Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed in this Issue

Am J Clin Nutr*
Aust Fam Physician*
BMJ*
Br J Sports Med*
Can Fam Physician Med Fam Can*
J Am Geriatr Soc*
J Fam Pract*
Lancet
New Zealand Journal of Sports Medicine
Patient Care*
Physician and Sportsmedicine*
Postgrad Med*
Prim Care*
*Journals indexed in Medline

Alcohol and Substance Abuse

23-392 Screening in brief intervention trials targeting excessive drinkers in general practice: systematic review and meta-analysis.

Beich A, Thorsen T, Rollnick S. Prim Care. 6 September 2003. Vol.327. No.7414. p.536-42.
Reviewed by Dr Len Brake

Review: This review aims to check how effective screening is in general practice for identifying patients who drink too much alcohol and can benefit from intervention to change their drinking. In fact the screening available shows that only 2–3 patients per thousand screened will benefit from the laborious activities involved in screening.
Comment: This is an extensively referenced review.

Cardiovascular System

23-393 Revascularization not superior to conservative treatment of acute coronary syndromes.

Phillips TG. J Fam Pract. December 2002. Vol.51. No.12. p.1011.
Reviewed by Dr Bruce Adlam

Review: Current guidelines suggest treating acute coronary syndromes (unstable angina, non Q wave MI) with either coronary angiography followed by revascularistaion or conservative treatment with symptom driven angiography. This randomised multicentre controlled trial suggests conservative treatment is nearly as effective. (Original article reviewed: Lancet 2002; 360: 743-51)
Comment: No difference in risk of death or MI . Patients were less likely to experience refractory angina when evaluated at four months and one year when treated with the former [NNT= 20]. Saving one admission for refractory angina at the expense of 19 interventions that have no effect on the patient. Is it worth it?

23-394 Warfarin plus aspirin more effective than aspirin alone for secondary prevention of MI.

Blecher LI, Krist A. J Fam Pract. January 2003. Vol.52. No.1. p.28-31.
Reviewed by Dr Henry Doerr

Review: This 'poem' comes from a large study reported in the New England Journal of Medicine and involved 3650 patients. Combined treatment would result in 10 fewer reinfarctions and three fewer strokes but four major bleeds per 1000 patients per year (Original article reviewed: N Eng J Med 2002; 347: 969-74).
Comment: Post MI warfarin has come and gone in popularity several times over the past 30 years. This well-designed study will likely increase its popularity once again. Warfarin alone was nearly as effective as aspirin plus warfarin.

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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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23-395 Contemporary management of acute MI.

Grines C, Nair R, Wright RS. Patient Care. August 2003. Vol.37. No.8. p.14-28.

Reviewed by Dr Len Brake

Review: The GP has the most vital job of first diagnosing the MI (from amidst the many chest pains of everyday presentation) and facilitating appropriate referral. This is, however, a marvelous update on the actual treatment of MI. Primary percutaneous coronary intervention confers a higher survival rate than thrombolysis. Terminology is changing – STE acute coronary syndrome (ACS) or non-STE ACS are the fashionable diagnoses these days. (STE = ST elevation).

Comment: The medications, serum markers, stenting, recent trials and their findings – it's all here folks. Instant cardiology!

23-396 Efficacy of perindopril in reduction of cardiovascular events among patients with stable coronary artery disease: randomised, double-blind, placebo-controlled, multicentre trial (the EUROPA study)

Fox KM, EURopean trial On reduction of cardiac events with Perindopril in stable coronary Artery disease Investigators. Lancet. 6 September 2003. Vol.362. No.9386. p.782-8.

Reviewed by Dr Tony Hanne

Review: A four-year trial of the long acting angiotensin-converting-enzyme inhibitor, perindopril, with over 13 000 patients with ischaemic heart disease showed a 20% reduction in myocardial infarction. Most patients were also taking aspirin, B-blockers, and lipid lowering drugs. The suggested reason for benefit is the anti-atherosclerotic effect of ACEIs demonstrated in animals.

Comment: Dr Harvey White from Green Lane Hospital writes a commentary in the same issue (see 23-397) strongly supporting the routine use of this or equivalent ACEIs in ischaemic heart disease patients in addition to the other proven agents. I can only concur.

23-397 Should all patients with coronary disease receive angiotensin-converting-enzyme inhibitors?

White HD. Lancet. 6 September 2003. Vol.362. No.9386. p.755-7.

Reviewed by Dr Tony Hanne

Review: See 23-396.

Communication

23-398 PowerPoint: shot with its own bullets.

Norvig P. Lancet. 2 August 2003. Vol.362. No.9381. p.343-4.

Reviewed by Dr Tony Hanne

Review: 'Imagine a world with almost no pronouns or punctuation. A world where any complex thought must be broken into seven-word chunks, with colourful blobs between them.' The writer dares to question whether PowerPoint is always the most effective way to communicate with an audience. Could it stifle rather than encourage thought and in-depth discussion? He wonders how the Gettysburg address would have stirred the imagination of a nation if it had been delivered on PowerPoint.

Comment: The same heretical question has entered my head when I have suffered yet another pre-packaged piece of PowerPoint propaganda. Does anyone else admit to a sneaking sensation of pleasure when the laptop will not work for the IT addicted speaker?

Dermatology

23-399 Duct tape removes warts.

Lynch TJ. J Fam Pract. February 2003. Vol.52. No.2. p.111-2.

