Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed in this Issue

Am Fam Physician*
Am J Clin Nutr*
Aust Fam Physician*
BMJ*
Br J Sports Med*
Complementary Therapies in Medicine*
Emerg Med Australas*
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JAMA*
Lancet*
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Palliative Med*
Pediatrics*
Physician and Sportsmedicine*
Physiol Behav*
Postgrad Med*
Sci Am*
*Journals indexed in Medline

Acupuncture

26-083 Successful removal of migrated acupuncture needles in a patient with cardiac tamponade by means of intraoperative trans-esophageal echocardiographic assistance

Park J-H, Shin HJ, Choo SJ. J Thorac Cardiovasc Surg. July 2005. Vol.130. No.1. p.210-2.

Reviewed by Dr Alex Chan

Review: A woman with previous history of recurrent pulmonary embolism and with a Bird's Nest filter in the inferior vena cava presented with chest pain to the hospital, and was admitted two hours later after syncope. She had received acupuncture to her shoulder and upper back for bilateral shoulder pain two hours before symptom onset. Features of cardiac tamponade and a 5cm fine, linear foreign material were detected by echocardiogram. After pericardiocentesis, pericardiectomy was performed to remove the needle shaped foreign body which penetrated the right ventricular wall and a second needle in the interventricular septum.

Comment: Another Korean case report of an unusual complication from acupuncture. However, it did not state clearly if the needles fractured during acupuncture or were left behind for prolonged stimulation by the acupuncturist.

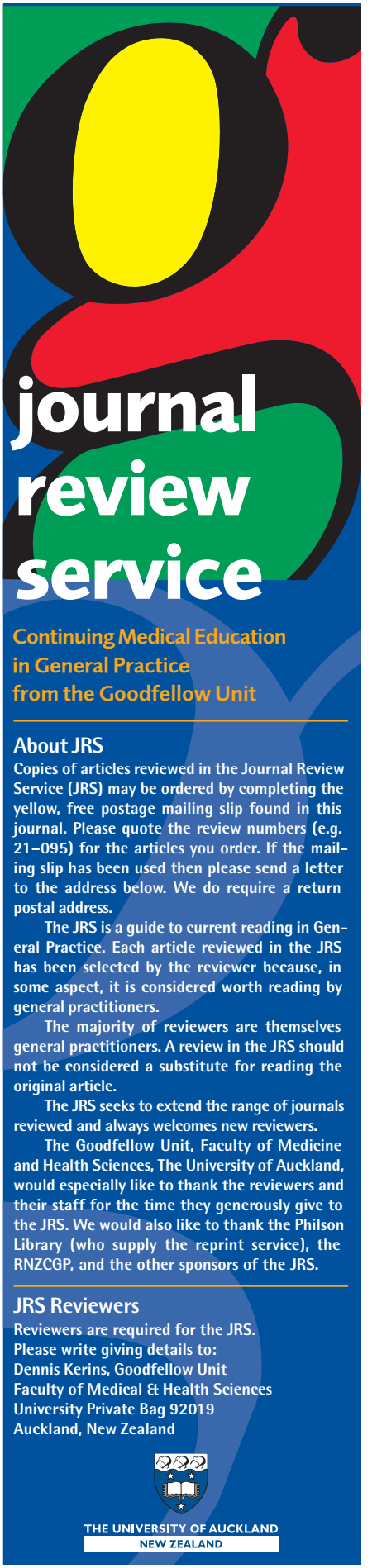
26-084 Acupuncture improved cognitive impairment caused by multi-infarct dementia in rats

Yu J, Liu C, Zhang X, et al. Physiol Behav. 15 November 2005. Vol.86. No.4. p.434-41.

Reviewed by Dr Alex Chan

Review: The effect of acupuncture on cognitive impairment in cerebral infarcted rats induced by artificial emboli was examined in this study. Morris water maze test was used to assess acquisition of spatial memory, relearning ability and retention of memory. Acupuncture to CV-17, CV-12, CV-6, ST-36, SP-10 was given to one group of demented rats after basal testing for 21 days with a rest every seven days. There was no significant difference between the performance of the acupunctured rats when compared to the normal rats and sham-operated rats (which were injected with saline instead of fragmented clots into the internal carotid artery). All three groups significantly outperformed the controlled demented group and the sham-acupuncture group.

Comment: The acupuncture points used were either located on the abdominal



wall or in the lower limbs. Treatment was based on Traditional Chinese Medicine belief in strengthening the whole body for the management of chronic and degenerative diseases. Further clinical studies will be needed to see if improvement in demented patients could be obtained by using the same acupoints in humans.

26–085 The therapeutic efficacy of somatic acupuncture is not increased by auriculotherapy: A randomised, blind control study in cervical myofascial pain

Ceccherelli F, Tortora P, Nassimbeni C, et al. Complementary Therapies in Medicine. March 2006. Vol.14. No.1. p.47-52.
Reviewed by Dr Alex Chan

Review: The effect of body acupuncture +/- ear acupuncture was researched in this study. Half of 62 patients with cervical myofascial pain received body acupuncture while the other half received body acupuncture combined with ear acupuncture. Patients were assessed by a blinded assessor before and immediately after eight sessions of treatment using the McGill Pain Questionnaire. They were also assessed one and three months later. Both groups showed significant reduction in pain score, but there was no significant difference of scores between the two groups.
Comment: Combined body and ear acupuncture did not appear to have superior effect to body acupuncture alone. This study does not support the widespread belief that combined body and ear acupuncture works better than body acupuncture alone.

Asthma

26–086 Doubling daily inhaled corticosteroid dose is ineffective in mild to moderately severe attacks of asthma in adults

Rice-McDonald G, Bowler S, Staines G, et al. Intern Med J. December 2005. Vol.35. No.12. p.693-8.
Reviewed by Dr Helen Moriarty

Review: In a cross-over trial where patients acted as their own control, doubling inhaled corticosteroid (ICS) was compared to oral steroids in an exacerbation of asthma. Exacerbation was defined as peak expiratory flow (PEF) less than 80% of run-in morning monitoring level. At less than 60% rescue treatment with prednisolone was prescribed. Pre-issues treatment packs were self administered by patients after a telephone call to study investigators. Eighteen out of 54 participants completed the study. Oral steroids proved superior but were associated with more side-effects. Logistic regression analysis showed that doubling ICS during an attack was no better than treatments such as long acting beta-agonists (LABA).
Comment: A small study, with significant drop out at all levels of the study. The cross-over design was a strength in this situation.

Cardiovascular System

26–087 Treating atrial fibrillation: What is the consensus now?

Ray IB, Heist EK. Postgrad Med. October 2005. Vol.118. No.4. p.47-58.
Reviewed by Dr Chris Milne

Review: Recent trial evidence has resulted in new guidelines for treatment of atrial fibrillation. For most patients, rate control plus anticoagulation is recommended. For these patients who are haemodynamically unstable, electrical cardioversion to sinus rhythm is recommended.
Comment: Useful article about an area where treatment recommendations have altered significantly through application of evidence-based medicine.

26–088 Controversies in cardiology

Opie LH. Lancet. 7 January 2006. Vol.367. No.9504. p.13-4.
Reviewed by Dr Raina Elley

Review: This is an introduction to a regular series of comment articles about drugs for the heart. This article summarises some of the most significant advances in cardiovascular therapeutics over the past 25 years. It also mentions two recent significant studies: the INTERHEART study that looked at risk factors for myocardial infarction, demonstrating how abdominal obesity (waist girth or waist:hip ratio) is much more predictive than BMI, and the ASCOT study, which investigated the best combination of antihypertensives to reduce major cardiovascular events (Calcium channel blocker plus ACE inhibitor vs B blocker plus Diuretic, controlling for actual blood pressure reduction – see paper by Dahlof B et al., *The Lancet*, Vol 366, Sep 10, pp895–906). The 'Controversies in Cardiology' article also introduces the four subsequent articles that make up the series: 'Controversies in stable coronary artery disease' (see 26-089 and 26-090), 'Controversies in hypertension' (see 26-091), 'Controversies in atrial fibrillation'(see 26-092), and 'Controversies in ventricular remodelling'. (See 26-093)
Comment: This is an interesting series and highlights areas where there is disagreement or where more research is needed to clarify the situation, as well as recent advances and future directions.

