journal review service

Continuing Medical Education in General Practice from the Goodfellow Unit

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Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed in this Issue

Am J Clin Nutr*
Am J Sports Med*
Anesthesiology*
Aust Fam Physician*
BMJ*
Br J Dermatol*
Can Fam Physician Med Fam Can*
Drug Alcohol Rev*
Evidence-Based Medicine*
Fam Pract*
Fertil Steril*
Intern Med J*
J Fam Pract*
Lancet*
N Z Med J*
Neurosci Lett*
Obesity*
Pediatrics*
Sci Am*
Thorax*
*Journals indexed in Medline

Acupuncture

26–445 Perioperative acupuncture and related techniques

Chernyak GV, Sessler DI. Anesthesiology. May 2006. Vol.102. No.5. p.1031-49.
Reviewed by Dr Alex Chan

Review: This 19 page review article gave a summary on the history of acupuncture, the scientific explorations and explanations of how acupuncture works, and the use of acupuncture in the perioperative period. While there is evidence that acupuncture can be beneficial in preoperative sedation and prophylaxis of postoperative nausea and vomiting (if used prior to induction of general anaesthesia), the issue of its effects on postoperative pain relief remains controversial.
Comment: Lots of information and references within the 19 pages, but an easy-to-read article for those who would like to have some background knowledge on the subject of acupuncture.

26–446 A randomized controlled pilot study of acupuncture for postmenopausal hot flashes: effect on nocturnal hot flashes and sleep quality

Huang MI, Nir Y, Chen B, et al. Fertil Steril. September 2006. Vol.86. No.3. p.700-10.
Reviewed by Dr Alex Chan

Review: In this study, participants were assessed carefully for inclusion and exclusion, and then instructed to record their hot flashes daily according to criteria. Participants were then assigned to one of five acupuncturists depending on geographic proximity but randomised into either the treatment or placebo arm so that each acupuncturist treated the same number of participants in each arm of the study. Placebo acupuncture was performed on non-meridian locations using the Streitberger placebo needle. In the real acupuncture arm, a standardised algorithm was used to determine point prescription according to Traditional Chinese Medicine principles. Analyses performed in the intent-to-treat sample showed that acupuncture significantly reduced the severity of nocturnal hot flashes compared with placebo.
Comment: An interesting and well designed study. Get the original and see for yourself.

26–447 Acupuncture treatment for opiate addiction: A systematic review

Jordan JB. J Subst Abuse Treat. June 2006. Vol.30. No.4. p.309-14.
Reviewed by Dr Alex Chan

Review: This is a literature review and not a meta-analysis. It summarised

methodological and technical issues in acupuncture research, and also evidence for and against acupuncture as treatment for drug addiction. The author concluded that the positive acupuncture effect with addicted patients in the clinical trials was probably due to synergistic placebo effects.
Comment: An easy to read article. Until the issue of sham acupuncture or acupuncture control has been irrevocably clarified and standardised, results of clinical acupuncture research will remain controversial.

26–448 Acupuncture regulates the aging-related changes in gene profile expression of the hippocampus in senescence-accelerated mouse (SAMP10)

Ding X, Yu J, Yu T, et al. Neurosci Lett. 15 May 2006. Vol.399. No.1-2. p.11-6.
Reviewed by Dr Alex Chan
Review: Acupuncture has been used for health maintenance in the last two thousand years in China. In this study using senescence-accelerated mice and controls, it was found that two courses of manual acupuncture stimulation of the acupoints CV-17, CV-12, CV- 6, ST-36 and SP-10 over 15 days could completely or partially reverse some ageing-related gene expression profiles in the hippocampus. Sham acupuncture had some effects on ageing-unrelated genes expression but little or negative effect on ageing-related genes.
Comment: Points specificity is an important issue for the effects of acupuncture. Again, the study showed that sham acupuncture is not inert and in this case resulted in enhancement of the ageing-related genes expression. As usual, further studies are required to substantiate the findings and elucidate the applicability in humans.

Adolescent Health

26–449 Graduated driver licensing programs and fatal crashes of 16-year-old drivers: a national evaluation

Chen L-H, Baker SP, Li G. Pediatrics. July 2006. Vol.118. No.1. p.56-62.
Reviewed by Dr Jocelyn Tracey
Review: This study matched fatal accident rates for 16-year-olds in the US with types of licensing systems. Programmes that included minimum age requirements, mandatory waiting periods before completing requirements, night time driving restrictions, minimum number of supervised hours and passenger restriction were associated with 20% fewer fatal accidents.
Comment: Yes, there is good evidence for our current system – and ensuring our teenagers stick to the rules!

26–450 Acne and acne scarring: The case for active and early intervention

Goodman G. Aust Fam Physician. July 2006. Vol.35. No.7. p.503-4.
Reviewed by Dr Rachel Monk
Review: This short article presents the case for early treatment of acne rather than necessarily just considering it a normal part of adolescence. There is no recommendation as to best treatment only that early and effective treatment is the best way to prevent scarring.

26–451 Acne: Natural history, facts and myths

Goodman G. Aust Fam Physician. August 2006. Vol.35. No.8. p.613-6.
Reviewed by Dr Rachel Monk
Review: This is a great little article, with illustrating cases, looking primarily at the myths about acne and how we as GPs can help to dispel these myths when discussing acne with patients.

Alcohol and Substance Abuse

26–452 Investigating parental preferences regarding the development and implementation of a parent-directed drug-related educational intervention: an exploratory study

Beatty SE, Cross DS. Drug Alcohol Rev. July 2006. Vol.25. No.4. p.333-42.
Reviewed by Dr Helen Moriarty
Review: One hundred and ten from 213 parents were recruited from primary schools, to complete a questionnaire and attend a discussion group about drugs education. Parents were worried about their child getting involved in drugs, but most considered only illicit substances as 'drugs'. Written information and advice with communication skills were suggested as helpful to parents. Barriers to parental participation in drugs resistance programmes were discussed. Engaging fathers was considered a special challenge. Parents thought 'shock tactics' the strongest motivator.
Comment: A study from Western Australia with messages that also apply here (i.e. drugs education must be reinforced from the home, but this is not an easy task). GPs are well positioned to work with parents, give

educational material and organise community discussion groups too?

Alcohol Drinking

26–453 Splitting the alcohol purchase age: gambling with youth health

Kypri K, Langley J. Drug Alcohol Rev. July 2005. Vol.25. No.4. p.293-5.
Reviewed by Dr Helen Moriarty

Review: Did lowering the drinking age from 20 to 18 years have adverse effects on youth health? Four before-and-after studies showed ED admissions for intoxication increased for 18–19 years compared to 20 years and older, and that traffic crash rates in 15–17-year-olds and 18–19-year-olds increased. Conversely, USA data showed a 12–16% reduction in crashes when the age was increased.
Comment: An alternative proposal: to have age differential depending on the site of purchase of alcohol is apparently gaining traction fueled by misinformation and poor evidence for the policy. There is no such precedent in Australia. NZ would be taking a big risk in such a policy.