Reviewed by Dr Henry Doerr

Review: In this randomised single-blinded (how could you design it as a double-blind?) study involving 61 patients aged three to 22, 73% resolved with duct tape therapy and 60% with cryotherapy. The method of duct tape use was as follows: a piece of duct tape the size of the wart was applied for six days, then removed and the wart soaked in water and debrided. The following day tape was reapplied for a further six days and again debrided after soaking in water. The patient underwent a total of four such cycles unless the wart disappeared. The cryotherapy group had a maximum of six treatments spaced at intervals of two to three weeks.

Comment: Sounds simple and effective; I certainly will give it a try. I have never had ANY patient return for six cryotherapy treatments for one wart so it is perhaps helpful to learn this study was conducted at the Madigan Army Medical Centre. Patients with facial, periungal, perianal or genital warts were excluded.

23-400 Diagnosing skin malignancy: Assessment of predictive clinical criteria and risk factors.

Strayer SM, Reynolds P. Prim Care. March 2003. Vol.52. No.3. p.210-8.

Reviewed by Dr Henry Doerr

Review: The sunburn season arrives soon along with our patients' heightened concern about melanoma. This timely review evaluates the sensitivity and specificity of the American

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Cancer Society ABCDE criteria as well as their seven-point checklist for melanoma diagnosis. In short and not surprisingly, these criteria have a good sensitivity but a lower specificity which leads inevitably to many false positives. (However with this disease wouldn't you rather deal with a false positive than a false negative?).
Comment: A worthwhile review and I learned something (I was taught the ABCD but not the E). These criteria of course do not apply to BCCs or SCCs.

23-401 The nonresponding 'wart': Paring with a scalpel may reveal a different lesion.
Filippo JS, Brodell RT. Postgrad Med. August 2003. Vol.114. No.2. p.57-61.
Reviewed by Dr Chris Milne
Review: Using a reference case, the authors describe the differences between a wart (verucca) and a callus (described here as a clavus) on the sole of the foot. If in doubt they suggest gentle paring of the skin with a surgical blade (I prefer to use a no. 15). Warts will feature thrombosed or bleeding capillaries, whilst a callus is hard and translucent. The pain arises from its pyramidal shape, with the apex pointing inwards, and direct pressure amplifying the pain amplification.
Comment: Useful article. Now I know what a clavus is!

23-402 Patient notes: Cosmetic antiaging treatments.
Landow K. Postgrad Med. July 2003. Vol.114. No.1. p.91-2.
Reviewed by Dr Chris Milne
Review: This two-page handout describes the various cosmetic anti-ageing treatments available, their cost and their efficacy. It includes creams and lotions, micro dermabrasion, chemical peels, botulinum toxin, dermal fillers and intense pulsed light. Prices are quoted in US dollars. There is helpful reiteration of the advice regarding sunsmart behaviour and not smoking.
Comment: Useful handout for the busy GP who has to handle patient queries about this area of increasing importance.

Ear, Nose and Throat

23-403 Efficacy of daily hypertonic saline nasal irrigation among patients with sinusitis: A randomized controlled trial.
Rabago D, Zgierska A, Mundt M, et al. J Fam Pract. December 2002. Vol.51. No.12. p.1049-55.
Reviewed by Dr Bruce Adlam
Review: Nasal irrigation for six months improves sinus symptoms, decreases medication, and patient satisfaction is high.
Comment: Patient training should be provided or better still take up surfing.

23-404 Children with fever and vomiting benefit from immediate antibiotics for acute otitis media.
Weick MB, Kane KY. J Fam Pract. January 2003. Vol.52. No.1. p.12-15.
Reviewed by Dr Henry Doerr
Review: In this non-blinded study of 315 children, antibiotic treatment (amoxicillin or erythromycin in pencillin allergic children) was started in one group immediately and the other delayed at least 72 hours. Those patients with fever and vomiting fared better in the immediate rather than delayed treatment group. (Original article reviewed: BMJ; 2002; 325: 22–5).
Comment: With the NNT of only five, I doubt anyone would try to justify delayed prescription in the situation of fever/vomiting.

Education

23-405 Introducing medical students to global health issues: a Bachelor of Science degree in international health.
Yudkin JS, Bayley O, Elnour S, et al. Lancet. 6 September 2003. Vol.362. No.9386. p.822-4.
Reviewed by Dr Tony Hanne
Review: The Royal Free and University College Medical School (RUMS) in London has developed a unique option for their one year BSc programme which is inserted into the five year MBBS degree. It has the purpose of introducing medical students to the issues of globalisation, poverty and human rights abuse which impact deeply on health care. A number of essays by the first group of students are included in the same issue.
Comment: Doctors trained in developed, democratic countries often struggle greatly to adapt when faced with overseas conditions very different from those in which they grew up. The contrast between economies, cultures and political systems can be overwhelming. Many NZ medical students take a three-month elective in a developing country often with the intention of working in a similar place later. The RUMS initiative could be an exciting way ahead for us also.

Endocrinology

23-406 Newly diagnosed type 2 diabetes mellitus.
Smith SM. BMJ. 21 June 2003. Vol.326. No.7403. p.1371.
Reviewed by Dr Len Brake
Review: Another in this excellent series. Put the series into a book and I'd be the first to buy! Excellent reminders on very, very common GP problems. Here, a 62-year-old woman has been found incidentally to have a blood sugar of 11.4 mmol/L. When to refer immediately, what are the secondary causes of this sugar level, initial investigations, etc.
Comment: Yes, we all know them off by heart, but a run through of a problem such as this is worth its weight in insulin.