26–089 Controversies in cardiology 1: Controversies in stable coronary artery disease

Opie LH, Commerford PJ, Gersh B. Lancet. 7 January 2006. Vol.367. No.9504. p.69-78.
Reviewed by Dr Raina Elley

Review: This article describes the three major controversies in the management of stable coronary disease: 'risk factor management', 'drug therapy' and 'intervention'. Besides the risk factors identified by the Framingham study, obesity, metabolic syndrome and psychological stress have been added as significant risk factors by the INTERHEART study. (The INTERHEART case-control study of over 25 000 people, found that more than 90% of the risk of having a myocardial infarction can be explained by nine characteristics: smoking, raised Apolipoprotein B/Apolipoprotein A1, history of hypertension, diabetes, abdominal obesity, psycho-social factors, daily consumption of fruit and vegetables, regular alcohol consumption

and regular physical activity. See Yusuf S, Hawken S et al., *The Lancet*, Vol 364, Sep 11 2004, pp937-952). The importance of emerging and established biomarkers is discussed, such as CRP and BNP. The use of statins, ACE inhibitors, B-blockers and calcium channel blockers (CCBs) (often preferred to B-blockers as an anti-anginal when quality of life and exercise capacity are a priority. B-blockers are preferred to CCBs in situations of previous MI, low ejection fractions, multi- vessel disease or incipient CHF). The article discusses controversies around when stents, angioplasty or CABG is useful (and when not).

Comment: The evidence for ideal therapy combinations and interventions is changing all the time, with contradictions of evidence often apparent. This requires careful weighing up of the evidence and quality of the studies, as well as frequent up dating of guidelines and recommendations. This is a good summary of some of those issues. (See 26-090 below for a review of the same article by Dr Tony Hanne. That this article was reviewed by two different reviewers was an accident, as they turned out to be complimentary it was considered worthwhile publishing both.)

26-090 Controversies in cardiology 1: Controversies in stable coronary artery disease

Opie LH, Commerford PJ, Gersh BJ. Lancet. 7 January 2006. Vol.367. No.9504. p.69-78.
Reviewed by Dr Tony Hanne

Review: This is the first in an excellent series entitled 'Controversies in Cardiology'. It reviews the various major recommendations of management, looks at the strength of evidence and offers balanced recommendations. The modifiable risk factors of hypertension, lipids, smoking, diabetes, obesity, and lack of exercise are well established. Less certain are the roles of alcohol and stress. The place of aspirin, statins and ACE inhibitors is largely agreed though there are differences over doses of statins. Less clear are the role of betablockers, calcium channel blockers and dietary supplements. Stents relieve symptoms rather than saving lives and by-pass grafts are better in multiple vessel disease.

Comment: It is valuable even in the everyday areas of medicine we think we know well to revisit the evidence from time to time for what we do. The message in this review is that lifestyle change, regular monitoring and drugs which work and fit the individual are still the key to reducing the impact of ischaemic heart disease. This is what GPs do best.

26-091 Controversies in cardiology 2: Controversies in hypertension

Kaplan NM, Opie LH. Lancet. 14 January 2006. Vol.367. No.9505. p.168-76.
Reviewed by Dr Raina Elley

Review: Controversies in hypertension include the reasons behind the increasing incidence of hypertension, ways to slow the increase (e.g. lifestyle changes), the change from isolated risk assessment (e.g. raised BP) to overall CVD risk assessment and screening, and when to start medication and which drug to use. To reduce the burden of hypertension (and CVD), population approaches may be more effective, particularly with lifestyle changes (sodium restriction, physical activity, dietary content, etc.), than drug therapy for individuals.

Comment: The population approach could also be taken with medication – such as the proposed pollypill, which has wide-ranging controversial implications, especially if available over the counter. This article does not discuss this option. (For a good discussion of this topic, see *'Combination Pharmacotherapy for Cardiovascular Disease'*, *Annals of Internal Medicine*; Oct 18, 2005; 143, 8; Health Module, pp593-599)

26-092 Controversies in cardiology 3: Controversies in atrial fibrillation

Nattel S, Opie LH. Lancet. 21 January 2006. Vol.367. No.9506. p.262-72.
Reviewed by Dr Raina Elley

Review: There are several areas of controversy in the management of atrial fibrillation. This article discusses the pros and cons (and opinions) of rate control versus rhythm control, what is the optimum rate and why, cardioversion (electrical vs pharmacological), anti-coagulation and ablation therapy.

Comment: This is a complex area, and one worth reading about to understand what is happening, what is the best treatment for our patients, and why.

26-093 Controversies in cardiology 4: Controversies in ventricular remodelling

Opie LH, Commerford PJ, Gersh BJ, et al. Lancet. 28 January 2006. Vol.367. No.9507.

p.356-67.
Reviewed by Dr Raina Elley
Review: Various changes (remodelling) can occur when the heart under-goes chronic over-loading: 'concentric remodelling', 'eccentric hypertrophy', or 'myocardial infarction'. The main controversy discussed is whether left-ventricular hypertrophy is adaptive or mal-adaptive. This, in turn, has implications for possible future therapies.
Comment: This article is more technical than the previous three, and less immediately relevant to the decisions of daily practice. However, it explains in a straightforward manner what happens to the heart when there are 'chronic alterations in loading conditions'.

26-094 Value and limitations of chest pain history in the evaluation of patients with suspected acute coronary syndromes

Swap CJ, Nagurney JT. JAMA. 23/30 November 2005. Vol.294. No.20. p.2623-9.
Reviewed by Dr Raina Elley
Review: This is a review article that looks at the diagnostic value of the history of chest pain in suggesting acute coronary syndrome or myocardial infarction. A history of pain radiating to arm or shoulder(s) or related to exertion has a likelihood ratio of 2.3-4.7. Pain that is 'stabbing, pleuritic, positional, or reproducible by palpation' has a likelihood ratio of not being cardiac of 0.2-0.3.
Comment: While the former likelihood ratios are good, and would be even better if accompanied by a history of previous coronary artery disease, they are not good enough to be diagnostic, alone, and further diagnostic measures are required (e.g. ECG or Troponin T). Likewise, the authors suggest that a history suggestive of non-cardiac pain is often not enough to neglect other diagnostic tests. However, in daily practice, we often use history to rule out cardiac pain without further diagnostic investigation – usually aided significantly by the age and previous history of the patient, not just the description of the acute chest pain.

Communicable Diseases, Infections and Parasites

26-095 Preparing for a pandemic: Are we ready?

Gibbs WW, Soares C. Sci Am. November 2005. Vol.293. No.5. p.22-31.
Reviewed by Dr Ron Vautier
Review: This discusses what is being done to predict and mitigate the effects of an infectious (between humans) form of the H5N1 influenza virus, from a public health perspective.
Comment: Interesting and useful background information.

