includes the views of other scientists. The concept of water having a memory is controversial and has destroyed scientific careers in the recent past. See 24-134.

Comment: This review when read with Rey's original paper is fascinating. Perhaps it should be presented to Randi the magician who debunked Benveniste's work in the 1980s. James Randi is an American magician and sceptic and has put up a million dollars prize money to anyone who can demonstrate that homeopathy has any validity at all. Homeopathy has now been practised for over 200 years and has always been a controversial subject that incites passionate debate.

Metabolic Diseases**24-115 Screening for Type 2 diabetes mellitus in adults: Recommendations and rationale.**

U.S. Preventive Services Task Force. Ann Intern Med. 4 February 2003. Vol.138. No.3. p.212-4.

Reviewed by Dr Mike Slatter

Review: This statement summarizes the current USPSTF recommendations on screening for type 2 diabetes in

adults. They concluded that the evidence is insufficient to recommend for or against screening asymptomatic adults for type 2 diabetes, impaired glucose tolerance or impaired fasting glucose. They do however recommend screening in adults with hypertension or hyperlipidaemia. See also 24-116.

Comment: No randomised controlled trial for screening of diabetes has been performed. It is not clear whether interventions in the pre-clinical phase of type 2 diabetes makes that much difference. The benefits of screening are more likely to come from the modification of CVS risk factors rather than from tight glycemic control.

24-116 Screening adults for type 2 diabetes: A review of the evidence for the U.S. Preventive Services Task Force.

Harris R, Donahue K, Rathore SS, et al. Ann Intern Med. 4 February 2003. Vol.138. No.3. p.215-29.

Reviewed by Dr Mike Slatter

Review: See 24-115.

Musculoskeletal System**24-117 Osteoarthritis: What therapies for this disease of many causes?**

Morehead K, Sack KE. Postgrad Med. November 2003. Vol.114. No.5. p.11-7.

Reviewed by Dr Chris Milne

Review: Osteoarthritis is the most common joint disease in the world. It is more than simple wear and tear, with increased water content and a reduction in proteoglycan aggregates in the cartilage matrix. Emerging therapies include glucosamine chondroitin sulphate and viscosupplementation. The authors state that these therapies are of unproven efficacy.

Comment: Good description of the pathogenesis of OA, and the array of therapies available. In my view, the authors have been unduly negative about the emerging therapies, as there is an increasing number of studies documenting their efficacy.

24-118 Accuracy of physical diagnostic tests for assessing ruptures of the anterior cruciate ligament: A meta-analysis.

Scholten RJ, Opstelten W, van der Plas CG, et al. J Fam Pract. September 2003. Vol.52. No.9. p.689-94.

Reviewed by Dr Bruce Adlam

Review: (1) Reliable data are scarce regarding the accuracy of physical diagnostic tests in diagnosing anterior cruciate ligament ruptures in primary care; (2) The pivot shift test has a favourable positive predictive value, and the Lachman test has a good negative predictive value. The anterior drawer test is of unproven benefit in diagnosing rupture of the anterior cruciate ligament (ACL); (3) Although of limited predictive value, the history and physical examination, coupled with patient preference and physical demands, should form the basis for further investigation of possible ACL rupture.

Comment: These findings are from a high-powered evidence-based group in the Netherlands.

24-119 What is the best treatment for plantar fasciitis?

Stadler TS, Johnson ED. J Fam Pract. September 2003. Vol.52. No.9. p.714-7.

Reviewed by Dr Bruce Adlam

Review: Mechanical therapies – such as taping, tension night splinting, and rigid arch support – are the most effective for plantar fasciitis (strength of recommendation: A, based on randomised controlled trials). If limited or no improvement is observed after six months of mechanical therapy, extracorporeal shock wave therapy (Orthotripsy) is the next treatment of choice (strength of recommendation: A). When mechanical therapies and extracorporeal shock wave therapy have failed for more than one year, surgical treatment may be considered (strength of recommendation: C).

24-120 Does physical therapy improve symptoms of fibromyalgia?