Alternative Medicine

26–454 Complementary and alternative medicines (including traditional Maori treatments) used by presenters to an emergency department in New Zealand: a survey of prevalence and toxicity

Nicholson, T. N Z Med J. May 2006. Vol.119. No.1233. p.U1954 (1-13)
Reviewed by Dr Mimi Irwin

Review: The aim of this study was to discover how much complementary medicine was used by patients presenting to the ED at Waikato Hospital. One thousand and forty-three patients completed a questionnaire and the perceived effectiveness and incidence of untoward effects were also assessed. Vitamin and mineral supplements were not included in this survey, however Maori therapy was. One in three of the participants had used CAM (Complementary and Alternative Medicine) products and those who had were more likely to be female aged 20–60 years. 37.3% of the respondents had told their medical practitioners they were taking CAM products and 25.9% of the sample had used CAM products at the same time as pharmaceutical agents. Sixty-seven per cent of respondents felt that the CAM products were helpful and 4% reported an adverse effect when using CAM. Oral arnica was the most frequently used product (19.4%) followed by Rescue Remedy (11.6%) and thirdly St John's Wort (7%).
Comment: The use of CAM by 38.1% of people who presented to the Emergency Department at Waikato is lower than expected. In other surveys of CAM use in western societies the use can be as high as 70–80% of respondents. This survey highlights the need for general practitioners to enquire about their patients' use of CAM as this information will not necessarily be volunteered. It is important that we know what products our patients are taking especially when herbal products are used. For example St John's Wort which has interactions with a number of commonly used prescription drugs. This is an interesting and important study.

26–455 Treatments for damaged skin

Vitetta L, Sali A. Aust Fam Physician. July 2006. Vol.35. No.7. p.501-2.
Reviewed by Dr Rachel Monk

Review: Fifth article in a series on complementary medicine, this article looks at alternative therapeutic skin remedies focusing on honey, trace element supplementation and glutamine. These are discussed in the context of burns.

Anesthesia and Analgesia

26–456 Chronic nonmalignant pain: The rational use of opioid medication

Tedeschi M. Aust Fam Physician. July 2006. Vol.35. No.7. p.509-12.
Reviewed by Dr Rachel Monk

Review: A controversial and challenging issue in general practice. This article presents a summary of consensus statements in relation to chronic nonmalignant pain.

Asthma

26–457 Evidence based answers: Is salmeterol safe in asthma?

Spurling G, Doust J. Aust Fam Physician. August 2006. Vol.35. No.8. p.625-6.
Reviewed by Dr Rachel Monk

Review: There has been a potential link with an increase in death with LABA use. This article briefly looked at the RCT evidence in relation to this.
Comment: Unfortunately there is a lack of high quality evidence regarding possible harms but perhaps it is better to use combination LABA/ICS. Best to read the article yourself to get the full picture.

Cardiovascular System

26–458 Lowering homocysteine with folic acid and B vitamins did not prevent vascular events in vascular disease

Shekelle P. Evidence-Based Medicine. August 2006. Vol.11. No.4. p.104.
Reviewed by Dr Bruce Arroll

Review: This was a randomised trial of 2.5 mg of folic acid with 50 mg of vitamin B6 and 1 mg of vitamin B12 taken once daily versus placebo. The patients had history of CVD or PVD or diabetes with = risk factor for atherosclerosis. There was no benefit in the outcomes but there was a significant increase in unstable angina. (Original article reviewed: N Engl J Med 2006; 354: 1567-77).
Comment: The commentator comments that the subgroup analysis for stroke showed a benefit for the intervention but he feels this was a chance finding as this was not consistent with the other two trials.

26–459 Lowering homocysteine with folic acid and B vitamins did

not prevent vascular events after myocardial infarction

Shekelle P. Evidence-Based Medicine. August 2006. Vol.11. No.4. p.105.

Reviewed by Dr Bruce Arroll

Review: This was a randomised trial of 0.8 mg of folic acid with 40 mg of vitamin B6 and 0.4 mg of vitamin B12 taken once daily versus placebo. The patients had history of acute MI in the previous seven days. There was no benefit in the outcomes but the composite endpoint (of all the conditions) was on the statistically significant border. (Original article reviewed: N Engl J Med 2006; 354:1578- 88).

Comment: The commentator comments that while folic acid lowers homocysteine consistent with the observational studies intervention with folic acid did not bring benefit.

26–460 Understanding cardiac 'echo' reports: Practical guide for referring physicians

McAlister NH, McAlister NK, Buttoo K. Can Fam Physician Med Fam Can. July 2006. Vol.52. p.869-74.

Reviewed by Dr Mike Lyons

Review: Emphasises that echo tests the anatomy and function of the heart at one moment only and needs to be interpreted with the clinical findings. Clinical information on the referral helps! Limitations highlighted. Deals with rate, rhythm, chamber size, hypertrophy, left ventricular systolic and diastolic function, valves, thrombus, septal defect, pericardium, incidental findings and conclusions. Tables common queries and concerns.

Comment: Structured approach – helpful for the older GP (like myself) whose graduation predated this technology.

Cerebrovascular System

26–461 Approach to diagnosis of Parkinson disease

Frank C, Pari G, Rossiter JP. Can Fam Physician Med Fam Can. July 2006. Vol.52. p.862-8.

Reviewed by Dr Mike Lyons

Review: Diagnosis is clinical and not always easy or straightforward. Older patients often present with general functional decline and nonspecific symptoms. The mnemonic TRAP may help – Tremor, Rigidity, Akinesia, Postural instability. A two-week trial of levodopa-carbidopa is suggested. A non-response or red flags merit referral. Drug-induced Parkinsonism and differential diagnosis is briefly outlined.

Comment: May help diagnose more of our elderly in decline.

Communicable Diseases, Infections and Parasites

26–462 Erythema induratum: A hypersensitivity reaction to mycobacterium tuberculosis

Leow LJ, Pintens S, Pigott PC, et al. Aust Fam Physician. July 2006. Vol.35. No.7. p.521-2.

Reviewed by Dr Rachel Monk

Review: Case based discussion on a rare immunologic condition in response to Mycobacterium tuberculosis infection, which results in painful nodules on the lower legs.

Dermatology

26–463 Wet wrap bandages for four weeks did not differ from topical ointments but increased skin infections in paediatric atopic eczema

Williams H. Evidence-Based Medicine. August 2006. Vol.11. No.4. p.108.

Reviewed by Dr Bruce Arroll

Review: This was a randomised trial of wet wrap bandages applied 24 hours per day over 1% hydrocortisone ointment and, if necessary, topical steroids, for one week in children with atopic dermatitis. Usual care was topical emollients = three times per day 1% hydrocortisone ointment twice daily and topical steroids as needed. The numbers needed to harm in terms of skin infections requiring antibiotics was five. There was no advantage in having the intervention. (Original article reviewed: Arch Dis Child 2006; 91: 164-8).

Comment: The commentator on this paper said: This is not the way wet wraps should be used. Their use should be restricted to acute flare-ups and there is evidence that it is effective in those situations.

26–464 Imiquimod in the treatment of lentigo maligna

Rajpar SF, Marsden JR. Br J Dermatol. October 2006. Vol.155. No.4. p.653-6.

Reviewed by Dr Shane Reti

Review: A review of the literature for Imiquimod treatment of lentigo maligna shows 67 patients treated under various inconsistent study designs and reporting, with two progressing to lentigo maligna melanoma.

Comment: Lentigo maligna is common (up to 1% white Americans aged 64–75) and is considered a precursor to lentigo maligna melanoma (unexpected invasion of clinically benign lesions between 5%–50%). Surgery is the preferred treatment, but when ablative techniques are used, cryotherapy and radiotherapy are the most common. Imiquimod in this review is not well studied, and cannot be recommended as a suitable ablative therapy for lentigo maligna.