Dermatology

26-096 Hidradenitis suppurativa: A treatment challenge

Shah N. Am Fam Physician. 15 October 2005. Vol.72. No.8. p.1547-52.
Reviewed by Dr Andrea Steinberg
Review: This chronic debilitating condition may have a genetic component. Available treatment options include antibiotics, retinoids, corticosteroids, local excision, radiation, and laser therapy, although none has proved effective for all patients. These are discussed in detail in this article. Radical excision is the most definitive treatment, but disease may recur in another site. Unfortunately there has been no significant research comparing treatment options. The psychological impact on the patient can be enormous.
Comment: A challenging disease for patients and physicians.

Diabetes

26-097 Type 2 diabetes in adolescents: How to recognize and treat this growing problem

Laurencin MG, Goldschmidt R, Fisher L. Postgrad Med. November 2005. Vol.118. No.5. p.31-43.
Reviewed by Dr Chris Milne
Review: This is a disease of our fast-food age, and is more common in Maori and Polynesian adolescents. Some newly diagnosed type 2 diabetics will already demonstrate evidence of end-organ damage. Lifestyle interventions (dietary modification and increasing physical activity) are the cornerstone of treatment. Get the family involved in helping with management.
Comment: This is a very useful article which discusses a range of issues, including the often difficult psychosocial factors.

26-098 Intensive diabetes treatment and cardiovascular disease in patients with type 1 diabetes

Nathan DM, Cleary PA, Backlund JY, et al. N Engl J Med. 22 December 2005. Vol.353. No.25. p.264-53.
Reviewed by Dr Raina Elley
Review: Intensive glycaemic control reduces the incidence of cardiovascular disease (MI, stroke, angina, CABG and CV death) in Type 1 diabetes, according to the study that followed up 1441 patients who were part of the DCCT between 1983 and 1993. Although there is a ten-fold increase in the risk of CVD in people with Type 1 diabetes compared with age-matched people without diabetes, there was little evidence that improving glycaemic control reduces cardiovascular disease until this study.
Comment: This helps confirm what is intuitive about the benefit of tight glycaemic control on cardiovascular complications, independent of other risk factors, although the mechanism is still not well understood.

26-099 Are ayurvedic herbs for diabetes effective?

Shekelle PG, Hardy M, Morton SC, et al. J Fam Pract. October 2005. Vol.54. No.10. p.876-86.
Reviewed by Dr Bruce Adlam
Review: Limited evidence shows that some herbs and formulas have glucose-lowering effects, and deserve further study. In this systematic review of limited randomised control trial data and observational studies it is shown that the herbs Coccinia indica, holy basil, fenugreek, Gymnema sylvestre, and the herbal formulas Ayush-82 and D-400 have glucose-lowering effects. But these herbs are not as well studied as others more familiar to Western medicine.

Comment: Good description of how the authors went about performing the review and analysing the data.

26-100 The case for low carbohydrate diets in diabetes management

Arora SK, McFarlane SI. Nutr Metab. July 2005. Vol.2. p.16.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

Ear, Nose and Throat

26-101 Nonsevere acute otitis media: a clinical trial comparing outcomes of watchful waiting versus immediate antibiotic treatment

McCormick DP, Chonmaitree T, Pittman C, et al. Pediatrics. June 2005. Vol.115. No.6. p.1455-65.
Reviewed by Dr Jocelyn Tracey
Review: Another article on the debate about whether antibiotics should be prescribed for otitis media. In this randomised trial of 223 subjects, the antibiotic group had less symptoms on days one to 10, and tympanograms were more likely to be normal by 12 days. Bacteria cultured at 12 days were more likely to be multidrug resistant. Parent satisfaction, days off work/school and number of visits to the doctor were the same as the watchful waiting group.
Comment: Watchful waiting without an immediate prescription is an option for these non severe patients, if careful explanation is provided.

26-102 Ear examination: a practical guide

Chang P, Pedler K. Aust Fam Physician. October 2005. Vol.34. No.10. p.857-62.
Reviewed by Dr Rachel Monk
Review: An indepth discussion on otoscopy and interpretation of tuning fork tests as well as a mention of safe wax removal.

Emergency Medicine

26-103 Techniques for reduction of anteroinferior shoulder dislocation

Cunningham NJ. Emerg Med Australas. October-December 2005. Vol.17. No.5/6. p.463-471.
Reviewed by Dr Jocelyn Tracey
Review: This article reviews the anatomy of the shoulder joint, and complications of anteroinferior dislocation (fracture in 30% of cases). It then describes in practical detail a large number of reduction techniques, with and without traction. Recommendations are made as to those techniques that are the most effective, and cause the least pain and complications, with no traction techniques preferred.
Comment: A detailed and practical article.

Endocrinology

26-104 Subclinical thyroid disease

Wilson GR, Curry RW. Am Fam Physician. 15 October 2005. Vol.72. No.8. p.1517-24.
Reviewed by Dr Andrea Steinberg
Review: The management of subclinical thyroid dysfunction is controversial and this article discusses treatment of this laboratory diagnosis. There is little evidence to guide physicians in managing subclinical hyperthyroidism and hypothyroidism. Some patients will progress to overt disease, and in some patients, the serum TSH concentration will remain stable over time or will spontaneously return to the reference range. There is also controversy regarding what, if any, adverse outcomes occur from subclinical thyroid disease, and whether benefit can be expected from treatment. As a result, various organisations have adopted diverse recommendations regarding screening for subclinical thyroid disease.
Comment: An honest discussion of a pragmatic approach to this commonly seen general practice situation.

Gastroenterology

26-105 Diverticular disease: diagnosis and treatment

Salzman H, Lillie D. Am Fam Physician. 1 October 2005. Vol.72. No.7. p.1229-34.
Reviewed by Dr Andrea Steinberg
Review: This is a comprehensive overview of diverticulosis and diverticulitis. Fibre-containing diet is discussed in the role of prevention. CT colonography is a promising modality that may supplant colonoscopy once further data demonstrating its effectiveness are available. Amoxicillin/clavulanate or cotrimoxazole/metronidazole are still the first line agents for outpatient management. Patient Information sheet attached.

26-106 Treatment of irritable bowel syndrome

Hadley SK, Gaarder SM. Am Fam Physician. 15 December 2005. Vol.72. No.12. p.2501-6.
Reviewed by Dr Andrea Steinberg
Review: A symptom-based approach to the management of this common and poorly understood condition, including the evidence supporting dietary, pharmacologic, behavioural, and herbal therapies. Initial treatment should include education, reassurance, stress management, and relaxation techniques. A trial of fibre is recommended in all cases, and food diaries may be useful in some cases. Guar gum, fibre, exercise, episodic use of antispasmodics, peppermint oil, and adequate fluid intake are recommended as initial therapy for patients with constipation-predominant IBS. Loperamide, episodic use of antispasmodic agents, peppermint oil, and dietary manipulation are recommended for patients with diarrhoea-predominant IBS. Tricyclic antidepressants and psychotherapy should be considered for patients with pain-predominant IBS or for any patient with more severe symptoms. Use of newer agents such as alosetron (Lotronex) and tegaserod (Zelnorm) should be limited to selected patients with more severe disease.
Comment: A common and often frustrating condition for primary care physicians to manage. Often here the GP can provide only empathy and understanding.

26-107 PPIs effective for diagnosis, treatment of noncardiac chest pain

J Fam Pract. October 2005. Vol.54. No.10. p.840.

Reviewed by Dr Bruce Adlam

Review: This meta-analysis indicates PPIs are useful in the diagnosis of gastroesophageal reflux disease (GORD) and an effective treatment for patients with non-cardiac chest pain. Using the outcome of 'greater than 50% response' as the definition of success, the number needed to treat for PPIs in patients with noncardiac chest pain was three (pooled risk ratio=0.54; 95% CI, 0.41-0.71). (Original article reviewed: Am J Gastroenterol 2005; 100:1226-1232.)