Smith M, Gokula M, Weismantel A. J Fam Pract. September 2003. Vol.52. No.9. p.717-9.

Reviewed by Dr Bruce Adlam

Review: Physical therapy is minimally effective in the treatment of fibromyalgia, with immediate post-treatment improvement in pain and tender points, and both short- and longer-term improved confidence in performing tasks (strength of recommendation: B).

Comment: Multidisciplinary rehabilitation is probably not effective for this disorder but warrants future research.

Nutrition

24-121 What role for weight-loss medication? Weighing the pros and cons for obese patients.

Wyatt HR, Hill JO. *Postgrad Med.* January 2004. Vol.115. No.1. p.38-45.

Reviewed by Dr Chris Milne

Review: Over the past decade, weight loss medications with a low risk of dependence have been developed, and are in widespread use. This paper dispels common myths about these medications and gives some guidance to their appropriate use. The authors caution against providing unrealistic expectations – whereas patients want to lose about 30% of their body weight, a 5–10% weight loss is usually more achievable, and still has health benefits.

Comment: In my experience, the diarrhoea and flatulence that occurs with fatty foods in patients on Xenical can be used as a vital educative tool in obese patients – they get feedback within an hour or two of which foods they should be avoiding!

24-122 Tackling obesity in a 15-minute office visit.

Hensrud DD. *Postgrad Med.* January 2004. Vol.115. No.1. p.59-61.

Reviewed by Dr Chris Milne

Review: This article provides 15 practical suggestions to help manage obesity in a standard 15 minute consultation. These include assessment of current lifestyle, diet and exercise adjustment, behaviour change, keeping diet records and using process goals (e.g. starting a walking programme for 10

minutes a day) rather than outcome goals (e.g. loss of 10kg of weight).

Comment: Very useful practical article. The problem for most of us is that weight loss is often one of three or four problems our patients expect us to deal with in a 15 minute consultation!

24-123 GPs managing patients with eating disorders: A tiered approach.

Marks P, Beumont, P, Birmingham CL. *Aust Fam Physician.* July 2003. Vol.32. No.7. p.509-14.

Reviewed by Dr Barry Suckling

Review: Identifies the various levels of intervention and roles GPs may take. The article provides practitioners with options regarding the degree and level of their clinical involvement.

24-124 The contribution of vegetarian diets to health and disease: a paradigm shift?

Sabate J. *Am J Clin Nutr.* September 2003. Vol.78. No.3 (S) p.502S-7S.

Reviewed by Dr Charlotte Cox

Review: This article was presented at the Fourth International Congress on Vegetarian Nutrition, held in Loma Linda, CA, April 2002 and presents a clear overview of the scientific research on vegetarian nutrition over the past 30 years. Early nutrition literature focused on the negative aspects of vegetarian diets including deficiency disease and growth retardation. More recent literature focuses on the positive aspects of vegetarianism including reduction in risks for cancers and IHD.

Comment: The author presents evidence for a change in our thinking towards vegetarianism; the vegetarian diet is no longer a fad diet; vegetarian diets may be viewed as health promoting – in contrast to the traditional meat-based diets. (See 24-125, 24-126, 24-127 and 24-128). This paper is one of 25 articles published as a supplement in this journal. For those interested in nutrition and given that an increasing number of our patients will be seeking information on vegetarian-

ism, I would suggest browsing the entire supplement.

24-125 Does low meat consumption increase life expectancy in humans?

Singh PN, Sabate J, Fraser GE. *Am J Clin Nutr.* September 2003. Vol.78. No.3(S) p.526S-32S.

Reviewed by Dr Charlotte Cox

Review: See 24-124.

24-126 Plant-based foods and prevention of cardiovascular disease: an overview.

Hu FB. *Am J Clin Nutr.* September 2003. Vol.78. No.3(S) p.544S-51S.

Reviewed by Dr Charlotte Cox

Review: See 24-124.

24-127 Nut consumption and body weight.

Sabate J. *Am J Clin Nutr.* September 2003. Vol.78. No.3(S) p.647S-50S.

Reviewed by Dr Charlotte Cox

Review: See 24-124.