26–465 Skin colonization by Staphylococcus aureus in patients with eczema and atopic dermatitis and relevant combined topical therapy: a double-blind multicentre randomized controlled trial

Gong JQ, Lin L, Lin T, et al. Br J Dermatol. October 2005. Vol.155. No.4. p.680-7.

Reviewed by Dr Shane Reti

Review: In this study 327 patients were enrolled into two control groups, one receiving daily combinations of Bactroban and Locoid, the other Neutral base and Locoid, both continuing for one month. Approximately two-thirds had eczema, and one-third had atopic dermatitis. S.Aureus was colonised more frequently on the atopic dermatitis patients than the ordinary eczema patients, with similar colonisation (approx 80% overall) on lesional and non-lesional skin. There were no benefits to the combined steroid + topical antibiotic combination

except where the eczema or atopic dermatitis was moderate to severe.
Comment: Mixed combinations of topical steroids and cortisones raises several problems in eczema patients, sensitisation and resistance being quite common, especially around varicose areas of the legs. This study confirms no place for such mixtures in mild eczema conditions. This study would have been interesting if it had compared oral antibiotics+topical cortisone, and also leaves the question open as to whether we should be treating a colonisation count, or the underlying eczema. I would suggest the latter.

26–466 Dermoscopy in black people

de Giorgi V, Salvini C, Duquia R, et al. Br J Dermatol. October 2006. Vol.155. No.4. p.695-9.
Reviewed by Dr Shane Reti
Review: This study examined 100 suspicious pigmented lesions in dark skinned people using dermoscopy with two independent groups of dermatologists reviewing each lesion. The suggestion is that darker skinned peoples may have lesions less amenable to dermoscopy assessment. Clinically 79 were diagnosed as simple naevi, 15 seborrhoeic keratoses, four blue naevi, one dermatofibroma, and one melanoma. Both groups made statistically identical dermoscopic diagnoses.
Comment: This article really simply confirms that dermoscopy is just as suitable as an investigative tool in dark skinned and white skinned peoples.

26–467 European patient perspectives on the impact of psoriasis: the EUROPSO patient membership survey

Dubertret L, Mrowietz U, Ranki A, et al. Br J Dermatol. October 2006. Vol.155. No.4. p.729-36.
Reviewed by Dr Shane Reti
Review: A self-reported survey returned by 18 386 European patients with psoriasis, 59% self reporting severe psoriasis. Seventy-seven per cent reported their psoriasis as being a problem or a significant problem, with the main areas being clothing choice, bathing routine, and sporting activities.
Comment: A reminder that psoriasis is more often a problem rather than a nuisance, with significant involvement in daily living activities.

26–468 Characteristics of extrinsic vs. intrinsic atopic dermatitis in infancy: correlations with laboratory variables

Park J-H, Choi Y-L, Namkung W-S, et al. Br J Dermatol. October 2006. Vol.155. No.4. p.778-83.
Reviewed by Dr Shane Reti
Review: Two hundred and thirty-seven infants with clinical atopic dermatitis were assessed primarily for IgE and differentiation into ADE or ADI depending on the laboratory results (see comments below). ADI was more common than ADE and IgE increases were correlated with clinical severity.
Comment: Atopic dermatitis (AD) can be examined relative to the level of IgE, with two distinct groups. ADE = extrinsic or allergic type AD, or ADI = intrinsic non IgE, and non allergic type dermatitis. This is probably more an interesting than hugely useful laboratory investigation as management will mostly be the same regardless, although greater attention may be applied to external causes in the ADE group. I don't think there are enough overall management benefits to be routinely testing for IgE in atopic dermatitis infants.

26–469 A comparison of twice-daily calcipotriol ointment with once-daily short-contact dithranol cream therapy: A randomized controlled trial of supervised treatment of psoriasis vulgaris in a day-care setting

van de Kerkhof PC, van der Valk PG, Swinkels OQ, et al. Br J Dermatol. October 2006. Vol.155. No.4. p.800-7.
Reviewed by Dr Shane Reti
Review: One hundred and five patients with chronic plaque psoriasis received either Calcipotriol bid or Dithranol short contact daily. There was no difference between the two groups three months later.
Comment: Dithranol is not used much in New Zealand, probably because it is 'fiddly' to use with its short contact, large plaque psoriasis only, and irritation side effects. Calcipotriol is more common, but in this study has no benefit over Dithranol. In my view, if you haven't used Dithranol before, and are comfortable with Calcipotriol, stay with Calcipotriol.

26–470 Focal hyperhidrosis of the anal fold: a simple technique for diagnosis and evaluation of therapy

Bechara FG, Sand M, Sand D, et al. Br J Dermatol. October 2006. Vol.155. No.4. p.858-60.
Reviewed by Dr Shane Reti
Review: Get a life!
Comment: Still get a life!!!!

Diabetes

26–471 Diabetes and the skin: Onychomycosis

Weightman W, Phillips P. Aust Fam Physician. July 2006. Vol.35. No.7. p.499.
Reviewed by Dr Rachel Monk
Review: Single page, case-based, question and answer article discussing this relatively common problem (onychomycosis).

Diagnosis

26–472 Liquid-based not better than conventional Pap

J Fam Pract. April 2006. Vol.55. No.4. p.284.
Reviewed by Dr Bruce Adlam
Review: In this systematic review, high-quality studies failed to demonstrate that liquid-based cervical cytology is more reliable or more accurate at detecting high-grade abnormalities than conventional cytology. (LOE=2a) (Original article reviewed: Lancet 2006; 367: 122-32).
Comment: There was no significant difference in the rate of unsatisfactory smears, especially in larger studies. Overall, the rates of cytologic abnormalities were similar; in the high-quality studies, however, conventional cytology was more likely to detect high-grade cervical lesions.

If there was significant publication bias, it is more likely that this systematic review would make liquid-based cytology appear better.

Ear, Nose and Throat

26–473 Review: self report of hearing loss and the whispered voice test are useful for screening for hearing impairment

Glasziou P. Evidence-Based Medicine. August 2006. Vol.11. No.4. p.116.
Reviewed by Dr Bruce Arroll

Review: This was a systematic review of the whispered voice test, audioscope, and self report question. The commentator on this paper said: The best test here was the whispered voice test with a sensitivity of 0.98 and a specificity of 0.84. Thus there are very few false negatives but a reasonable number of false positives in the usual primary care setting. The commentator said he stands at arms length behind the patient folds the tragus inward and rubs the tragus slowly (I rub a piece of paper over the ear). He then fully exhales and whispers up to six letters and numbers with different types of sounds (e.g. b, 6, k, 2, m , 9). It is hard to do in very young children but with older children and adults I find it invaluable. (Original article reviewed: JAMA 2006; 295: 416-28).

Education

26–474 Impact of physician asthma care education on patient outcomes

Cabana MD, Slish KK, Evans D, et al. Pediatrics. June 2006. Vol.117. No.6. p.2149-57.
Reviewed by Dr Jocelyn Tracey

Review: Two interactive 2.5 hour CME sessions on the management of childhood asthma resulted in patients with less symptoms and reduced emergency department asthma visits.
Comment: Another article showing that CME does work! And is cost-effective!

Endocrinology

26–475 Type 2 diabetes: the pharmacotherapy of glycaemic control and risk factor modification

Cohen J, Colman P. Aust Fam Physician. June 2006. Vol.35. No.6. p.380-4.
Reviewed by Dr Rachel Monk

Review: Nice little discussion on the main pharmaceuticals used in the treatment of diabetes as well as the role of ACE inhibitors, aspirin and statins to modify other risk factors.