Comment: Publication bias was reported as there was an absence of small studies that may have showed less benefit.

Guidelines

26-108 Compliance with guidelines for the medical care of first urinary tract infections in infants: a population-based study

Cohen AL, Rivara FP, Davis R, et al. Pediatrics. June 2005. Vol.115. No.6. p.1474-8.

Reviewed by Dr Jocelyn Tracey

Review: An interesting look at patient factors that might influence whether national guidelines for the investigation and management of UTIs in children aged under one year are followed. Female, rural and English as a second language children are less likely to receive management in concordance with the guidelines.

Comment: Interesting inequalities data in US delivery of health care. A useful reminder to have practice systems in place that ensure no patients miss out on optimal care.

Gynaecology

26-109 Nonhormonal therapies for hot flashes in menopause

Carroll DG. Am Fam Physician. 1 February 2006. Vol.73. No.3. p.457-64.

Reviewed by Dr Andrea Steinberg

Review: Following the WHI study outcomes, there has been interest in alternative therapies for hot 'flashes'/flushes. The varying placebo response of 18–40% in different trials has made interpretation difficult. Most trials have been in women with previous breast cancer. SSRIs (Fluoxetine, paroxetine) and venlafaxine have been found to have an NNT of 2–5, the mechanisms of action being unknown. Clonidine has an NNT of 5–7, mechanism of action thought to be reduction in vascular reactivity. Soy isoflavines may have a modest benefit, results, however, are inconclusive. Results for black cohosh are inconsistent, but some studies were of poor design. Mechanism of action is thought to be action on tissue oestrogen and serotonin receptor sites, and possible reduction in LH. Other agents have been used, such as belladonna, dong quai, EPO, gabapentin, ginseng, mirtazaoine, trazodone, vitamin E, wild yam, but there is little published data on their effectiveness. Patient Information sheet attached

Comment: Further good quality trials are needed in this post-WHI era.

26-110 Urinary incontinence in women

Norton P, Brubaker L. Lancet. 7 January 2006. Vol.367. No.9504. p.57-67.

Reviewed by Dr Tony Hanne

Review: The stigma of urinary incontinence has undoubtedly reduced with direct advertising of products and procedures for treatment on TV, but it is by no means certain that diagnosis and management have improved. This seminar explores the pathophysiology of incontinence, gives some helpful check lists for history taking, and then reviews treatment based on a better understanding of the difference between stress and urge incontinence or the possibility of both problems occurring together.

Comment: Helping women with this common and distressing problem has become good business but it needs to be based on good science, which in turn starts with sound information. (see also 26-111)

26-111 Life with incontinence

Gartley C. Lancet. 7 January 2006. Vol.367. No.9504. p.68.

Reviewed by Dr Tony Hanne

Review: See 26-110.

26-112 Oral contraceptives are effective for dysmenorrhea

J Fam Pract. October 2005. Vol.54. No.10. p.843.

Reviewed by Dr Bruce Adlam

Review: This RCT substantiates previous observational data that low-dose oral contraceptives are effective treatment for dysmenorrhea in adolescents. Although just one formulation was used in this study, the results are likely generalisable to all combination oral contraceptives. (Level of evidence =1b) (Original article reviewed: Obstet Gynecol 2005; 106: 97-104)

26-113 Treating negative dipstick dysuria decreases symptoms

J Fam Pract. October 2005. Vol.54. No.10. p.844.

Reviewed by Dr Bruce Adlam

Review: No infection, no antibiotic, right? Maybe not according to this NZ randomised controlled trial. In women with dysuria and frequency but a negative urine dipstick result for nitrites and leukocytes, three of four responded to antibiotic treatment compared with one of four taking placebo. The negative dipstick result correlated with culture 92% of the time. (Original article reviewed: BMJ 2005; 331:143-146.)

Comment: These results imply that some women have microbial infections that are not identified by dipstick or culture. Or, perhaps, the antibiotic is doing something other than killing bacteria. (Level of evidence = 1b)

Hemic and Lymphatic Systems

26-114 Diagnosis and management of G6PD deficiency

Frank JE. Am Fam Physician. 1 October 2005. Vol.72. No.7. p.1277-82.

Reviewed by Dr Andrea Steinberg

Review: Although rare, G6PD deficiency should be considered as a cause

of haemolytic anaemia across all population groups. Infection, oxidative drugs and the famous fava beans (aka broad beans) may all precipitate a haemolytic event. Common drugs implicated in this include dapsone, flutamide, nalidixic acid, nitrofurantoin, pyridium, primaquine, sulphacetamide, sulphamethoxazole (in cotrimoxazole), and sulphanilamide. The genetics and ethnic/geographical distribution of this disorder are described in clearly understandable terms.
Comment: A comprehensive yet concise refresher of what may be only remembered as a dim memory from medical school days.

Metabolic Diseases

26–115 What is the recommended evaluation and treatment for elevated serum prolactin?

Jackson J, Safranek S. J Fam Pract. October 2005. Vol.54. No.10. p.897-901.
Reviewed by Dr Bruce Adlam
Review: Evidence-based answer: Quite a good review and approach to this problem although the recommendations are based mostly on expert opinion and cohort studies. The authors suggest history and physical examination can distinguish among most physiologic, pharmacologic, or pathologic causes of an elevated serum prolactin but patients with unexplained elevations of serum prolactin or with a level above 200ng/mL should undergo imaging of the sella turcica. Dopamine agonists are effective for patients requiring drug treatment, and cabergoline is more effective and better tolerated than bromocriptine (SOR: B). Patients with a macroadenoma (>1 cm) are at risk for tumor growth.

Musculoskeletal System

26–116 Plantar fasciitis: Evidence-based review of diagnosis and therapy

Cole C, Seto C, Gazewood J. Am Fam Physician. 1 December 2005. Vol.72. No.11. p.2237-42.
Reviewed by Dr Andrea Steinberg
Review: This discussion includes a comprehensive table of differential diagnosis of heel pain. Diagnosis of plantar fasciitis is based on history and physical examination. There is no magic bullet for treatment. General measures such as ice and NSAIDs have not been specifically studied. Use of orthotics has a NNT of 5. There is limited evidence to support the use of stretching exercises, custom made night splints or corticosteroid injections.
Comment: The good news is that in one long-term follow-up study, 80 per cent of patients treated conservatively for plantar fasciitis had complete resolution of pain after four years.

Neurology

26–117 The neurobiology of the self

Zimmer C. Sci Am. November 2005. Vol.293. No.5. p.64-71.
Reviewed by Dr Ron Vautier
Review: Brain imaging studies combined with psychological studies are starting to delineate regions that seem to be implicated in processing information specifically related to one's self image. These results seem to have relevance for a better understanding of Alzheimer's disease.
Comment: There may be clinical implications from this research in the future.

26–118 Evaluation of syncope

Miller TH, Kruse JE. Am Fam Physician. 15 October 2005. Vol.72. No.8. p.1492-500.
Reviewed by Dr Andrea Steinberg
Review: Excellent overview of approach to syncope. A thorough history taking is essential, including differentiation from other conditions such as vertigo, drop attacks and seizures. In many patients a firm diagnosis is never made. There are four causal categories: reflex medicated (vasovagal and situational syncope - e.g. cough, micturition), cardiac mediated (mechanical e.g. vavular disease; arrythmias), orthostatic (primary – e.g. autonomic failure; secondary – e.g. volume depletion, medication, diabetes, alcohol) and cerebrovascular (e.g. TIA, subclavian steal). Each of these categories is discussed in detail, and there is a useful algorithm for selection of appropriate investigations. ECG is recommended in all cases. FBC and glucose are useful, other blood tests rarely yield useful information. The use of the Tilt Table Test is described.
Comment: In-depth review – looks at the big picture without getting sidetracked by minutiae.