24-128 Quantification of the environmental impact of different dietary protein choices.

Reijnders L, Soret S. *Am J Clin Nutr.* September 2003. Vol.78. No.3(S) p.664S-8S.

Reviewed by Dr Charlotte Cox

Review: See 24-124.

Obstetrics

24-129 Painful nipples in nursing mothers: Fungal or staphylococcal?

Graves S, Wright W, Harman R, et al. *Aust Fam Physician.* July 2003. Vol.32. No.7. p.570-1.

Reviewed by Dr Barry Suckling

Review: Unlikely to be candida. Some may be staphylococcal.

Oncology

24-130 Many abnormal PSA test results normalize over time.

Gramling R. *J Fam Pract.* September 2003. Vol.52. No.9. p.667-8, 71.

Reviewed by Dr Bruce Adlam

Review: A significant proportion of prostate-specific antigen (PSA) tests with abnormal results (nearly half) normalise over one to four years of follow-up without any medical or surgical intervention. (Original article reviewed: JAMA 2003; 289: 2695-700.)

Comment: This information can be used by physicians and their patients in shared decision-making about both PSA screening and in deciding how to follow up an abnormal result.

24-131 Tumor-busting viruses.

Nettelbeck DM, Curiel DT. Sci Am. October 2003. Vol.289. No.4. p.50-7.

Reviewed by Dr Ron Vautier

Review: Viruses are being genetically engineered so that they will selectively infect cancer cells, and kill them by bursting them open or by making them more susceptible to chemotherapies. Some clinical trials are into phase 2, and such techniques may well soon be commonplace.

Comment: This is certainly suitable material for GPs wishing to obtain some basic understanding in a new field.

Paediatrics

24-132 Total energy expenditure and physical activity in young Scottish children: mixed longitudinal study.

Reilly JJ, Jackson DM, Montgomery C, et al. Lancet. 17 January 2004. Vol.363. No.9404. p.211-4.

Reviewed by Dr Tony Hanne

Review: This study looked at Scottish children aged three to five to investigate calorie intake and exercise levels. The hypothesis is that the rising problem of adult obesity in developed countries begins in early childhood with both excess calories and inadequate exercise. The time spent daily in moderate to vigorous exercise was less than half that expected and thought desirable.

Comment: An editorial comment in the same issue (see 24-133) discusses

the sedentary lifestyle of modern British children and the problem of changing a pattern which probably shapes their future. It suggests that just a little more exercise and a few less calories would correct the problem. Faced with the combined power of Playstation and McDonald's, how likely is that?

24-133 Physical activity and obesity.

Hill J. Lancet. 17 January 2004. Vol.363. No.9404. p.182.

Reviewed by Dr Tony Hanne

Review: See 24-132.

Pharmacology

24-134 Thermoluminescence of ultra-high dilutions of lithium chloride and sodium chloride.

Rey L. Physica A. 15 May 2003. Vol.323. p.67-74.

Reviewed by Dr Mimi Irwin

Review: This intriguing paper reports on the effects of ultra-high dilutions of lithium chloride and sodium chloride on the hydrogen bond network in heavy water. The dilutions made with lithium chloride and sodium chloride were so dilute that no molecules would have been present in solution and so the samples are like homeopathic preparations. Samples of heavy water, ultra-high dilutions of lithium chloride and sodium chloride were frozen and then irradiated with either x-rays or gamma rays. These solids were then warmed and their thermoluminescent peaks recorded. The solutions with no original solute had the characteristic thermoluminescent pattern of the starting solute. This technology is used for studying the structure of crystals.

Comment: This paper is extraordinary as it shows that succussed dilutions that are so dilute that no solute is present in solution can have an effect on the hydrogen bonds of heavy water. This effect has been described as ghosting and refers to

the idea that keeps recurring that water may have memory. This notion defies common sense and is controversial. In the past there have been biological models that appeared to show that ultra dilutions can be active. The recent BBC Horizon programme screened late last year in New Zealand had independent scientists repeat Madeleine Ennis' studies and were unable to confirm any biological activity in ultra high dilutions. Louis Rey's paper is easy to read. It is not clear as to whether he was blind to the status of the solutions studies. (See also 24-113.)