Gastroenterology

23-407 Lansoprazole ineffective for functional dyspepsia.
Mounsey AL. J Fam Pract. December 2002. Vol.51. No.12. p.1015.
Reviewed by Dr Bruce Adlam
Review: Triple-blinded RCT (does that mean the tablets didn't know whether they were given to the doctor or the patient?). Patients with functional dyspepsia which involves no organic disease or reflux do not benefit form lansoprazole. Antacids and H2

blockers are less expensive alternatives. (Original article reviewed: Gut 2002; 51: 502–6)

General

23-408 Is science stuck in the Middle Ages?

The Lancet. Lancet. 2 August 2003. Vol.362. No.9381. p.339.

Reviewed by Dr Tony Hanne

Review: This provocative editorial gently challenges the current academic career model which is all about peer-reviewed publications and the ability to attract independent funding depending on commercial application of proposed research. It suggests that this is inspired by the Middle Ages craft guild which closely controlled standards to preserve the way of life of established members. It just could cripple original thinking and the exploration of valuable new paths.

Comment: Referencing work to the published literature on a subject is appropriate but it is not the ultimate measure of research. Unless we encourage creativity in medical science we will be in danger of stagnation and narrow self interest.

Geriatrics

23-409 Unsteadiness reported by older hospitalized patients predicts functional decline.

Lindenberger EC, Landefeld CS, Sands LP, et al. J Am Geriatr Soc. May 2003. Vol.51. No.5. p.621-6.

Reviewed by Dr Ngaire Kerse

Review: This article reports a prospective cohort study of 1557 hospitalised older patients. Patients were asked one question: 'On the day you were admitted to hospital did you feel very steady, slightly steady, slightly unsteady or very unsteady when walking?' and then followed up to see if their function declined following admission. Self reported unsteadiness independently predicted functional decline during hospitalisation and failure to recover.

Comment: This simple question may be quite useful in deciding who is going to 'do badly' during an illness episode.

Gynaecology

23-410 ABC of subfertility: Making a diagnosis.

Taylor A. BMJ. 30 August 2003. Vol.327. No.7413. p.494-7.

Reviewed by Dr Len Brake

Review: Note the new word, it's not INfertility anymore – OK? This is one of *BMJs* excellent ABC series. There is a whole group of these on subfertility and this was the most apposite to my role as a GP. Which investigations on whom and when – all very helpful and clear.

Comment: A good reference.

Health Services

23-411 Primary care family physicians and two hospitalist models: Comparison of outcomes, processes, and costs.

Smith PC, Westfall JM, Nicholas RA. J Fam Pract. December 2002. Vol.51. No.12. p.1021-7.

Reviewed by Dr Bruce Adlam

Review: Family practice primary care physicians, rotating family practice faculty hospitalists, and full-time specialists (in Colorado) provide comparable care for inpatients with pneumonia, BUT sub-specialist hospitals have higher charges and length of stay (in the US).

Comment: Primary care physicians better counsel inpatients about lifestyle modification and end of life issues. Send this to your MP.

23-412 Ethnicity, equity, and quality: lessons from New Zealand.

McPherson KM, Harwood M, McNaughton HK. BMJ. 23 August 2003. Vol.327. No.7412. p.443-4.

Reviewed by Dr Len Brake

Review: Maoris die, on average, 10 years younger than Pakehas. The 2001 census shows 14.1% Maori, 6.2% Pacific Islanders and 6.4% Asian. These three groups are growing faster than the Pakeha group.

Comment: Cultural safety can enhance responsiveness to cultural needs of patients. (Say that again?). There is discussion of the Tapa Aha model of Maori health, the foundations of which are basic common sense. Unfortunately the statement following this, to the effect that 'move one of these foundations however slightly and the person becomes unwell' is so absurd as to intimate a cause of poor Maori health!

Metabolic Diseases

23-413 Evaluation of body composition: practical guidelines.

Gallagher D, Song M-Y. Prim Care. June 2003. Vol.30. No.2. p.249-65.

Reviewed by Dr M Hewitt

Review: The authors discuss the various methods of measuring body composition and fat content; such as anthropometry, bioimpedance and complex absorptiometry and complex plethysmography. They then use the analysis to estimate body fat and discuss variability by gender, ethnicity and age.

Comment: Fascinating! Some good tables for predicted percentages of body fat by sex and ethnicity.

23-414 The prevalence of obesity.

Wyatt HR. Prim Care. June 2003. Vol.30. No.2. p.267-79.

Reviewed by Dr M Hewitt

Review: The authors discuss what are dramatic changes in the prevalence of obesity in the United States since the 1970s and the health implications of these changes.

Comment: A major public health issue. Where the US goes nutritionally, we are likely to follow.

23-415 Risks of obesity.

Bray GA. Prim Care. June 2003. Vol.30. No.2. p.281-299.

Reviewed by Dr M Hewitt

Review: A discussion of the pathophysiology of obesity and the attendant health risks. The obvious ones being

diabetes mellitus, heart disease, gall bladder disease, osteoarthritis, stroke, colon and breast cancer to name a few.
Comment: Us too! Mortality also increases as weight increases. It was estimated that 80% of death attributable to obesity in the United States were with a BMI >30kg/m2.

23-416 Obesity: food intake.

Kazaks A, Stern JS. Prim Care. June 2003. Vol.30. No.2. p.301-16.
Reviewed by Dr M Hewitt
Review: The author notes environmental changes associated with overeating and the part that regular exercise and reduced intake play in weight loss.
Comment: We may be victims of advertising but the answers are clear and plain and already known to all who care to listen to good advice, i.e. eat less, eat right, and exercise regularly.

23-417 The menopause and obesity.