26–119 Medications for migraine prophylaxis

Modi S, Lowder DM. Am Fam Physician. 1 January 2006. Vol.73. No.1. p.72-8.
Reviewed by Dr Andrea Steinberg
Review: This is an evidence-based practical review of traditional and new therapies for migraine prophylaxis. There is consistent good quality evidence supporting the use of propranolol, timolol. There is limited evidence supporting the use of atenolol, metoprolol or nadalol. Acetbutalol and pindolol appear to be ineffective. Amitriptyline has consistent evidence supporting its use, and appears to be more effective in a mixed migraine-tension headache picture, whereas beta-blockers appear to be more effective in pure migraine type. Evidence does not support the use of other tricyclics or SSRIs in this condition. Valproic acid is effective, but has a high adverse event rate. Naproxen is useful for pre-menstrual and menstrual migraines if commenced several days before menstruation begins. ACE inhibitors (specifically lisinopril) and ARBs (specifically candesarten) have been demonstrated to be effective in small RCTs. Evidence does not support the use of CCBs such as diltiazem and nifedipine. There is weak evidence to support the use of verapamil. Other agents are discussed in this review, such as magnesium, vitamin B2, coenzyme Q10, feverfew, high dose oestradiol and ergotamine. Several trials have recently investigated the effect of injecting Botulinum toxin

A into the galabellar, temporalis and frontalis muscles, and this appears to be potentially useful.
Comment: Useful refresher, nicely presented.

Nutrition

26–120 Children's adaptations to a fat-reduced diet: The dietary intervention study in children (DISC)

Van Horn L, Obarzanek E, Aronson Friedman L, et al. Pediatrics. June 2005. Vol.115. No.6. p.1723-33.
Reviewed by Dr Jocelyn Tracey
Review: This article describes the effectiveness of a system of classifying foods into 'go' foods and 'whoa' foods to alter eating habits in preadolescent children with high LDL levels and cholesterol intake. At three years there was a significant change in food choices in the intervention group.
Comment: The wheel diagram used to summarise 'go' and 'whoa' foods is simple, very effective and could easily be adapted for NZ and adult use. Has anyone done this yet?

26–121 Breastfeeding and cardiovascular disease: where's the beef?

Greer FR. Pediatrics. June 2005. Vol.115. No.6. p.1765.
Reviewed by Dr Jocelyn Tracey
Review: This is a one page review of the evidence for the effects of breast feeding on adult lipid levels.
Comment: The evidence does not appear to be as strong as is commonly thought.

26–122 Randomized trial of lifestyle modification and pharmacotherapy for obesity

Wadden TA, Berkowitz RI, Womble LG, et al. N Engl J Med. 17 November 2005. Vol.353. No.20. p.2111-20.
Reviewed by Dr Raina Elley
Review: This article reports the findings from a primary-care based four-arm randomised controlled trial of 224 obese adults over 12 months. Intervention arms were: sibutramine (15mg/d) alone (and recurrent checks with usual primary care doctor), vs lifestyle modification programme (30 group sessions with psychologist over 52 weeks), vs sibutramine plus the lifestyle programme, vs sibutramine plus a brief intervention from the primary care doctor about lifestyle change (involving recurrent 10–15 minute sessions of lifestyle advice from their doctor and food recording homework). Not surprisingly, the sibutramine alone group achieved similar weight-loss to the lifestyle alone and sibutramine plus brief intervention (5.0kg vs 6.7kg vs 7.5kg, respectively), but the combined sibutramine and lifestyle programme achieved a mean weight-loss of 12.1kg over the 12 months.
Comment: The authors state that the findings support the importance of combining both pharmaceutical approaches and comprehensive lifestyle programmes.

26–123 Dietary fiber intake and risk of colorectal cancer: A pooled analysis of prospective cohort studies

Park Y, Hunter DJ, Spiegelman D, et al. JAMA. 14 December 2005. Vol.294. No.22. p.2849-57.
Reviewed by Dr Raina Elley
Review: This is a pooled analysis of 13 prospective studies of 725 628 people followed from six to 20 years. Although there was a reduced risk of colorectal cancer with increased fibre in age-adjusted analyses, when other dietary risk factors were adjusted for (e.g. folate and red meat consumption), there was no significant reduction in risk with increased fibre intake. See also 26-124.

26–124 Dietary fiber and colorectal cancer: An ongoing saga

Baron JA. JAMA. 14 December 2005. Vol.294. No.22. p.2904-6.
Reviewed by Dr Raina Elley
Review: See 26-123.

26–125 The satiating power of protein – a key to obesity prevention?

Astrup A. Am J Clin Nutr. July 2005. Vol.82. No.1. p.1-2.
Reviewed by Dr Charlotte Cox
Review: This and the following journal articles (see 26-100 and 26-126 – 26-136) provide very interesting reading and compelling reasons for why we should consider advising our overweight, obese and metabolic syndrome patients to adopt a higher protein and lower carbohydrate diet. Yudkin, Revised Atkins, Protein Power and South Beach diets can no longer be considered 'just' fad diets. The real debate seems to be 'how low the carbohydrate' and what should we be replacing the carbohydrate with – fat or protein? How much? It is interesting to note the extreme caution surrounding these 'new' recommendations. There was not the same level of public caution exercised when the Western world was advised to decrease fat intake and replace it with carbohydrate 40+ years ago – all in support of the diet-heart hypothesis. Be reassured, most evidence to date concludes that there is no clear evidence that a high protein intake increases the risk of renal stones, osteoporosis, cancer, or cardiovascular disease.

26–126 A high-protein diet induces sustained reductions in appetite, ad libitum caloric intake, and body weight despite compensatory changes in diurnal plasma leptin and ghrelin concentrations

Weigle DS, Breen PA, Matthys CC, et al. Am J Clin Nutr. July 2005. Vol.82. No.1. p.41-8.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26–127 Protein, body weight, and cardiovascular health

Hu FB. Am J Clin Nutr. July 2005. Vol.82. No.1 (Suppl) p.S242-7.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26–128 Diet-heart hypothesis: will diversity bring reconciliation?

Ordovas JM. Am J Clin Nutr. November 2005. Vol.82. No.5. p.919-20.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26–129 Individual variability in cardiovascular disease risk factor

responses to low-fat and low-saturated-fat diets in men: body mass index, adiposity, and insulin resistance predict changes in LDL cholesterol

Lefevre M, Champagne CM, Tulley RT, et al. Am J Clin Nutr. November 2005. Vol.82. No.5. p.957-63.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26-130 Ghrelin and glucagon-like peptide 1 concentrations, 24-h satiety, and energy and substrate metabolism during a high-protein diet and measured in a respiration chamber

Lejeune MP, Westerterp KR, Adam TC, et al. Am J Clin Nutr. January 2006. Vol.83. No.1. p.89-94.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26-131 Effect of a high-protein breakfast on the postprandial ghrelin response

Blom WA, Lluch A, Stafleu A, et al. Am J Clin Nutr. February 2006. Vol.83. No.2. p.211-20.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26-132 Dietary protein intake and renal function

Martin WF, Armstrong LE, Rodriguez NR. Nutr Metab. September 2005. Vol.2. p.25.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26-133 Carbohydrate restriction improves the features of Metabolic Syndrome. Metabolic Syndrome may be defined by the response to carbohydrate restriction

Volek JS, Feinman RD. Am J Clin Nutr. November 2005. Vol.2. p.31.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26-134 A low-carbohydrate, ketogenic diet to treat type 2 diabetes

Yancy WS, Foy M, Chalecki AM, et al. Am J Clin Nutr. December 2005. Vol.2. p.34.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26-135 The effects of a low-carbohydrate, ketogenic diet on the polycystic ovary syndrome: A pilot study

Mavropoulos JC, Yancy WS, Hepburn J, et al. Am J Clin Nutr. December 2005. Vol.2. p.35.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

26-136 Comparison of isocaloric very low carbohydrate/high saturated fat and high carbohydrate/low saturated fat diets on body composition and cardiovascular risk

Noakes M, Foster PR, Keogh JB, et al. Am J Clin Nutr. January 2006. Vol.3. p.7.
Reviewed by Dr Charlotte Cox
Review: See 26-125.