Physiology

24-135 Why we sleep: The reasons that we sleep are gradually becoming less enigmatic.

Siegel JM. Sci Am. November 2003. Vol.289. No.5. p.72-7.

Reviewed by Dr Ron Vautier

Review: In non-REM sleep the reduced activity may give brain cells a chance to repair themselves. In REM sleep there is interrupted release of monoamine neurotransmitters which may allow their receptors to regain full sensitivity, and which may allow normal brain development in early life.

Comment: This article does not actually provide definitive answers, but nevertheless is most interesting.

Preventive Medicine and Screening

24-136 Screening for intimate partner violence in the emergency department: Where do we go from here?

Heron SL, Kellermann AL. Ann Emerg Med. November 2002. Vol.40. No.5. p.493-5.

Reviewed by Dr Mike Slatter

Review: This editorial examines the problem of Intimate Partner Violence (IPV) in the ED setting. IPV is very common among ED patients. Universal screening (every female patient is asked about IPV) is infrequently done

in practice and evidence in favour of mandatory universal screening is sparse. Computer generated questionnaires produced significantly higher disclosure (33%). However, there was poor follow-up reflecting inadequate and ineffective training given to health professionals in IPV. Risk factors for IPV are discussed. See also 24-137.

Comment: These findings probably translate into general practice. Certainly computerised screening can do initial screening and risk assessment and can provide referral information.

24-137 'Between me and the computer': Increased detection of intimate partner violence using a computer questionnaire.

Rhodes KV, Lauderdale DS, He T, et al. *Ann Emerg Med.* November 2002. Vol.40. No.5. p.476-84.

Reviewed by Dr Mike Slatter

Review: See 24-136.

Psychiatry and Psychology

24-138 What can we learn from developmental studies of psychiatric disorders?

Ruchkin V, Schwab-Stone M. *Lancet.* 13 December 2003. Vol.362. No.9400. p.1951-2.

Reviewed by Dr Tony Hanne

Review: A number of recent studies of the natural history of childhood psychiatric disorders have shown that 37% of young people will have had some psychiatric disorder by the age of 16. The overall rate is the same regardless of gender though the types of disorder are different in males and females. Over 80% of patients with a psychiatric illness at 26 have already had a disorder in adolescence, though not necessarily of the same type.

Comment: The writers point out the importance of seeing the longitudinal view of mental illness, of taking childhood psychiatric problems seriously and treating them early. What is equally important is to recognise the family and social settings in which these disorders occur and to consider

how they can be improved, not by yet more legislation and government departments to manage us, but by grassroots involvement, teaching and example. This is something GPs are good at.

24-139 Working in a war zone: The impact on humanitarian health workers.

Hewison C. *Aust Fam Physician.* September 2003. Vol.32. No.9. p.679-81.

Reviewed by Dr Barry Suckling

Review: It is impossible not to be psychologically affected by witnessing acts of violence, starvation, epidemics, displacement and despair. Just as those who are subjected to traumatic experiences develop post-traumatic psychological problems, so too can those humanitarian workers who assist them. This article highlights the psychological effects on humanitarian workers and the support available, both while on a mission and on return home.

24-140 Post-traumatic stress disorder: A brief overview.

Howard S, Hopwood M. *Aust Fam Physician.* September 2003. Vol.32. No.9. p.683-7.

Reviewed by Dr Barry Suckling

Review: An overview of clinical features, assessment, treatment, and specialist resources available.

24-141 Treatment of common 'life event' traumas.

Macnab F. *Aust Fam Physician.* September 2003. Vol.32. No.9. p.693-5.

Reviewed by Dr Barry Suckling

Review: This article points to the reactive symptomatology that may be overtly present or concealed in a stressful event and its aftermath reactions. It sets the goal of restoring a person's functioning and their self resources, and gives guidelines of what counselling can do for a patient.

24-142 Grief and loss: 'I'm not myself anymore.'