Lovejoy JC. Prim Care. June 2003. Vol.30. No.2. p.317-25.
Reviewed by Dr M Hewitt
Review: Women are more at risk at menopause for obesity due to the changes which occur then. Dietary habits which are not changed and relative lack of activity play a major part in the maturity onset of obesity and its attendant risks.
Comment: Exercise is also good for the bones in this age group.

23-418 The office approach to the obese patient.

Kushner RF. Prim Care. June 2003. Vol.30. No.2. p.327-40.
Reviewed by Dr M Hewitt
Review: The author recommends a systematic approach to identifying and then using systems of analysis and support to try to effect and maintain behaviour change which will result in weight loss.
Comment: Good luck to ya mate! Nothing less than total commitment and an evangelical approach will make a difference to the majority of people. So much effort for so little gain (or loss!).

23-419 Clinical evaluation of the obese patient.

Greenway F. Prim Care. June 2003. Vol.30. No.2. p.341-56.
Reviewed by Dr M Hewitt
Review: Routine assessment also includes regular weighing and calculation of BMI. The author considers obesity should be treated as a chronic disease. Blood pressure, cholesterol and girth measurements are easily done and allow risk factors to be adequately assessed.
Comment: Not just overeating and under activity to be considered, but also the rarer causes of obesity such as endocrine and iatrogenic.

23-420 Problems in childhood obesity.

Hassink S. Prim Care. June 2003. Vol.30. No.2. p.357-74.
Reviewed by Dr M Hewitt
Review: A brief overview of childhood obesity but then focuses on uncommon complications or problems which are serious.
Comment: Worth another look, lest we forget, i.e. Prader-Willi syndrome, pseudotumor cerebri to mention but two.

23-421 Behavioral techniques for treating the obese patient.

Wing RR, Gorin AA. Prim Care. June 2003. Vol.30. No.2. p.375-91.
Reviewed by Dr M Hewitt
Review: Another approach to assist primary care providers in achieving the goal of weight loss and its maintenance in obese patients. The author provides an overview of various techniques to use.
Comment: Dependent on the aptitude and skill of the doctor and the willingness of the patient to engage and participate in the necessary behaviour to effect change.

23-422 Exercise strategies for the obese patient.

Jakicic JM. Prim Care. June 2003. Vol.30. No.2. p.393-403.
Reviewed by Dr M Hewitt
Review: A good review of the role of the primary care provider in actively managing the process of exercise in an obese patient.
Comment: We have green prescriptions for this purpose.

23-423 Use of sibutramine to treat obesity.

Ryan DH. Prim Care. June 2003. Vol.30. No.2. p.405-26.
Reviewed by Dr M Hewitt
Review: The author recognises the value and usefulness of diet, exercise and motivational strategies for weight loss in the obese. Reductil is seen in this context as a useful adjunct with proven value, especially in those patients with BMI >30kg/m2 in whom previous weight loss strategies have failed.
Comment: Must be used as part of a whole prescription and not be relied on as of itself.

23-424 Orlistat in the treatment of obesity.

Hollander P. Prim Care. June 2003. Vol.30. No.2. p.427-40.
Reviewed by Dr M Hewitt
Review: The author documents the use of Xenical in study populations and advises its use for modest but significant weight loss. It is well tolerated provided the patients are aware of the gastrointestinal effects. The results are also clearly documented for improved diabetes control (type II).
Comment: Another little 'helper' but still a part of the overall 'package' and not intended to be used in isolation for this condition.

23-425 Herbal preparations for obesity: are they useful?

Heber D. Prim Care. June 2003. Vol.30. No.2. p.441-63.
Reviewed by Dr M Hewitt
Review: The main herbal preparations commonly available and specific for weight loss contain largely caffeine and ephedrine. Not surprisingly the study group lost weight over an eight week period. No mention is made of long-term follow up.
Comment: No, – unless you like lots of coffee and a popular recreational by-product in NZ known as 'P'.

23-426 The management of the obese diabetic patient.

Albu J, Raja-Khan N. Prim Care. June 2003. Vol.30. No.2. p.465-91.
Reviewed by Dr M Hewitt
Review: The author recommends all of the strategies to help facilitate weight loss be used in the obese diabetic patient. This is because of the high risk co-morbidities.
Comment: Try everything mentioned previously in the earlier review articles and the possibility of success will occur in some. No mention of rosiglitazone apart from a table of oral agents and their effects.

Musculoskeletal System

23-427 Detecting and treating shoulder impingement syndrome – The role of scapulothoracic dyskinesis.

DePalma MJ, Johnson EW. Physician and Sportsmedicine. July 2003. Vol.31. No.7. p.25-32.
Reviewed by Dr Rob Campbell
Review: This paper is subtitled 'The role of scapulothoracic dyskinesis' and explores the important biomechanics of the scapula in relation to the thorax and the glenohumeral joints. This is then related to impingement and rehabilitation.
Comment: An excellent paper which is demanding of your understanding of the muscles controlling your scapula. This is a basic requirement in assessing shoulder problems.

23-428 Managing musculoskeletal complaints with rehabilitation therapy: Summary of the Philadelphia Panel evidience-based clinical practice guidelines on musculoskeletal rehabilitation interventions.

Harris GR, Susman JL. J Fam Pract. December 2003. Vol.51. No.12. p.1042-6.
Reviewed by Dr Bruce Adlam
Review: Evidence based guidelines for selected rehabilitation interventions in the management of low back, knee, neck, and shoulder pain.
Comment: Acute uncomplicated low back pain: you know this – continue normal and therapeutic exercise 'physical conditioning' for chronic, sub acute and post surgical back pain. Knee osteoarthritis, TNS is helpful. Calcific tendonitis of the shoulder, evidence for ultrasound. Chronic neck pain, proprioceptive and therapeutic exercise (read as physical conditioning?).