26–476 Teenagers with diabetes: management challenges

Cameron F. Aust Fam Physician. June 2006. Vol.35. No.6. p.386-90.
Reviewed by Dr Rachel Monk

Review: Control of diabetes in teenagers is unfortunately poorer than in childhood. There are a number of factors for this, which this article explores including physiological changes as well as other challenges. There is also a very brief section on therapeutic approach to this age group.
Comment: I found this article extremely interesting.

26–477 Gestational diabetes

Ross G. Aust Fam Physician. June 2006. Vol.35. No.6. p.392-6.
Reviewed by Dr Rachel Monk

Review: This is a common medical disorder of pregnancy. I imagine this article will be of particular interest to those GPs who are still doing pregnancy care, however, it is important for all GPs to realise that gestational diabetes is predictive of future diabetes.
Comment: The article looks at methods of screening (doesn't seem too much different in Australia compared to NZ) and management.

26–478 Neglected nephropathy

Yong TY, Phillips PJ, Coates PT. Aust Fam Physician. June 2006. Vol.35. No.6. p.398-402.
Reviewed by Dr Rachel Monk

Review: Some of the factors contributing to nephropathy are modifiable and this article focuses primarily on these. Essentially the aim is to treat hyperglycaemia, hypertension and dyslipidaemia and quit smoking.
Comment: I think it's essential for all GPs to know about this common complication of diabetes and what we can do to help our patients avoid or at least slow the progression to end stage renal failure.

26–479 Sick day management for patients with diabetes

Campbell LV, Alford J. Aust Fam Physician. June 2006. Vol.35. No.6. p.405-6.
Reviewed by Dr Rachel Monk

Review: It is essential that patients with diabetes know what to do when they are sick. This short case based article tries to illustrate the issues which can differ between type 1 and type 2 diabetes.

26–480 Diabetes monitoring: frequently asked questions

Phillips PJ, Phillipov G. Aust Fam Physician. June 2006. Vol.35. No.6. p.409-10.
Reviewed by Dr Rachel Monk

Review: Little discussion on monitoring.
Comment: There are a few usual tips but it really was brief.

26–481 High protein diets and diabetes

Carapetis M, Phillips PJ. Aust Fam Physician. June 2006. Vol.35. No.6. p.411-3.
Reviewed by Dr Rachel Monk

Review: This article looks at healthy eating recommendations compared to typical Australian eating patterns.
Comment: The bulk of the article, however, focuses on the 'pros' and 'cons' of high protein diets in the context of diabetes.

26–482 Complementary medicine in the management of diabetes

Hassed C. Aust Fam Physician. June 2006. Vol.35. No.6. p.417.
Reviewed by Dr Rachel Monk

Review: If you are interested in this aspect of medicine – have a read.

26–483 Foot assessment in patients with diabetes

Ogrin R, Sands A. Aust Fam Physician. June 2006. Vol.35. No.6. p.419-21.
Reviewed by Dr Rachel Monk

Review: A good article that discusses assessing feet in diabetes. How to,

how often, and what to do in low, medium and high risk patients.

Evidence-Based Medicine

26-484 Cautionary tales in the interpretation of systematic reviews of therapy trials

Scott I, Greenberg P, Poole P, et al. Intern Med J. September 2006. Vol.36. No.9. p.587-99.

Reviewed by Dr Helen Moriarty

Review: This well written article steps the reader through common pitfalls of meta-analysis and systematic reviews. Look out for inadequate literature searches, dodgy selection criteria, handling of data and outcome interpretations, dealing with heterogeneity and trial quality, publication bias and discordant results.

Comment: Avoid being misled!

Gastroenterology

26-485 A rotavirus vaccine for infants prevented rotavirus gastroenteritis with no increase in risk of intussusception

Buttery J. Evidence-Based Medicine. August 2006. Vol.11. No.4. p.113.

Reviewed by Dr Bruce Arroll

Review: This was a randomised trial of a three dose regimen at two, four and six months of age. The numbers needed to treat to prevent a hospital admission for rotavirus gastroenteritis was 92. There were no increases in adverse effects and no increase in intussusception. (Original article reviewed: N Engl J Med; 354:23-33).

Comment: The commentator on this paper said that this vaccine needs to be tried in developing countries where it is likely to be of more use. The study above was done mainly in North America. This vaccine will be available in New Zealand later this year.

26-486 Watchful waiting acceptable option for inguinal hernia

J Fam Pract. April 2006. Vol.55. No.4. p.282.

Reviewed by Dr Bruce Adlam

Review: This government-funded RCT found watchful waiting is a safe and acceptable option for men with asymptomatic or minimally symptomatic inguinal hernias. Acute complications rarely occur, and patients who delay surgery are not at an increased risk of operative or postoperative complications. (Level of evidence =1b) (Original article reviewed: JAMA 2006; 29: 285-92)

Comment: Twenty-three per cent of patients assigned to watchful waiting crossed over to receive surgical repair; 17% of those assigned to surgery crossed over to waiting.

26-487 GERD therapy minimally effective for chronic cough

J Fam Pract. April 2006. Vol.55. No.4. p.288.

Reviewed by Dr Bruce Adlam

Review: In children and adults with nonspecific cough, is treatment for gastro-oesophageal reflux effective in decreasing cough? This meta-analysis of RCTs suggests treatment may be effective in some patients, but the effect is not universal or consistent. It might be worth a try, but don't expect many patients to improve. (LOE=1a) (Original article reviewed: BMJ 2006; 332: 11-4).

Comment: Two studies of omeprazole, when combined, showed a small but significant improvement in cough scores, whereas two studies of other proton pump inhibitors failed to find an improvement. Two crossover studies, in which each patient received placebo and then active treatment, showed a significant improvement in cough scores during treatment, but the two studies only included 35 patients.

Health Services

26-488 The impact of standalone call centres and GP cooperatives on access to after hours GP care: a before and after study adjusted for secular trend

Dunt D, Day SE, Kelaher M, et al. Fam Pract. August 2006. Vol.23. No.4. p.453-60.

Reviewed by Dr Jim Vause

Review: One of two papers in this edition of Family Practice on after hours care. The study looked at the impact on consumer access of two standalone call centres and one GP cooperative. Set in Victoria, Australia, this was a pre-post study of a federal government initiative in after hours care provision. The standalone call centres were staffed by nurses using proprietary health call centre software aimed at providing accessible advice and promoting more appropriate AH service use. The study found that the GP co-operative improved accessibility while the standalone call centres did not.

Comment: A fairly predictable result that is interesting for NZ in that the criteria used for access evaluation closely resembled those used by the MOH after hours working party of last year. The land is ripe for a similar study here.

Homeopathy

26-489 Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy

Shang A, Huwiler-Muntener K, Nartey L, et al. Lancet. 27 August - 2 September 2005. Vol.366. No.9487. p.726-32.