Tully J. *Aust Fam Physician.* September 2003. Vol.32. No.9. p.697-700.

Reviewed by Dr Barry Suckling

Review: Aims to address what is 'normal' grief, while examining some strategies that can be useful in assisting the grieving individual.

24-143 Understanding negative emotions: Patient education.

Mental Health Foundation of Australia (Vic) *Aust Fam Physician.* September 2003. Vol.32. No.9. p.701.

Reviewed by Dr Barry Suckling

Review: A single patient education sheet for patients who suffer from hate, anger, jealousy or sadness.

24-144 Behavioural modification strategies for general practice.

Blashki G, Morgan H, Sumich H, et al. *Aust Fam Physician.* September 2003. Vol.32. No.9. p.715-21.

Reviewed by Dr Barry Suckling

Review: Describes a number of behavioural modification strategies, and provides patient handouts for use in general practice.

Research Design and Methodology

24-145 Cochrane Reviews: new blocks on the kids.

Shrier I. *Br J Sports Med.* 1 December 2003. Vol.37. No.6. p.473-4.

Reviewed by Dr Chris Milne

Review: Cochrane Reviews have provided a significant contribution to evidence-based medical practice, but they have limitations. Most importantly, reviews that are based on two or fewer randomised controlled trials without reference to other types of evidence may be omitting important data that could help a clinician make an informed decision.

Comment: Good thought provoking article by an insightful author.

Respiratory System

24-146 Efficacy and safety of echinacea in treating upper respiratory tract infections in children: A randomized controlled trial.

Taylor JA, Weber W, Standish L, et al. JAMA. 3 December 2003. Vol.290. No.21. p.2824-830.
Reviewed by Dr Raina Elley

Review: Trials of Echinacea have had mixed results, with some demonstrating a reduction in severity of symptoms and duration of upper respiratory tract infections (URTI) in adults. With minimal evidence that treatments such as antihistamines, decongestants and cough preparations have any effect in URTI amongst children, it was decided to conduct a RCT of Echinacea amongst two to 11-year-old children for the treatment of URTI. This well-designed double blind randomised controlled trial included 407 children who experienced 707 URTIs (mean duration nine days) during four-month periods between 2000 and 2002. The study found no benefit from Echinacea when compared with placebo, in the duration of fever and severity of symptoms. There was also no difference in reported adverse events, although there was a significantly greater incidence of rash following medication in the Echinacea group compared with placebo. During sub-group analysis, there was no group that showed significant benefit from Echinacea compared with placebo.

Comment: This study only involved one type of Echinacea (Echinacea purpurea) at a certain dose, so results may not be generalisable to other Echinacea types or at different doses, or at earlier administration. In addition, the analysis in this sort of trial is limited by the subjective nature assessing 'severity', which is also obtained second-hand from parents. However, the quality of allocation of randomisation and blinding in this study was very good, so that most parents could not tell which group their child had been allocated to (due to careful matching of taste, colour and smell of placebo and Echinacea preparations). Therefore, it seems that there is still a lack of evidence that

Echinacea is effective in the treatment of URTI amongst two to 11-year-old children.

24-147 An approach to dyspnea in advanced disease.

Gallagher R. Can Fam Physician Med Fam Can. December 2003. Vol.49. p.1611-6.

Reviewed by Dr Mike Lyons

Review: Short article that starts with a case history. Discusses issues and concepts (and misconceptions like oxygen is always needed to treat dyspnea – American spelling). Highlights benefit of analogue scale, discussion of reason with family and outlines pharmacological therapy. References a level 1 evidence systematic review where acupuncture and acupressure have 'great benefit'.

Comment: Less confusing than some articles I have read on palliative care for dyspnoeic patients.

Smoking

24-148 The Surgeon General's report on smoking and health 40 years later: still wandering in the desert.

Blum A, Solberg E, Wolinsky H. Lancet. 10 January 2004. Vol.363. No.9402. p.97-8.