23-429 What are effective strategies for reducing the risk of steroid-induced osteoporosis?

Koval PG, Thering A. J Fam Pract. December 2002. Vol.51. No.12. p.1076.
Reviewed by Dr Bruce Adlam
Review: Calcium plus Vitamin D (Grade of recommendation A), Alendronate for those at risk of fracture (5mg of prednisolone or equivalent daily >3 months). I didn't believe it either but NNT are 16 and eight with major risk reductions quoted. The advice comes with a recommendation that biphosphonates be prescribed for patients with a T score less than -1.00. Caution in premenopausal women.
Comment: Comes with high class references.

23-430 Laboratory workup for osteoporosis: Which tests are most cost-effective?

Crandall C. Postgrad Med. September 2003. Vol.114. No.3. p.35-44.
Reviewed by Dr Chris Milne
Review: A study by Tannenbaum and associates showed that one-third of patients with osteoporosis had underlying secondary contributors revealed by laboratory tests. The authors recommend the following tests – 24 hour urine calcium, serum calcium, and parathyroid hormone in all women, plus TSH in women on thyroxine. These tests were all that were deemed necessary, and cost US$75.00 per patient screened.
Comment: The author comments that some segments of the population (e.g. those in rest homes) may require a different strategy, but it is useful to have some evidence based guidance in this area.

23-431 Acute low back pain.

Car J, Sheikh A. BMJ. 6 September 2003. Vol.327. No.7414. p.541.
Reviewed by Dr Len Brake
Review: Yet another in this excellent series. Recommended update on this, the most common of ACC presentations, 'the N142 dot'.
Comment: Ironically the clinical situation used in this article would be, I think, quite worrying. A middle aged man has awoken with severe lower back pain radiating downwards, he had been gardening the day before. It would not be a usual presentation and would alert one to an extra cautious approach I would have thought!

Nutrition

23-432 Screening for vitamin B-12 and folate deficiency in older persons.

Clarke R, Refsum H, Birks J, et al. Am J Clin Nutr. May 2003. Vol.77. No.5. p.1241-7.
Reviewed by Dr Charlotte Cox
Review: This study from Oxford, United Kingdom, examines the use of serum total homocysteine (tHcy) and methyylmalonic acid (MMA) for screening for functional vitamin B-12 or folate deficiency. The study concludes that measurement of tHcy or MMA among older persons with borderline vitamin concentrations may identify those at high risk of vitamin B-12 deficiency who should be considered for treatment.
Comment: A reminder of the limitations of standard laboratory tests for accurate assessment of Vitamin B-12 and folate status. Unfortunately does not mention cost comparison.

23-433 Alcohol, body weight, and weight gain in middle-aged men.

Wannamethee SG, Shaper AG. Am J Clin Nutr. May 2003. Vol.77. No.5. p.1312-7.
Reviewed by Dr Charlotte Cox
Review: Popular scientific opinion holds that 'people who enjoy their booze may be thinner than their teetotal friends' and labels such people 'skinny drinkers'. There is also a popular belief that alcohol intake does not increase the risk of obesity. This British study recorded body weight and alcohol intake over a five year period of 6832 men recruited

from general practices. The results clearly demonstrated that heavy alcohol intake (30g/d) contributes directly to weight gain and obesity, irrespective of the type of alcohol consumed.
Comment: An important message. Alcohol calories do count. Consider carefully the place of alcohol in a 'heart healthy' diet particularly with overweight and obese patients.

23-434 Riboflavin (vitamin B-2) and health.
Powers HJ. Am J Clin Nutr. June 2003. Vol.77. No.6. p.1352-60.
Reviewed by Dr Charlotte Cox
Review: Riboflavin is unique among the water-soluble vitamins in that milk and dairy products make the greatest contribution to its intake in Western diets. Biochemical signs of depletion arise within only a few days of dietary deprivation with deficiency of most concern in the elderly and adolescents. This article reviews current evidence that diets low in riboflavin present specific health risks. Of interest is the putative role of riboflavin in protecting against cancer and cardiovascular disease.
Comment: Thorough up-to-date review article.

23-435 Dietary supplements and functional foods: two sides of a coin? Supplements: Nutrition guidance of family doctors towards best practice.
Halsted CH. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1001S-7S.
Reviewed by Dr Charlotte Cox
Review: In the eyes of the public, general practitioners play an important role in providing dietary advice. This supplement contains the proceedings of the Third Heelsum International Workshop, Nutrition Guidance of Family Doctors Towards Best Practice, and examines the dynamics around nutrition guidance in primary care. Six topics were particularly new and challenging including: (1) Use of dietary supplements, herbal preparations, and functional foods (see this article); (2) patients as partners (see 23-436 and 23-437); (3) computers in practices (see 23-441); (4) evidence-based medicine (see 23-450); (5) the Internet (see 23-438); and (6) the obesity epidemic (see 23-449).
Comment: A must read – particularly for general practitioners with a special interest in nutrition (The whole supplement is 23-435 to 23-451 and the article titles give an indication of the subject matter).