Reviewed by Dr Mimi Irwin

Review: Homeopathy is a popular form of CAM with the general public, however, biomedical practitioners consider homeopathy to be implausible. Shang et al. set out to examine the incidence of experimental and reporting bias in both homeopathic and conventional trials. Databases were searched for studies up to 2003 and 110 placebo-controlled trials in the conventional and homeopathic literature were selected. Twenty-one (19%) of the homeopathic trials were assessed and considered of high quality compared to nine (8%) of the conventional medical trials. The analysis and comparison of the two sets of trials was then restricted to the larger trials, which were of better quality and

this left eight homeopathic studies and six conventional ones. Shang et al. reported that both homeopathic and conventional trials demonstrated bias. This led them to conclude that there was weak evidence for any specific effects of homeopathy but strong evidence for specific effects of conventional therapy. The conclusion was that any benefit that accrues from the use of homeopathy is placebo.
Comment: This paper is not transparent and has some astonishing flaws. The literature search is not complete and 62 of the homeopathic papers assessed were published before 1995 and some of the more important papers published after this date, are not included in the study. The papers chosen for closer scrutiny are not identified and are unlikely to be representative of the heterogeneous field that is published homeopathy. The *Lancet* Editorial was quick to advise doctors: *'Now doctors need to be bold and honest with their patients about homoeopathy's lack of benefit, and with themselves about the failings of modern medicine to address patients' needs for personalised care'*. This paper is an example of data dredging and adds little to the constructive debate that needs to happen around complementary medicine and its effectiveness. Further, I believe that general practitioners are experts in offering individualised and personal care to their patients. This paper is of limited interest only.

Immunology and Allergy

26–490 Timing of initial exposure to cereal grains and the risk of wheat allergy

Poole JA, Barriga K, Leung DY, et al. Pediatrics. June 2006. Vol.117. No.6. p.2175-82.
Reviewed by Dr Jocelyn Tracey
Review: This study followed 1612 children from birth, to 4.7 years, comparing age at when wheat products were first introduced into the diet with development of wheat allergy, as measured by wheat specific IgE levels. Children with autoimmune Coeliac's disease were excluded. Delay in introduction of wheat into the diet until after six months was associated with greater risk of allergy.
Comment: Science seems to be changing here – with now recommendations that solids be introduced in the fifth month for children at risk of atrophy due to family history.

26–491 Peacekeepers of the immune system

Fehervari Z, Sakaguchi S. Sci Am. October 2006. Vol.295. No.4. p.56-63.
Reviewed by Dr Ron Vautier
Review: The existence of lymphocytes that exist specifically to suppress immune activity has long been suspected but only in recent years been proven. Known as T-reg cells, they function to suppress autoimmunity, help prevent repeat infections by a returning invader, protect needed bacteria in the gut, aid in sustaining pregnancy, but also help cancer cells evade immune attack. As yet little is known about the biochemical details of how the T-regs interact with the other immune cells, but there appears to be considerable promise for novel therapies for preventing autoimmune diseases and organ transplant rejection.
Comment: I give this article a very strong recommendation as it clearly presents some fascinating findings in an area of fundamental importance to medicine.

Musculoskeletal System

26–492 Study of osteoporosis awareness, investigation and treatment of patients discharged from a tertiary public teaching hospital

Inderjeeth CA, Glennon D, Petta A. Intern Med J. September 2006. Vol.36. No.9. p.547-51.
Reviewed by Dr Helen Moriarty
Review: This was a survey of patients discharged with a fracture after hospital treatment. Three hundred and sixty-six respondents were enrolled: 23% response rate. The study relied on patient recall and self-report, but despite that it revealed that only 37% were on treatments for osteoporosis after their fracture, 34% of which were on calcium alone. Only 35% recalled having bone density tested.
Comment: The patients were female over 60 years of age, and as such were presenting with signs of osteoporosis with one or more fractures, requiring in-hospital stay. If your hospital sends a patient home without investigation and treatment, please step in where the hospital has failed!

26–493 Approach to injuries in active people

Shrier I. Can Fam Physician Med Fam Can. June 2006. Vol.52. p.727-31.
Reviewed by Dr Mike Lyons
Review: Dr Shrier has practised sports medicine for 19 years and is past president of the Canadian Academy of Sports Medicine. He issues the principles of management with six illustrative cases. He emphasises *'treat the patient, not the condition'*, and urges us not to succumb to learned helplessness with the proliferation of sports medicine clinics.
Comment: Only elite athletes or those with chronic or complicated injuries merit referral to specialist care. The rest we can manage – this article may restore confidence in the basic tenets of management.

26–494 A prospective, double-blind, randomized clinical trial comparing subacromial injection of betamethasone and xylocaine to xylocaine alone in chronic rotator cuff tendinosis

Alvarez CM, Litchfield R, Jackowski D, et al. Am J Sports Med. February 2005. Vol.33. No.2. p.255-62.
Reviewed by Dr Celeste Geertsema
Review: There is considerable controversy regarding the use of steroid injections in the treatment of any tendinopathy, but it is still a commonly used treatment modality in the shoulder. Several studies have reported variable short term results in patients with acute rotator cuff injuries, but few studies have evaluated the outcome in

chronic injuries. This is a well-designed RCT, comparing the injection of steroid with xylocaine to xylocaine alone in the treatment of chronic rotator cuff tendinosis. The results show a mild improvement in symptoms in the treatment group, compared to the controls, but this was statistically insignificant. Interestingly, there was a modest improvement in both groups, which may be due to the natural history of the condition, a placebo effect, distension of the subacromial bursa, or some other physiological effect.
Comment: Food for thought. This study contributes to the debate regarding steroid injections, but unfortunately does not resolve the issue. It will be of interest to those who frequently treat rotator cuff tendinopathy.

26-495 High-energy extracorporeal shock wave therapy as a treatment for insertional achilles tendinopathy

Furia JP. Am J Sports Med. May 2006. Vol.34. No.5. p.733-40.
Reviewed by Dr Celeste Geertsema
Review: Achilles tendinopathy is a common cause of heel pain in active people. From a functional point of view, it is helpful to classify this disorder into insertional, which occur at the bone-tendon junction, and non-insertional, which occur more proximally. Insertional Achilles tendinopathy tends to occur in more active persons and can be very difficult to treat. Conservative treatments include rest, anti-inflammatories, physical therapy, heel raises and immobilisation. Surgery is usually reserved for chronic cases and is variably successful. This study reports that extracorporeal shock wave therapy is an effective treatment for chronic insertional Achilles tendinopathy, but that the use of local field block anaesthesia may decrease the effectiveness of this procedure.

26-496 Treatment of chronic elbow tendinosis with buffered platelet-rich plasma

Mishra A. Am J Sports Med. November 2006. Vol.34. No.11. p.1774-8.
Reviewed by Dr Celeste Geertsema
Review: Chronic elbow tendinosis is a common problem encountered by general practitioners. Recent studies have indicated that the underlying pathology is not inflammatory, but rather a failure of the normal tendon repair mechanism, associated with a degenerative process. This study tests the hypothesis that using platelet rich plasma injections into the tendons will release powerful growth factors, which will stimulate tendon healing. The authors describe a process of withdrawing 55ml of blood from each subject and then preparing the concentrated plasma, using a desktop-size centrifuge, according to a standard protocol. The resultant plasma is then injected into the affected tendon, after preparing the area with local anaesthetic. Patients were followed up and evaluated with a visual analogue pain score. Significant improvements were reported, compared to controls. The authors conclude that platelet rich plasma should be considered before surgical intervention in patients with chronic elbow tendinosis.
Comment: Interesting article about an alternative form of treatment for elbow tendinosis. However, not practical for the average practitioner, due to the cost involved with the centrifuge and still experimental at this stage.