Obstetrics

26-137 The maternal brain

Kinsley CH, Lambert KG. Sci Am. January 2005. Vol.294. No.1. p.58-65.
Reviewed by Dr Ron Vautier
Review: The hormones of pregnancy induce changes in brain regions determining maternal behaviour, memory and learning – new mothers are smarter!
Comment: How much this applies to humans is not clear, but it could be used to offer comfort and encouragement.

26-138 How long is expectant management safe in first-trimester miscarriage?

Butler C, Kelsberg G, St. Anna L. J Fam Pract. October 2005. Vol.54. No.10. p.889-90.
Reviewed by Dr Bruce Adlam
Review: Evidence-based answer: More than 80% of women with a first-trimester spontaneous abortion have complete natural passage of tissue within two to six weeks with no higher complication rate than that from surgical intervention. (SOR: A). Expectant management is successful within two to six weeks without increased complications in 80% to 90% of women with first-trimester incomplete spontaneous abortion and 65% to 75% of women with first-trimester missed abortion (SOR: B). There is no difference in short-term psychological outcomes between expectant and surgical management (SOR: B). Women experiencing spontaneous abortion with unstable vital signs, uncontrolled bleeding, or evidence of infection should be considered for surgical evacuation (SOR: C expert opinion).
Comment: Adoption of a wait-and-see approach is common, but a substantial minority want closure and press for surgical therapy. Now both groups can be reassured that their choices are equally safe, and physicians can comfortably comply with their patients' wishes.

26-139 What treatments prevent miscarriage after recurrent pregnancy loss?

Price M, Kelsberg G, Safranek S. J Fam Pract. October 2005. Vol.54. No.10. p.892-4.
Reviewed by Dr Bruce Adlam
Review: Evidence-based answer: Progesterone produces a small but significant decrease in miscarriage among pregnant women with three or more unexplained pregnancy losses. (Strength of Recommendation [SOR]: A) Human chorionic gonadotropin (HCG) reduces the rate of recurrent pregnancy loss among women with two or more unexplained pregnancy losses. (SOR: B) Four types of immunotherapy are ineffective for preventing miscarriage (SOR: A), and aspirin therapy is ineffective for preventing recurrent miscarriage for women who do not have an autoimmune explanation for previous pregnancy losses. (SOR: A)
Comment: Includes small commentary on the counselling of individual patients. Also includes recommendations from American College of Obstetricians and Gynaecologists.

Oncology

26-140 Breast cancer in young women

Brennan M, French J, Houssami N, et al. Aust Fam Physician. October 2005. Vol.34. No.10. p.851-5.
Reviewed by Dr Rachel Monk

Review: Although breast cancer is uncommon in women under the age of 40 it can present differently and this article is a timely reminder. Mammogram is not as accurate under the age of 40 and ultrasound scan is considered the appropriate imaging, although often the two will be used together as with older women.
Comment: There are other differences too, including the psychological impact...have a read of this article especially if you have young women in your practice.

26–141 Ductal carcinoma in situ: Management update

Stuart K, Boyages J, Brennan M, et al. Aust Fam Physician. November 2005. Vol.34. No.11. p.949-54.
Reviewed by Dr Rachel Monk
Review: Good summary article for GPs wanting to know how to explain to / advise their patients about DCIS and its current management. Includes a summary patient hand out on page 955.

26–142 Effect of screening and adjuvant therapy on mortality from breast cancer

Berry DA, Cronin KA, Plevritis SK, et al. N Engl J Med. 27 October 2005. Vol.353. No.17. p.1784-92.
Reviewed by Dr Raina Elley
Review: Breast screening accounts for 28–65% (median 46%) of reduced mortality from breast cancer with adjuvant treatment accounting for the rest, according to a study that modelled mortality data from the US from 1975 to 2000. The death rate from breast cancer has reduced significantly over the past 15 years. The rate in the US was 48.3 deaths per 100 000 in 1975, 49.7 per 100 000 in 1990, then 38 per 100 000 by 2000.
Comment: The estimated benefit from screening is still very variable.

Palliative Treatment

26–143 Receiving bad news: patients with haematological cancer reflect upon their experience

Randall TC, Wearn AM. Palliative Med. December 2005. Vol.19. No.8. p.594-601.
Reviewed by Dr Peter Woolford
Review: Patients place importance on not being rushed during a bad news consultation and also the doctor's manner. Receiving bad news is the start of a journey and the patient appreciates continuity, considered language, genuine empathy and having a companion.
Comment: GPs are best placed to give patients bad news. They can easily take the consultation to the patient's home with their chosen family/ friends present. They then start the journey with the patient and are well placed to provide the continuity of care that patients deeply appreciate.

26–144 'Now nobody falls through the net': practitioner's perspectives on the Gold Standards Framework for community palliative care

King N, Thomas K, Martin N, et al. Palliative Med. December 2005. Vol.19. No.8. p.619-27.
Reviewed by Dr Peter Woolford
Review: This is an evaluation of the Gold Standards Framework (GSF) for community palliative care. The GSF seeks to facilitate high quality community care through a set of guidelines, mechanisms and assessment tools. There was evidence that these system tools improved the provision of community care and that there was more continuity of care.
Comment: Community palliative care is recognised to be what patients want. GPs are best placed to provide continuity of medical and psychological care. PHOs and DHBs need to provide systems to support this and GPs need to continue to see palliative care as core business.

Paediatrics

26–145 What is the best treatment for nocturnal enuresis in children?

Lyon C, Schnall J. J Fam Pract. October 2005. Vol.54. No.10. p.905-9.
Reviewed by Dr Bruce Adlam
Review: Evidence-based answer: For children with primary nocturnal enuresis, treatment with enuresis alarms reduced the number of wet nights by almost four per week, with almost half of patients remaining dry for three months after treatment. (SOR: A) Desmopressin (DDAVP) and tricyclic drugs reduce the number of wet nights by one to two per week during treatment, although the effect is not sustained after treatment is finished. (SOR: A) Dry bed training with an alarm results in an additional reduction of wet nights over alarms alone. (SOR: A)
Comment: Alarms have a high success rate with commitment; desmopressin good for temporary reduction.

Pharmacology

26–146 Cardiovascular issues of COX–2 inhibitors and NSAIDs

Wong M, Chowienczyk P, Kirkham B. Aust Fam Physician. November 2005. Vol.34. No.11. p.945-8.
Reviewed by Dr Rachel Monk
Review: Wondering where things are at in the COX-2/NSAIDs debate. This article discusses the possible mechanisms for the increase in cardiovascular risk. There is also a flow chart suggesting alternative analgesics or monitoring if NSAIDs/COX-2s have to be used.

Preventive Medicine

26–147 Prevention and socioeconomic disadvantage

Furler J, Young D. Aust Fam Physician. October 2005. Vol.34. No.10. p.821-4.
Reviewed by Dr Rachel Monk
Review: Low socioeconomic circumstances are directly correlated to poorer health. We've known this a long time but what can we do. This article offers some tips on ways we might help these people starting with simple suggestions like collecting information about each patient's social situation.
Comment: Have a read. You never know...there might be something small that might help one of your patients.