23-436 Dietary advice in family medicine.
van Weel C. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1008S-10S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-437 Nutritional advice in Canadian family practice.
Rosser WW. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1011S-5S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-438 The internet and primary care physicians: coping with different expectations.
van Woerkum CM. Am J Clin Nutr. April 2003. Vol.77 (suppl) No.4. p.1016S-8S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-439 Controlled trial of effect of computer-based nutrition course on knowledge and practice of general practitioner trainees.
Maiburg BH, Rethans J-J, Schuwirth LW, et al. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1019S-24S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-440 Adapting the contents of computer-based instruction based on knowledge tests maintains effectiveness of nutrition education.
Kohlmeier M, McConathy WJ, Lindell KC, et al. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1025S-7S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-441 Past, present, and future of computer-tailored nutrition education.
Brug J, Oenema A, Campbell M. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1028S-34S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-442 Patient information letters on nutrition: development and implementation.
van Binsbergen JJ, Drenthen AJ. Am J Clin Nutr. April 2003. Vol.77 (suppl) No.4. p.1035S-8S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-443 Dietitian-general practitioner interface: a pilot study on what influences the provision of effective nutrition management.
Nicholas LG, Pond CD, Roberts DC. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1039S-42S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-444 Healthy eating: the views of general practitioners and patients in Scotland.
Fuller TL, Backett-Milburn K, Hopton JL. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1043S-7S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-445 Dietary advice in clinical practice: the views of general practitioners in Europe.
Brotons C, Ciurana R, Pineiro R, et al. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1048S-51S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-446 Relative efficacy of differential methods of dietary advice: a systematic review.
Thompson RL, Summerbell CD, Hooper L, et al. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1052S-7S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-447 Nutrition guidance in Dutch family practice: behavioral determinants of reduction of fat consumption.

Verheijden MW, van der Veen JE, van Zadelhoff WM, et al. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1058S-64S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-448 Understanding nutrition communication between health professionals and consumers: development of a model for nutrition awareness based on qualitative consumer research.
van Dillen SM, Hiddink GJ, Koelen MA, et al. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1065S-72S)
Reviewed by Dr Charlotte Cox
Review: See 23-435..

23-449 Possible lessons from the tobacco experience for obesity control.
Mercer SL, Green LW, Rosenthal AC, et al. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1073S-82S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-450 Nutrition in primary care: scope and relevance of output from the Cochrane Collaboration.
van Binsbergen JJ, Delaney BC, van Weel C. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1083S-8S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

23-451 Nutrition guidance by family doctors in a changing world: problems, opportunities, and future possibilities.
Truswell AS, Hiddink GJ, Blom J. Am J Clin Nutr. April 2003. Vol.77 (Suppl) No.4. p.1089S-92S.
Reviewed by Dr Charlotte Cox
Review: See 23-435.

Obstetrics

23-452 Recent developments in obstetrics.
Shennan AH. BMJ. 13 September 2003. Vol.327. No.7415. p.604-8.
Reviewed by Dr Len Brake
Review: Whilst general practice obstetrics has become history, our patients are still having babies. It is important to keep up with the knowledge on the subject. I found this a very interesting review. Did you know for example that low dose aspirin will reduce the chance of pre-eclampsia? That there is no evidence that asymptomatic women with abnormal vaginal flora benefit from antibiotics?
Comment: All these, and more obstetric pearls.

Oncology

23-453 Benefits of tamoxifen for breast cancer prevention do not always outweigh overall risks.
Strickland C. J Fam Pract. December 2002. Vol.51. No.12. p.1016.
Reviewed by Dr Bruce Adlam
Review: In women at high risk of breast cancer, tamoxifen is effective in reducing the incidence of the disease. However, during the five year period of this large study, although the number of breast cancers was reduced the number of serious side effects and deaths were higher in the treated group. (Original article reviewed: Lancet 2002; 360: 817-24)
Comment: If the recent Australian studies of viral findings in breast cancer prove correct we may be vaccinating or treating with anti-virals.

23-454 Basal cell carcinoma.
Wong CS, Strange RC, Lear JT. BMJ. 4 October 2003. Vol.327. No.7418. p.794-8.
Reviewed by Dr Len Brake
Review: The most common malignancy in white people is basal cell carcinoma. This article has a comprehensive summary of knowledge to date. Eighty per cent occur on head or neck, BCC on backs of hands is rare. Surgical excision is recommended with micrographic surgery having the best results. Topical treatment has good results with imiquimod cream having high clearance rates.
Comment: Probably not a lot of new information but a concise update nevertheless.

23-455 Breast cancer and hormone-replacement therapy in the Million Women Study.
Beral V, Banks E, Reeves G, et al. Lancet. 9 August 2003. Vol.362. No.9382. p.419-27.
Reviewed by Dr Tony Hanne
Review: Current users of HRT are substantially more likely to develop breast cancer. However oestrogen only is better than oestrogen-progesterone. Past users soon drop to the level of risk of non-users. Increased mortality is not nearly as clear as increased risk of the disease. Risk of cancer rose with duration of use.
Comment: Use of HRT has already dropped substantially since this and similar reports have been published. The trend will presumably continue. There will however continue to be a significant group of women who will opt to use HRT because the immediate benefits in symptom relief seem to them to outweigh future risk. Managing them wisely and sensitively will be a huge challenge for GPs (See 23-456 for commentary).

23-456 Breast cancer and hormone-replacement therapy: up to general practice to pick up the pieces.
Largo-Janssen T, Rosser WW, van Weel C. Lancet. 9 August 2003. Vol.362. No.9382. p.414-5.
Reviewed by Dr Tony Hanne
Review: See 23-455.

Physician-Patient Relations

23-457 The importance of patient preferences in treatment decisions – challenges for doctors.
Say RE, Thomson R. BMJ. 6 September 2003. Vol.327. No.7414. p.542-5.
Reviewed by Dr Len Brake
Review: Doctors are encouraged to involve patients in making treatment decisions and this paper looks at the challenges that this poses. Apparently there still are doctors (not GPs surely) that 'like to maintain the imbalance of power between themselves and their patients'. The other issues are the extra time involved and the com-

munication skills required to present risk factors of various treatments etc.
Comment: All pretty self-evident I would have thought.