Reviewed by Dr Tony Hanne

Review: This commentary marks 40 years since the publication of the US Surgeon General's report confirming the link between smoking and lung cancer. The writers chronicle the sad failure of the public health system since that time to improve the situation. The rate of smoking is about the same now as it was in 1964 but the age of smokers is younger. Why? The article places heavy responsibility on the power of big spending by the tobacco industry on the one hand and spineless leadership from legislators and the medical profession on the other. They compare the last 40 fruitless years to the Israelites wandering in the desert for 40 years. What is needed, they suggest, is a modern Moses.

Comment: What is also hugely significant is the intensely addictive nature of nicotine which every heavy smoker knows but the tobacco industry refused to admit until 10 years ago. The movie 'The Insider' starring Russell Crowe, which tells the story so powerfully, should be compulsory CME. Even outstanding courage and leadership was almost crushed by corporate greed.

Sports and Sports Medicine

24-149 Dehydration of football referees during a match.

Da Silva AI, Fernandez R. Br J Sports Med. 1 December 2003. Vol.37. No.6. p.502-6.

Reviewed by Dr Chris Milne

Review: During a match, a referee will typically suffer moderate dehydration (2% of body weight). This could theoretically interfere with their physical and mental performance. By contrast, linesmen lost only 1% of body weight.

Comment: This study comes from Brazil, and one suspects that fluid losses would be less in countries with cooler climates. However, it is worth remembering that sports medicine is concerned with the welfare of all participants, not just the players.

24-150 Effect of hyperbaric oxygen on oxygen uptake and measurements in the blood and tissues in a normobaric environment.

Hodges AN, Delaney S, Lecomte JM, et al. Br J Sports Med. 1 December 2003. Vol.37. No.6. p.516-20.

Reviewed by Dr Chris Milne

Review: A single hyperbaric oxygen treatment at 2.5 atmospheres pressure for 90 minutes does not raise Vo2MAX in a normobaric, normoxic environment.

Comment: This is good data to present to coaches who would have you believe otherwise. It confirms my belief that hyperbaric oxygen is over-used in the sporting environment.

24-151 Physiology of accidental hypothermia in the mountains: a forgotten story.

Ainslie PN, Reilly T. Br J Sports Med. 1 December 2003. Vol.37. No.6. p.548-50.

Reviewed by Dr Chris Milne

Review: Hypothermia is a potentially life threatening condition. Amongst groups of people walking outdoors, there is likely to be a range of fitness levels. Those who are less fit tend to become exhausted if they try to keep up with fitter members of the party. These authors recommend the less fit members enhance their heat loss whilst walking (e.g. by leaving off a hat, and opening the top button of their shirt). Conversely, when they stop for a rest, these people should cover up areas of high heat exchange. Shivering is an indication that the body is trying to conserve heat, and should prompt a search for a warm sheltered place to rest.

Comment: A good summary of an important clinical problem, with some classic papers appearing in the reference list.

24-152 East African running dominance revisited: a role for stereotype threat?

Baker J, Horton S. Br J Sports Med. 1 December 2003. Vol.37. No.6. p.553-5.

Reviewed by Dr Chris Milne

Review: In recent decades, East African athletes have been very successful in endurance running events. The author argues that coaches should avoid comments that support the stereotype, especially before competition.

Comment: Despite these well constructed ideas, it's hard to ignore the dominance of the East African runners and New Zealand has gone 28 years since John Walker's Olympic gold medal in 1976.

24-153 Management of muscle and tendon injuries in footballers.

Orchard J. Aust Fam Physician. July 2003. Vol.32. No.7. p.489-93.

Reviewed by Dr Barry Suckling

Review: Muscle and tendon injuries are among the commonest football injuries and can be frustrating to treat because of the high risk of recurrence. Recurrence happens because most players return to play before complete healing of the injury. For quadriceps strains and thigh haematomas, early return is often a sensible strategy. Calf strains in older players and tendinopathies require a more conservative approach.

Comment: The optimal management of, and risk factors for re-injury of, the common soft tissue injuries are discussed.

24-154 Preparation for skiing and snowboarding.

Hogg P. Aust Fam Physician. July 2003. Vol.32. No.7. p.495-498.