Procedures and Techniques

26-148 Effect of study design and quality on unsatisfactory rates, cytology classifications, and accuracy in liquid-based versus conventional cervical cytology: a systematic review

Davey E, Barratt A, Irwig L, et al. Lancet. 14 January 2006. Vol.367. No.9505. p.122-32.
Reviewed by Dr Tony Hanne

Review: The researchers reviewed 56 studies, which compared the two methods. They found all but four of the studies to be of poor quality and to show no significant difference between the two processes in the ability to detect high-grade lesions or to reduce the number of unsatisfactory slides.
Comment: Liquid based cytology is quicker and cheaper for the laboratory but if it is not technically superior; why are we charging patients extra for what we have been telling them is a better test? (see also 26-149)

26-149 Thin-layer cervical cytology: a new meta-analysis

Obwegeser J, Schneider V. Lancet. 14 January 2006. Vol.367. No.9505. p.88-89.
Reviewed by Dr Tony Hanne

Review: See 26-148.

Psychiatry and Psychology

26-150 Attention-deficit/hyperactivity disorder among adolescents: a review of the diagnosis, treatment, and clinical implications

Wolraich ML, Wibbelsman CJ, Brown TE, et al. Pediatrics. June 2005. Vol.115. No.6. p.1734-46.
Reviewed by Dr Jocelyn Tracey

Review: This article discusses the diagnosis of ADHD in adolescence, the unique characteristics observed at this age, the overlap with oppositional defiant disorder and how symptoms change with maturity. It makes suggestions for psychosocial interventions and for approaches to care that will enhance adherence.
Comment: A review article that provides a useful update covering the breadth of diagnosis and management.

26-151 Attention deficit disorder: not just for children

Clarke S, Heussler H, Kohn MR. Intern Med J. December 2005. Vol.35. No.12. p.721-5.
Reviewed by Dr Helen Moriarty

Review: A short discussion paper on the ADHD spectrum of illness. A brief description is given of history and epidemiology. If 1–5% of adults have the disorder, this could be an under-recognised condition in adults. Diagnosis in adults is very tricky. The DSM-IV lists two subtypes requiring six out of nine criteria for diagnosis. Using ICD-10 diagnosis the criteria are similar, but hyperactivity is necessary – so the patients identified will be a different subset by this system. Once the diagnosis is made, rating scales are used to monitor progress on treatment. Treatment includes: medication, behavioural management and community support. A multidisciplinary team is needed to support, hence ADHD adults cannot be easily managed in primary care without shared psychiatric care.

Public Health

26-152 Happiness: get happy – it's good for you

Delamothe T. BMJ. 24 December 2005. Vol.331. No.7531. p.1489-90.
Reviewed by Dr Peter Woolford

Review: Given the choice between winning the lottery and being left permanently disabled by injury, everyone would take the money. Yet a year after either of these two events people apparently return to their previous levels of happiness!!
Comment: This is an elegant and erudite explanation of happiness. Happiness does relate to a healthy state and maybe we should urge the government to follow the King of Bhutan's lead and have gross national happiness as a national health objective. A must read.

26-153 Printed patient education interventions to facilitate shared management of chronic disease: a literature review

Harris M, Smith B, Veale A. Intern Med J. December 2005. Vol.35. No.12. p.711-6.
Reviewed by Dr Helen Moriarty

Review: A literature review was conducted to evaluate effectiveness of education in print. Of seven studies, which lasted more than six months and were rigorous in design, very few had statistically significant change in patient knowledge, and in one the patient quality of life declined after the intervention. Conditions these studies covered included: asthma, diabetes, IBD and arthritis.
Comment: Clearly a piece of paper is not enough to bring about a knowledge change. The outcomes that matter may be something other than knowledge of the content of the printed material: e.g. behaviour change.

26-154 Low male-to-female sex ratio of children born in India: national survey of 1.1 million households

Jha P, Kumar R, Vasa P, et al. Lancet. 21 January 2006. Vol.367. No.9506. p.211-8.
Reviewed by Dr Tony Hanne

Review: This survey looked at the ratio of male to female babies born according to whether the previous child in the family was male or female, and according to the education of the mother. If the first child was male the ratio of female to male was slightly higher but if the first child was female the ratio dropped to about 7 female to 10 male. More educated mothers were much less likely to have female babies. The conclusion drawn was that for social and cultural reasons many more female babies were being aborted than male to the extent of about 10 million females over a 20 year period.
Comment: The researchers and commentators expressed horror at this blatant gender discrimination, which was illegal in India. While hardly any of us would disagree, does it not also raise a wider issue of discrimination against the unborn of either gender which abortion for social reasons represents in New Zealand? (see also 26-155)

26–155 Missing female births in India
Sheth SS. Lancet. 21-27 January 2006. Vol.367. No.9506. p.185-6.
Reviewed by Dr Tony Hanne
Review: See 26-154.

Respiratory System

26–156 Pneumonia in older adults: New categories add complexity to diagnosis and care
High K P. Postgrad Med. October 2005. Vol.118. No.4. p.18-27.
Reviewed by Dr Chris Milne
Review: Pneumonia is a common cause of morbidity and mortality in the elderly. Respiratory syncytial virus (RSV) and human metapneumovirus (HMPV) are important newly recognised causes of pneumonia in older people. This article suggests minimum criteria for initiating antibiotics for suspected respiratory tract infection in rest home residents.
Comment: Pneumonia has sometimes been regarded as the "old persons' friend". In this article, it is heartening to read an American author prepared to discuss important issues such as who not to treat, and following advanced directives regarding care.

26–157 Update on community-acquired pneumonia: New pathogens and new concepts in treatment
Mandell LA. Postgrad Med. October 2005. Vol.118. No.4. p.35-46.
Reviewed by Dr Chris Milne
Review: This article describes three new pathogens causing community-acquired pneumonia – the corona virus responsible for SARS, human metapneumovirus and community-acquired MRSA. It advocates rapid initiation of treatment, plus discusses monotherapy versus combination therapy (mostly, monotherapy is sufficient). It also lists four new antibiotics – gemifloxacin, telithromycin, ertapenem and linezolid.
Comment: Good update. Where America leads, New Zealand often follows at some time later, so look out for some of those newer antibiotics in five to 10 years time.

26–158 Diagnosis and treatment of community-acquired pneumonia
Lutfiyya MN, Henley E, Chang LF, et al. Am Fam Physician. 1 February 2006. Vol.73. No.3. p.442-50.
Reviewed by Dr Andrea Steinberg
Review: This article summarises the management of CAP, reinforcing the first-line use of docycyline, macrolides, beta-lactams as per CDC guidelines, and includes Pneumonia Severity Index which was developed to ascertain suitability for out patient management. This has been validated with data from over 50 000 patients.

Sexually Transmitted Diseases

26–159 Contraception and sexually transmitted infections
Sheary B, Dayan L. Aust Fam Physician. October 2005. Vol.34. No.10. p.869-71.
Reviewed by Dr Rachel Monk
Review: Good reminder article on the methods available to prevent pregnancy and STIs. Also a reminder to discuss sexual health when patients present for contraceptive advice.

Sports and Sports Medicine

26–160 They think it's all over, but it may not be!
Cockerill IM. Br J Sports Med. December 2005. Vol.39. No.12. p.880-2.
Reviewed by Dr Chris Milne
Review: An article looking at retirement issues for athletes. It discusses topics such as planning for the time when your body says 'that's enough', engage a mentor, understand that it is a moving on to another phase of life, but it may take longer than expected to attain personal satisfaction in one's new role.
Comment: For the GP, a lot of these advisory tips can be applied to patients who are forced to retire early from strenuous occupations (e.g. building, farming) on account of injury. Often, such people will have acquired plenty of useful industry-specific information, and may be able to forge a new career in a related area, e.g. a builder may be able to become a draughtsman or quantity surveyor, and a farmer may be able to switch to work as a stock agent or rural real estate agent.