26-497 Corticosteroids reduce the tensile strength of isolated collagen fascicles

Haraldsson BT, Langberg H, Aagaard P, et al. Am J Sports Med. Epub - 10 August 2006. Vol.X. No.X.
Reviewed by Dr Celeste Geertsema
Review: Corticosteroids are frequently used in the treatment of overuse tendon injuries. However, its direct effect on the material properties of tendon is unknown. Several studies have reported tendon rupture after intra-tendinous cortisone injection, but it is not known whether the rupture was due to the corticosteroid or progression of the tendinopathy. The current study measures the tensile strength of isolated rat collagen fascicles, which had been incubated in high and low concentrations of methylprednidolone (Depo-Medrol), compared to controls (which had been incubated in normal saline). The tensile strength was markedly reduced in both groups after three and seven days. The cortisone incubation did not affect the amount of cross- linking between fibres and this proposed mechanism is therefore unlikely.
Comment: There are still several unanswered questions regarding the effect of corticosteroids in tendinopathy. It remains a very useful treatment option, but practitioners should be aware of the potential deleterious effect on the strength of affected tendons and therefore possible rupture.

Neoplasms

26-498 Malignant melanoma in renal transplant recipients

Laing ME, Moloney FJ, Comber H, et al. Br J Dermatol. October 2006. Vol.155. No.4. p.857.
Reviewed by Dr Shane Reti
Review: An examination of large UK renal transplant databases confirms an increased risk of melanoma in renal transplant patients of between six and eight times.
Comment: Not surprising this with the decreased immune status that most renal transplant patients have due primarily to the rejection medications they take. A reminder to be extra vigilant, however.

Neurology

26-499 Subarachnoid haemorrhage

Al-Shahi R, White PM, Davenport RJ, et al. BMJ. 29 July 2006. Vol.333. No.7561. p.235-40.
Reviewed by Dr Len Brake
Review: People with spontaneous subarachnoid bleeds usually present to the GP. The average GP sees less than a handful in a career and the history is the key diagnostic tool of course. The prognosis is poor, 50% die and 30% of survivors are left dependant. Early treatment can improve the out-

come. The cardinal symptom is the sudden severe headache but this has a predictive value of just 39%.
Comment: This is an excellent readable article with notes on diagnosis and treatment but the GP role is crucial in rapid assessment and urgent direction to the nearest neurosurgical unit.

Nutrition

26–500 High prevalence of vitamin D deficiency in pregnant non-Western women in the The Hague, Netherlands

van der Meer IM, Karamali NS, Boeke AJ, et al. Am J Clin Nutr. 1 August 2006. Vol.84. No.2. p.350-3.
Reviewed by Dr Charlotte Cox
Review: Vitamin D deficiency is common in dark-skinned persons living in northern countries. This study set out to ascertain the prevalence of vitamin D deficiency in pregnant women of several ethnic backgrounds who were living in The Hague, the Netherlands. Serum 25-hydroxyvitamin D was added to the 12-week antenatal blood test. From the sample of 358 women >50% of women with darker pigment were vitamin D deficient (defined as circulating 25(OH) D <25nmol/L). The differences between ethnic groups were not confounded by other determinants such as age, socioeconomic status, or parity. The authors suggest pregnant women should be screened for vitamin D deficiency.
Comment: This study defined vitamin D deficiency as circulating 25(OH) vitamin D <25nmol/L. Many investigators now define deficiency as <80nmol/L. Why should we be concerned about vitamin D deficiency during pregnancy? Because don't just think bones and rickets. The function of vitamin D is now known to extend well beyond skeletal integrity. The vitamin D receptor is ubiquitous. Vitamin D plays an important role in immune function and hence foetal 'imprinting' that may affect chronic disease susceptibility later in life as well as soon after birth. Should we increase our surveillance of vitamin D status in our 'at risk' peri-conception female patients?

26–501 The low fat paradox – do dietary carbohydrates increase circulating saturated fatty acids?

Phinney SD. Am J Clin Nutr. 1 August 2006. Vol.84. No.2. p.461.
Reviewed by Dr Charlotte Cox
Review: This is a letter to the editor and a very quick read. Will interest those who follow the low carbohydrate debate. The author Stephen Phinney MD PhD emeritus professor of Medicine is well worth doing a separate search on.

Nutritional and Metabolic Diseases

26–502 If not dieting, now what?

Kausman R. Aust Fam Physician. August 2006. Vol.35. No.8. p.572-5.
Reviewed by Dr Rachel Monk
Review: This article looks at the effect of the language we use when trying to help people lose weight. Essentially motivational interviewing but focused directly towards weight loss.
Comment: This article may well be useful in all our practices – who doesn't see overweight people who have already 'tried everything'?

26–503 Weight loss medications: Where do they fit in?

Dixon JB. Aust Fam Physician. August 2006. Vol.35. No.8. p.576-9.
Reviewed by Dr Rachel Monk
Review: The use of medication in weight loss management is always a challenge in general practice. This article briefly summarises the main drugs that are used and their effectiveness.
Comment: Well worth a read.

26–504 The science behind weight loss diets: A brief review

Clifton P. Aust Fam Physician. August 2006. Vol.35. No.8. p.580-2.
Reviewed by Dr Rachel Monk
Review: This article provides some background evidence around some of the more popular diets, which should help GPs when offering advice. There are a few risks with certain diets in some patient groups and these risks need to be discussed with patients.
Comment: Have a read so you're up to date on these issues.

26–505 Management of obesity: The role of surgery

Brown W, Dixon JB, Brien PO. Aust Fam Physician. August 2006. Vol.35. No.8. p.584-6.
Reviewed by Dr Rachel Monk
Review: Although brief, this article provides some good concise information regarding obesity surgery especially the benefits of newer approaches.
Comment: Very interesting I thought.

26–506 Cholesterol: Frequently asked questions

Phillips PJ, Phillipov G. Aust Fam Physician. August 2006. Vol.35. No.8. p.595-6.
Reviewed by Dr Rachel Monk
Review: This article looks at four common situations which can make interpreting and treating cholesterol difficult.

26–507 Complementary medicines and weight management

Cohen M. Aust Fam Physician. August 2006. Vol.35. No.8. p.605-6.
Reviewed by Dr Rachel Monk
Review: Sixth article in a complementary medicine series. This one looks at weight loss options. A couple of promising medicines but so far no good evidence base. Continually changing field with new research occurring all the time.
Comment: Watch this space.

26–508 Central regulation of energy homeostatsis intelligent design: How to build the perfect survivor

Levin BE. Obesity. August 2006. Vol.14. No.Suppl 5. p.192S-6S.
Reviewed by Dr Anne-Thea McGill
Review: Perfect survivors must be able to store as many calories as possible when food is readily available and reduce energy expenditure when food is scarce, and efficiently and accu-

rately restore lost adipose stores when food is again available. This mechanism for surviving periods of feast and famine predisposes the perfect survivor to become obese when highly palatable, energy dense foods are readily available at low energetic cost. It further assures that raised adipose stores are metabolically defended against attempts to lower them. Effective treatment of obesity will only come with a better understanding of the physiological, metabolic, and neurochemical processes that ensure this defense of an elevated body weight.
Comment: Whilst the first part of this 'question and answer' format article may be well known, the discussion on why some people 'overeat' and rarely successfully lose weight may help us be more understanding of our obese and diabetic patients. Satiety hormones are briefly reviewed but the explanations and overall message are clear and up-to-date. This article may be a wake up call to take notice of our men and women patients who have excess upper body fat, not just those with the big bellies, who may be at increased CVD risk.