Prescribing

23-458 SSRI discontinuation syndrome: Awareness as an approach to prevention.

Ditto KE. Postgrad Med. August 2003. Vol.114. No.2. p.79-84.
Reviewed by Dr Chris Milne
Review: Discontinuation syndrome is experienced by up to 25% of patients who abruptly quit taking their SSRI. Symptoms can mimic URTI, benign positional vertigo or the effects of certain medications. It is more likely to occur in agents with a short half life (e.g. pavoxetine). If a patient experiences symptoms, the author suggests restarting the SSRI and slowly tapering the dose over several weeks.
Comment: Since these drugs are now so commonly used, we need to be on the lookout for this problem.

Preventive Medicine and Screening

23-459 The PSA debate: Prostate cancer.

Harris M, Costello AJ, Gardner M, et al. Aust Fam Physician. June 2003. Vol.32. No.6. p.395-399.
Reviewed by Dr J Carter
Review: We probably won't have an answer about the usefulness of prostate screening until trials are completed at the end of the decade. Currently the epidemiologists say there is no benefit but urologists talk about the benefits of early diagnosis. There are better tests emerging.
Comment: A panel discussion with epidemiological, urological, medicolegal and patient perspectives. If you are looking to enhance your 'PSA patter' this is for you. Useful handouts too (these are attached).

23-460 Is opportunistic disease prevention in the consultation ethically justifiable.

Getz L, Sigurdsson JA, Hetlevik I. BMJ. 30 August 2003. Vol.327. No.7413. p.498-500.
Reviewed by Dr Len Brake
Review: Is it time to stop and consider whom we screen and how we approach it? There is a downside to preventive programmes and early intervention. Epidemiologists and public health specialists rarely consider these. GPs should do so. False positive tests lead to further interventions that do not benefit your patient and may do harm. In addition, negative results give false reassurance.
Comment: Maybe we should give a more accurate representation of absolute risks – e.g. a 55-year-old man has a likelihood of not dying from colorectal cancer of 99.34% if he is screened and a 99.20% if not screened. Also measurable pathophysiological disturbances should not necessarily be interpreted as the ultimate cause of disease and suffering. External factors such as social inequality and destructive human relationships greatly affect health and disease. Actually informing and reinforcing to a person that they are at risk has a potential to cast a shadow of doubt and insecurity on a person's life and undermine their health and integrity. Trust me – this is essential reading and especially essential to the gurus at the Royal College.

Primary Health Care

23-461 Effectiveness of chart prompt about immunizations in an urban health center.

Burns IT. J Fam Pract. December 2002. Vol.51. No.12. p.1018.
Reviewed by Dr Bruce Adlam
Review: A chart prompt by a nurse review increased on time immunisations in most child immunisations. Notably DTP3 Hep B3. OPV4 no difference.
Comment: Use your computer.

Psychiatry and Psychology

23-462 Improved detection of depression in primary care through severity evaluation.

Nease DE, Klinkman MS, Volk RJ. J Fam Pract. December 2002. Vol.51. No.12. p.1065-70.
Reviewed by Dr Bruce Adlam
Review: An article on using the PRIME – MD to improve detection of depression in primary care through severity evaluation.
Comment: The article acknowledges the problems for GPs but let me expose my bias. Detection is the issue, not severity and severity scales worry me. Is a mild depression just a severe depression waiting to happen?

23-463 Assessment and treatment of nursing home residents with depression or behavioral symptoms associated with dementia: a review of the literature.

Snowden M, Sato K, Roy-Byrne P. J Am Geriatr Soc. September 2003. Vol.51. No.9. p.1305-17.
Reviewed by Dr Ngaire Kerse
Review: This is a review of available literature about assessment and management of depression and behavioural problems in nursing home residents. It supports use of psychotropic medication for behavioural problems amongst other interventions.
Comment: This article is very informative and should be compulsory reading for those looking after residents in long-term care.

23-464 Diagnosis of autism.

Baird G, Cass H, Slonims V. BMJ. 30 August 2003. Vol.327. No.7413. p.488-93.
Reviewed by Dr Len Brake
Review: Autism is a behaviourally defined disorder and the number of children with this diagnosis is increasing. A diagnosis can reliably be made at age two years. Diagnosis is by history taking focusing on the developmental story and by observation in different settings.
Comment: This is a timely clinical review. It also has reference to other resources.

Rheumatic Diseases

23-465 Do glucosamine or chondroitin cause regeneration of cartilage in osteoarthritis?

Priebe D, McDiarmid T, Mackler L, et al. J Fam Pract. March 2003. Vol.52. No.3. p.237-39.
Reviewed by Dr Henry Doerr
Review: While both glucosamine and chondroitin stimulate chondrocyte growth in vitro and in animal models, what about in our patients with OA? The answer is that we don't know yet but reasonable radiographic evidence documents that glucosamine prevents knee joint space narrowing in OA and that chondroitin prevents progression in finger OA.
Comment: My problem with recommending these substances is not only the concerns of cost and efficacy but also quality control given the recent scandal in Australia regarding Pan Products. Clearly some patients do get relief and do find them 'cost-effective'.

Smoking

23-466 Nortriptyline effective for smoking cessation.

Dickerson LM, Carek PJ. J Fam Pract. December 2002. Vol.51. No.12. p.1008.
Reviewed by Dr Bruce Adlam
Review: Small numbers but a great result in a group of smokers highly motivated to quit. Twenty-three per cent quit rates at six months with nortriptyline increased at weekly intervals to 75mg daily. (Original article reviewed: Chest 2002; 122: 403-8)
Comment: I am unable to determine whether it was the nortriptyline or the extensive behavioural therapy which was most effective, but this is worth remembering for those unsuited to bupropion.