26–161 Frostbite: incidence and predisposing factors in mountaineers
Harirchi I, Arvin A, Vash JH, et al. Br J Sports Med. December 2005. Vol.39. No.12. p.898-901.
Reviewed by Dr Chris Milne
Review: Frostbite is the most common cold injury, and is a particular hazard for mountaineers. This study concluded that inadequate personal protective gear was the most significant primary hazard. They described use of three layers – an inner layer of polypropylene or similar materials, a mid layer of wool and synthetics, and an outer layer which protects from wind and snow (e.g. Gore-Tex).
Comment: This study was carried out in Iran, but the findings are directly applicable to climbers here. There is no mention made of use of calcium antagonists as vasodilators. These can be adjunct to frostbite protection, but are not a substitute for the commonsense measures the authors recommend.

26–162 Stress fractures of the femoral shaft in women's college lacrosse: a report of seven cases and a review of the literature
Kang L, Belcher D, Hulstyn MJ. Br J Sports Med. December 2005. Vol.39. No.12. p.902-6.
Reviewed by Dr Chris Milne
Review: This paper reviews seven cases of stress fractures of femoral shaft in female lacrosse players. These are uncommon injuries, and it is important to have a high index of suspicion, as the consequences of a complete fracture are significant. As well as the traditional risk factors of disordered eating, amenorrhoea and osteopenia, this study introduces the concept that a sudden, abrupt change in training is an important risk factor for stress fracture.
Comment: This is what one would intuitively expect, but it's nice to have it confirmed by research!

26–163 How evidence based is the management of two common sports injuries in a sports injury clinic?

Murray IR, Murray SA, MacKenzie K, et al. Br J Sports Med. December 2005. Vol.39. No.12. p.912-6.
Reviewed by Dr Chris Milne

Review: This study evaluated the management of patellofemoral pain and Achilles tendoinopathy against known evidence-based treatments. The authors found that compared with other specialties, there is a lack of evidence to guide management. Clinicians were often unaware of the evidence that was available, or did not incorporate such evidence into their management plans.
Comment: This study highlights the need for clinicians to apply what evidence there is available, and draw up evidence-based management plans wherever practicable.

26–164 Initial effects of anti-pronation tape on the medial longitudinal arch during walking and running

Vicenzino B, Franettovich M, McPoil T, et al. Br J Sports Med. December 2005. Vol.39. No.12. p.939-45.
Reviewed by Dr Chris Milne

Review: LowDye taping is used by many physiotherapists and podiatrists to ease mechanical foot and lower leg pain. This cross over study establishes that such taping alters selected arch parameters, e.g. vertical navicular height. These arch parameters are a surrogate, indirect measure of abnormal foot pronation.
Comment: The commentary to this article by Simon Bartold, (a respected Australian podiatrist and researcher) states that intervention with taping probably works via a sensiromotor or psychophysical feedback loop. Whatever the mechanism – it seems to work!

26–165 Exertional syncope and presyncope: Faint signs of underlying problems

McAward KJ, Moriarity JM. Physician and Sportsmedicine. November 2005. Vol.33. No.11. p.7-20, 41.
Reviewed by Dr Rob Campbell

Review: Most episodes of fainting after exercise are due to benign postural hypotension but within exercise fainting is more likely to be due to pathology. This paper explores the possible pathologies and their diagnosis.
Comment: An in-depth and at times complex paper but it is important to follow the 'take home message' of detailed history-taking, examination and appropriate investigation in all cases.

26–166 Competing with Crohn's disease: Management issues in active patients

Ng VK, Millard WM. Physician and Sportsmedicine. November 2005. Vol.33. No.11. p.47-53.
Reviewed by Dr Rob Campbell

Review: This article focuses on the implications that Crohn's disease has for athletes. For very keen athletes there will be psychological, nutritional, medical and performance issues. Remember that Crohn's will sometimes present as musculoskeletal problems.
Comment: A useful article that may help your management of your Crohn's disease patients.

26–167 Optimizing the sideline medical bag: Preparing for school and community sports event

Daniels JM, Kary J, Lane JA. Physician and Sportsmedicine. December 2005. Vol.33. No.12. p.9-16.
Reviewed by Dr Rob Campbell

Review: A brief description of what some experienced sport doctors have found useful for their sideline medical duties.
Comment: A useful article if you don't know where to start. If travelling with teams you will need more.

26–168 Identifying exercise-induced bronchospasm: Treatment hinges on distinguishing it from chronic asthma

Hermansen CL, Kirchner JT. Physician and Sportsmedicine. December 2005. Vol.33. No.12. p.25-30.
Reviewed by Dr Rob Campbell

Review: This under diagnosed condition should not be confused with chronic asthma with acute exacerbations. The theories of EIB aetiology remain controversial but the diagnosis and management is relatively well accepted and described in this paper.
Comment: A helpful article with good practical advice on pharmacological and non pharmacological management.

Technology

26–169 Genomes for all

Church GM. Sci Am. January 2006. Vol.294. No.1. p.32-40.
Reviewed by Dr Ron Vautier

Review: This describes new techniques of DNA sequencing and suggests that within 10 years the cost may have come down to less than $1000 per individual. This will have very significant social and economic as well as medical implications.
Comment: I find this quite astonishing.

Therapeutics

26–170 Complications of body piercing

Meltzer DI. Am Fam Physician. 15 November 2005. Vol.72. No.10. p.2029-34.
Reviewed by Dr Andrea Steinberg

Review: A suitably gory article to hand out to parents who wish to dissuade their adolescents from piercings, with an exhaustive list of complications including drooling and various sexual dysfunctions. Patient information attached.
Comment: Has useful tips for management of diverse complicated situations.

Urology

26–171 Glomerulonephritis: Management in general practice

Isbel NM. Aust Fam Physician. November 2005. Vol.34. No.11. p.907-13.
Reviewed by Dr Rachel Monk

Review: This article provides a structured approach from diagnosis through to referral. Often haematuria or proteinuria is picked up incidentally on a urine test done for an unrelated purpose. This article suggests what follow-up tests are useful in each case and also looks further into some of the common conditions.
Comment: Having always found renal medicine rather challenging I found this article quite helpful. I hope you do too.

26–172 Chronic kidney disease: Management update

Johnson DW, Usherwood T. Aust Fam Physician. November 2005. Vol.34. No.11. p.915-23.

Reviewed by Dr Rachel Monk

Review: Chronic kidney disease is a major problem worldwide with much of the management falling in the general practice arena. This article is a good guide...from managing hypertension and other risk factors to safe prescribing and appropriate referral.
Comment: An article for all GPs, I think.

26–173 Diabetic nephropathy: How might we prevent, retard, or cope with it?

Nicholls K. Aust Fam Physician. November 2005. Vol.34. No.11. p.933-6.

Reviewed by Dr Rachel Monk

Review: It seems that blood pressure reduction is the key message here with particular attention placed on ACE inhibitors and angiotensin receptor blockers.
Comment: Have a read to discover the nitty gritty.

26–174 Childhood urinary conditions

McTaggart SJ. Aust Fam Physician. November 2005. Vol.34. No.11. p.937-41.

Reviewed by Dr Rachel Monk

Review: Tidy little article covering UTIs, haematuria and proteinuria in children. Discussion on collecting urine samples and appropriate investigations in children presenting either symptomatically or asymptomatically.

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References
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