Obstetrics

26–509 Perinatal depression: Assessment and management

Buist A. Aust Fam Physician. September 2006. Vol.35. No.9. p.670-3.
Reviewed by Dr Rachel Monk
Review: Postnatal depression often starts in the 3rd trimester hence the term perinatal depression. The most important key is early recognition. This article looks at the typical symptoms - mild - severe - psychosis, and possible management techniques; medication and otherwise.

26–510 The postpartum visit: Why wait six weeks?

Piejko E. Aust Fam Physician. September 2006. Vol.35. No.9. p.674-8.
Reviewed by Dr Rachel Monk
Review: Often the postpartum check of the mother is highly inadequate. This article suggests it needs to be much more detailed and structured if good health care is to be provided at this high need time. There is also suggestion that it would be better to occur earlier in the postnatal period.
Comment: Obviously not addressed in this article are the specific care / funding issues re LMCs etc. in NZ. I thought this was a great article; very detailed with some good tips.

Orthopaedics

26–511 Above- and below- elbow casts equally effective for pediatric forearm fractures

J Fam Pract. April 2006. Vol.55. No.4. p.289.
Reviewed by Dr Bruce Adlam
Review: This single blinded RCT of 102 children between the ages of four and 12 years with uncomplicated forearm fractures attending a specialty outpatient setting, showed they have comparable outcomes whether the cast extends above the elbow or below the elbow. (LOE=2b) When fractures needed reduction, this was performed under anaesthesia. Children with open fractures or Salter-Harris fractures were not eligible since these are generally treated surgically. (Original article reviewed: J Bone Joint Surg Am 2006; 88: 1-8).
Comment: Above-the-elbow casts were more likely to require reinforcement; and below-the-elbow casts were more likely to require changing due to wear or looseness.

26–512 Osteoporotic fractures and vitamin D deficiency

Wong P, Anpalahan M. Aust Fam Physician. July 2006. Vol.35. No.7. p.519-21.
Reviewed by Dr Rachel Monk
Review: Case based article illustrating the need to consider vitamin D deficiency, particularly in older people with osteoporosis. Osteomalacia in this age group is under diagnosed and should probably be screened for in all patients with low impact fractures or osteoporosis, and suspected in older patients with musculoskeletal symptoms.

Paediatrics

26–513 Behavioral outcome at three years of age in very preterm infants: the EPIPAGE study

Delobel-Ayoub M, Kaminski M, Marret S, et al. Pediatrics. June 2006. Vol.117. No.6. p.1996-2005.
Reviewed by Dr Jocelyn Tracey
Review: This French study followed up 1228 children born between 22 and 32 weeks gestation for three years, and compared their progress with term controls. A Strengths and Difficulties questionnaire was completed by parents to determine the frequency of five types of problems: hyperactivity - inattention, conduct problems, emotional symptoms, peer problems and prosocial behaviours. Preterm children had significantly more behavioural difficulties. There also was an association with level of difficulties and low maternal age, low level of maternal education, low social class and mothers living alone.
Comment: These children and their families do need extra help and support.

26–514 Development and prediction of hyperactive symptoms from two to seven years in a population-based sample

Romano E, Tremblay RE, Farhat A, et al. Pediatrics. June 2006. Vol.117. No.6. p.2101-10.
Reviewed by Dr Jocelyn Tracey
Review: Information was collected from parents, teachers and older siblings of 2946 Canadian children aged two to seven years as part of the National Longitudinal Survey. The strongest predictor tested was maternal smoking: children of mothers who smoked during pregnancy were 2.5 times more likely to have hyperactivity. Maternal depression, and hostile parenting (e.g. how often do you get annoyed with your child for...) were also important factors.
Comment: Another good reason for women not to smoke while pregnant!

26–515 Orthopedic complications of overweight in children and adolescents

Taylor ED, Theim KR, Mirch MC, et al. Pediatrics. June 2006. Vol.117. No.6. p.2167-74.
Reviewed by Dr Jocelyn Tracey
Review: This study reviewed the clinic charts of 227 overweight and 128 non overweight children for records of orthopaedic and musculoskeletal problems, examined them and asked them to complete mobility questionnaires. Overweight children had more fractures, musculoskeletal discomfort, knee pain, mobility impairment and lower extremity malalignment.
Comment: It's not just diabetes that's a problem in these children – it's also musculoskeletal difficulties!

26-516 When should a child with an undescended testis be referred to a urologist?

Kelsberg G, Bishop R, Morton J. J Fam Pract. April 2006. Vol.55. No.4. p.336-7.
Reviewed by Dr Bruce Adlam
Review: Infants with an undescended testis should be referred between ages six and 15 months, since almost all who experience spontaneous descent do so by six months (SOR: A). The incidence of germ cell aplasia in undescended testes begins to rise at 15 months (SOR: C), however, evidence is inconclusive that orchiopexy at this age results in higher rates of paternity success (SOR: B).
Comment: Orchiopexy may allow earlier detection of testicular tumors (SOR: C), but it has not been shown to reduce the risk of testicular cancer or improve five-year survival rates for those patients diagnosed with testicular cancer (SOR: B).

26-517 The crying baby

Hiscock H. Aust Fam Physician. September 2006. Vol.35. No.9. p.680-4.
Reviewed by Dr Rachel Monk
Review: 'All babies cry.' For some this crying is persistent (about 20%) which is what is discussed in this article. Discussion includes organic and non organic causes as well as some management techniques for the common causes of crying.

Pharmacology

26-518 Which medications can be split without compromising efficacy and safety?

Noviasky J, Lo V, Luft DD. J Fam Pract. August 2006. Vol.55. No.8. p.707-8.
Reviewed by Dr Jim Vause
Review: This paper looks at the evidence on the clinical effects of pill splitting. They found one RCT on splitting lisinopril which showed no adverse impacts on blood pressure control, a retrospective cohort comparison on simvastatin where splitting made no difference to LDL or ALT levels, a third with statins showing no change and finally a cross over study of various statins where splitting saw some improvement in drug effect. The effect in the latter study was attributed to higher medication dosage from accidental ingestion of whole tablets and to diet and lifestyle modifications. They also identified studies of splitting devices and the impact of splitting on drug strength, with tablet shape being a significant factor. Perhaps the most useful part of the paper is the advice contained in a table on criteria to use when advising patients to split tablets, but do note that the comment at the top of the table is misleading.
Comment: If the tablet isn't scored, or is slow release, crumbles when split, is dose critical or film coated then don't split. What then of that favourite to split, sildenafil?