Sports and Sports Medicine

23-467 Overtraining syndrome: A guide to diagnosis, treatment, and prevention.

Hawley CJ, Schoene RB. Physician and Sports medicine. June 2003. Vol.31. No.6. p.25-31.
Reviewed by Dr Rob Campbell
Review: A review of symptoms and signs of overtraining in the athlete which are similar to overwork 'burnout'. A commonsense history of training, nutrition, psychosocial factors followed by physical examination and a small number of blood tests are all that are required to detect most causes of the tired athlete.
Comment: A good review with a sensible patient adviser handout.

23-468 Cholinergic urticaria in a jogger – Ruling out exercise-induced anaphylaxis.

Sweeney TM, Dexter WW. Physician and Sports medicine. June 2003. Vol.31. No.6. p.32-6.
Reviewed by Dr Rob Campbell
Review: This paper explores the problems of exercise-induced urticaria and exercise-induced anaphylaxis. These conditions are important to differentiate as anaphylaxis can be life threatening.
Comment: Useful reference paper to have in your office for the occasional patient complaining of allergic symptoms with exercise.

23-469 Exercise related transient abdominal pain.

Morton DP. Br J Sports Med. 1 August 2003. Vol.37. No.4. p.287-8.
Reviewed by Dr Chris Milne
Review: Stitch has been a pain in the side for athletes since sports began. The earliest published work was by Auckland physiology professor, Jack Sinclair in 1951. This author believes that stitch is caused by irritation of the parietal peritoneum and suggests avoidance of hypertonic fluids.
Comment: Useful brief article about a common problem. Having experienced stitch myself, I would also recommend having the pre-event meal at least four hours prior to your race.

23-470 Rehabilitation of ligamentous ankle injuries: a review of recent studies.

Zoch C, Fialka-Moser V, Quittan M. Br J Sports Med. 1 August 2003. Vol.37. No.4. p.291-5.
Reviewed by Dr Chris Milne
Review: Eighty-five per cent of all ankle injuries are sprains, and in recent years there has been an improvement in the evidence base we can use to treat them. The take home message from these authors is that a combination of isokinetic training and proprioception (joint position sense) exercises shortens rehabilitation. It can also serve to prevent future ankle sprains.
Comment: Only six studies met their inclusion criteria, but they also include an overview of the significant findings from another 13 studies. Useful review of current knowledge.

23-471 Preventing running injuries: Practical approach for family doctors.

Johnston CA, Taunton JE, Lloyd-Smith DR. Can Fam Physician Med Fam Can. September 2003. Vol.49. p.1101-9.
Reviewed by Dr Mike Lyons
Review: Clear article from Professors in the School of Human Kinetics and the Division of Sports Medicine at University of British Columbia. Introduces training methods, leg malalignment, pelvic tilt, orthosis, running shoes and muscle strength and flexibility exercises.
Comment: Good basic information for novice runners. Experienced runners may need more. Clear photographs on exercise.

23-472 Medical and injury issues for sports doctors in the care of spinal cord injured athletes.

Parker L. New Zealand Journal of Sports Medicine. Winter 2003. Vol.31. No.2. p.30-8.
Reviewed by Dr Rob Campbell
Review: This reviews the common problem in athletes with spinal cord injuries, mainly wheelchair athletes. This covers the structured and pathophysiology of spinal cord injury and then the problems of shoulder injuries, upper limb peripheral nerve entrapments, blood pressure problems, and thermoregulation. Management issues are then covered.
Comment: This is outstanding; both a primer and an advanced level paper. If you have any person as a patient in a wheelchair read this.

Therapeutics

23-473 Managing haemorrhoids.

Nisar PJ, Scholefield JH. BMJ. 11 October 2003. Vol.327. No.7419. p.847-51.
Reviewed by Dr Len Brake

Review: Remarkably, there has been an increased understanding of the anatomy of piles and as a consequence development of new procedures to treat them. For example the 'stapled haemorrhoidopexy' now competes with the formal haemorrhoidectomy. The staple job is less painful with a quicker convalesence but has a higher relapse rate.
Comment: There is a theory that the highest state of human evolution is in the anal anatomy (not the hand functions as more commonly thought). The clear explanation of the anatomy and new procedures in this article is so interesting that it makes one marvel whilst doing 'number twos'.

Urology

23-474 Dietary factors protecting women from urinary tract infection.

Kontiokari T, Laitinen J, Jarvi L, et al. Am J Clin Nutr. March 2003. Vol.77. No.3. p.600-4.
Reviewed by Dr Charlotte Cox

Review: There are now numerous reports suggesting the potential benefits of cranberry juice in preventing urinary tract infection (UTI) recurrence. However there has been little focus on other aspects of diet. This Finnish study compared the dietary and other lifestyle habits of one hundred and thirty-nine females attending a student health and hospital clinic presenting with an acute UTI with 185 age-matched women with no episodes of UTIs during the past five years (mean age 30.5y). Dietary intake over the preceding month was assessed by a food frequency questionnaire.
Comment: Most GPs would be aware of the potential benefits of cranberry juice for preventing recurrent UTIs. This Finnish study also found that frequent consumption of fermented milk products containing probiotics was associated with a lower incidence of UTI recurrence. This study serves as a worthwhile reminder to suggest such dietary guidance to patients. Furthermore, patients respond well to treatment suggestions, such as dietary change, that don't simply involve the writing of a prescription.

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