Reviewed by Dr Barry Suckling

Review: Compares the common injuries sustained. Training regimes are considered and other preventative considerations, such as skill level, ski conditions, and equipment are discussed.

24-155 Snow skiing injuries.

Schneider T. Aust Fam Physician. July 2003. Vol.32. No.7. p.499-502.

Reviewed by Dr Barry Suckling

Review: The incidence of injury has decreased with improved equipment, resort management and skier preparation. There is a lower rate of foot, ankle and tibial injuries, but an increase of knee injuries, especially serious knee injuries.

Comment: The article outlines the type and prevalence of ski injuries.

Travel Medicine

24-156 Frequency of venous thromboembolism in low to moderate risk long distance air travellers: the New Zealand Air Traveller's Thrombosis (NZATT) study.

Hughes RJ, Hopkins RJ, Hill S, et al. Lancet. 20-27 December 2003. Vol.362. No.9401.

p.2039-44.

Reviewed by Dr Tony Hanne

Review: One thousand long distance air travellers were recruited in New Zealand. Those with major previous risk factors were excluded. Eight hundred and seventy-eight completed assessment within three months of return by D-dimer levels and, if positive, by ultrasound and pulmonary angiography. The mean time flown was 39 hours, the minimum 10. Nine showed pulmonary embolism or deep vein thrombosis though none had been picked up on clinical grounds. Of the nine, six had moderate risk factors, five were on aspirin, four were wearing compression stockings and two were in business class.

Comment: This outstanding piece of research is useful but has limitations acknowledged by the authors. It is quite clear now that long flights carry much more risk of at least sub-clinical events than the one in several million previously claimed. On the face of it aspirin, compression stockings or flying business class do not seem to help. The numbers are far too small to draw these conclusions. For the moment it will have to remain 'the Economy Class Syndrome'.

Urology

24-157 Anticholinergics reduce symptoms of overactive bladder.

See S, Geer K. J Fam Pract. September 2003. Vol.52. No.9. p.678-9.

Reviewed by Dr Bruce Adlam

Review: Anticholinergic drugs such as tolterodine and oxybutynin produce a small effect on the symptoms of overactive bladder, decreasing slightly the number of episodes of leakage and the frequency of urination. (Original article reviewed: BMJ 2003; 326: 841-7.)

Comment: The standard conservative intervention of bladder retraining has not been compared with anticholinergic drugs and their effect in combination has not been studied.

Virus Diseases

24-158 Influenza: Patient Notes.

Postgrad Med. November 2003. Vol.114.

No.5. p.77-8.

Reviewed by Dr Chris Milne

Review: Succinct two page summary of influenza and the influenza vaccine, with particular mention of the groups at high risk who can benefit from vaccination. There is appropriate mention of allergy to eggs (a relative contraindication to influenza vaccine) and the side effect of the vaccine.

Comment: Probably the best two page summary I have read that is directed at patients. Because it appears in a Northern hemisphere publication, be sure to adjust the recommended dates of influenza vaccination to New Zealand conditions before handing it out to your patients.

24-159 Varicella and varicella vaccination: An update.

Litt J, Burgess M. Aust Fam Physician.

August 2003. Vol.32. No.8. p.583-7.

Reviewed by Dr Barry Suckling

Review: A good, detailed, article on the role of varicella vaccination, and management of varicella in pregnancy.

24-160 Slapped cheek disease: How it affects children and pregnant women.

Frydenberg A, Starr M. Aust Fam Physician.

August 2003. Vol.32. No.8. p.589-92.

Reviewed by Dr Barry Suckling

Review: Erythema infectiosum is usually a mild illness in children. However, in pregnant women under 20 weeks it can lead to miscarriage or hydrops. Pregnant women who are IgM positive require specialist referral and serial ultrasounds.

24-161 Hand, foot and mouth disease.

Frydenberg A, Starr M. Aust Fam Physician.

August 2003. Vol.32. No.8. p.594-5.

Reviewed by Dr Barry Suckling

Review: As the title states.

Comment: A good, short, review.

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