Prescribing

26-519 Five ways you can reduce inappropriate prescribing in the elderly: A systematic review

Garcia RM. J Fam Pract. April 2006. Vol.55. No.4. p.305-12.
Reviewed by Dr Bruce Adlam
Review: Practice recommendations: (1) Obtain pharmacist recommendations to reduce inappropriate prescribing and adverse drug events (B); (2) In the inpatient setting, use computerised alerts to reduce serious medication errors and help prevent adverse drug events (B) (Reduces errors by 55%); (3) Review a patient's medications to reduce polypharmacy and inappropriate prescribing (A); (4) Educate patients to improve compliance with medications, reduce polypharmacy, reduce inappropriate prescribing, and decrease adverse events (A); (5). Consider using the Beers criteria (US based expert consensus panel) for avoiding inappropriate drugs in the elderly. There are no more details regarding this in this article but the references are Arch Intern Med 2003;163: 2716-724 (http://archinte.ama- assn.org/cgi/content/full/163/22/2716), Arch Intern Med 1991;151: 1825-32 and Arch Intern Med 1997;157: 1531-6.
Comment: In the US about one third of elderly persons hospitalised end up there because of adverse drug events. The authors also recommend a review of OTC preparations. Quite a good review which may be of interest to PHO based CME

Preventive Medicine and Screening

26-520 Screening for colorectal cancer by faecal occult blood test: why people choose to refuse

Worthley DL, Cole SR, Esterman A, et al. Intern Med J. September 2006. Vol.36. No.9. p.607-10.
Reviewed by Dr Helen Moriarty
Review: Non-participants in a bowel screening study were followed up to address reasons for non screening, in an attempt to understand barriers. 1214 of 1818 persons invited to join in the screening programme trial had not participated and it was a group of these who were contacted for survey. Four hundred and seventy-nine responses were analysed. The questionnaire had two multiple choice questions, one yes-no, and two open ended style questions.
Comment: Somewhat against the topic and article heading, the reasons and barriers were multiple choice, not open ended. There was no qualitative exploration or focus group to address underlying reasons for refusal. Refusers did want their GP to promote the screening, rather than an unknown research team.

Psychiatry and Psychology

26–521 Belonephobia: A fear of needles

Yim L. Aust Fam Physician. August 2006. Vol.35. No.8. p.623-4.
Reviewed by Dr Rachel Monk

Review: Belonephobia affects up to 10% of the population but is often not recognised. This article focuses on management with a three-step approach in order to help overcome the problem.

Respiratory System

26–522 Utility of signs and symptoms of chronic cough in predicting specific cause in children

Marchant JM, Masters IB, Taylor SM, et al. Thorax. August 2006. Vol.61. No.8. p.694-8.
Reviewed by Dr Jim Vause

Review: Australian hospital researchers related, in 100 children admitted with three weeks of cough, the type of cough to a final diagnosis. All children were investigated intensively to identify possible pathology. They found that a parental description of a cough as 'wet' or 'dry' was a useful indicator of likely pathology with a history of daily moist cough having a positive predictive value of 75%.

Comment: A study with some quite complex findings. Even though the setting was a tertiary hospital and the children had at least a three week history of cough, the findings are of significant interest for GPs, but this is the sort of study you have to read thoroughly.

Sexually Transmitted Diseases

26–523 HIV seroconversion illness: Latest HIV assays may still be negative

Shields M. Aust Fam Physician. July 2006. Vol.35. No.7. p.523-5.
Reviewed by Dr Rachel Monk

Review: This case-based article illustrates the need for repeat HIV testing when there is a high suspicion of HIV even with an initial negative test performed with the newest assay.

Comment: There is also a good reminder re the classical seroconversion illness symptoms and best management.

Sports and Sports Medicine

26–524 New guidelines for concussion management: Based on the second International Conference on Concussion in Sport

Carson J, Tator C, Johnston K, et al. Can Fam Physician Med Fam Can. June 2006. Vol.52. p.756-7.
Reviewed by Dr Mike Lyons

Review: A revision of the Vienna consensus recommendations published in April 2005 on concussion in sport. The new definition abandons grading and using loss of consciousness as the principle measure of injury severity. Simple concussion resolves in ten days and can be managed by GPs using the included table to guide a return to sport. Complex concussion is defined and requires specialist management.

Comment: Helpful two page reminder and update.

26–525 A prospective, randomized clinical investigation of the treatment of first-time ankle sprains

Beynnon BD, Renstrom PA, Haugh L, et al. Am J Sports Med. September 2006. Vol.34. No.9. p.1401-12.
Reviewed by Dr Celeste Geertsema

Review: Ankle ligament injuries are the most common injuries in sports and physical activity. The literature, current opinion and practice patterns all support functional treatment, rather than surgical repair of ankle ligament injuries of all grades. However, the best type of functional treatment has not been established. This RCT compares different types of external support used with functional treatment of first time ankle sprains. The conclusions reached are that the use of an Air-Stirrup brace combined with an elastic wrap in grade I and II injuries allowed a significantly quicker return to normal activity, compared with either bracing or elastic wrap alone. For grade III injuries, there was no difference between treatment in a brace for 10 days and treatment in a walking cast for 10 days, followed by elastic wrap. Unfortunately, there was no treatment group using the brace combined with elastic wrap in the grade III injury group. This weakness is discussed in the article and was due to the smaller number of patients with grade III injury. Adding a third treatment group would have diluted the numbers and led to statistically insignificant results. The six month outcome for all grades of injury was the same in each group, irrespective of type of treatment used.

Comment: A well designed study suggesting that grade I and II first time ankle ligament injuries should be treated with Air-Stirrup brace combined with elastic wrap, to ensure earlier return to normal function. The same may well be the case for grade III injuries, but this was not tested in this study. No potential conflict of interest was declared, but the study was supported by Aircast Inc.

26–526 Infectious disease outbreaks in competitive sports: A review of the literature

Turbeville SD, Cowan LD, Greenfield RA, et al. Am J Sports Med. November 2006. Vol.34. No.11. p.1860-5.
Reviewed by Dr Celeste Geertsema

Review: This literature review evaluates outbreaks of infectious diseases amongst competitive athletes from 1966 until 2005. Fifty nine outbreaks have been reported, mostly affecting footballers, wrestlers and rugby players. The most commonly implicated organisms were herpes simplex virus and staphylococcus aureus, with several recent reports of MRSA outbreaks. Skin to skin contact seemed to be the most likely mode of transmission, but blood borne transmission of Hepatitis has also been reported, as well as airborne, vector transmissions and contamination of sporting equipment or common sources, such as drinking water or whirlpools. The

authors briefly touch on possible preventative measures and refer to published guidelines for removal and return to sport of affected athletes.
Comment: Worthwhile read for those who are involved with sporting teams, but does not contain enough information to use as a guideline for prevention and treatment of outbreaks.

Surgery

26–527 Cosmetic and reconstructive breast surgery

Lam T, Brennan M, French J. Aust Fam Physician. June 2006. Vol.35. No.6. p.423-8.
Reviewed by Dr Rachel Monk
Review: This is the 15th article in a series on breast disease. This is a very informative article which will allow GPs to give their patients good information when the patient is considering either breast reduction or enlargement.
Comment: There is also a nice section on reconstruction after surgery for breast cancer and surgery for other less common conditions (e.g. gynaecomastia in men).

26–528 Plastic surgery made easy: Simple techniques for closing skin defects and improving cosmetic results

Wu T. Aust Fam Physician. July 2006. Vol.35. No.7. p.492-6.
Reviewed by Dr Rachel Monk
Review: Great little article including details on how long to leave sutures, best type of sutures, skin taping, direction of incision in elective cases and some information on flaps for those who are more adventurous.
Comment: If you enjoy minor surgery or just want good results from traumatic wounds then have a read of this article. I found it really helpful.

Therapeutics

26–529 Toward better pain control

Basbaum AI, Julius D. Sci Am. June 2006. Vol.294. No.6. p.50-7.
Reviewed by Dr Ron Vautier
Review: Several receptor targets and ion channels in the membranes of neurons in the periphery, dorsal horn, and more centrally are identified, and substances that can inhibit these relatively selectively are avidly sought after. Other approaches include destroying certain ion channels, certain neurons, and looking at behavioural, non-drug therapies.
Comment: This article provides an excellent summary of current understanding of the anatomy and biochemistry of the pain experience, as well as indicating what new developments are likely to enter clinical practice before long.

Urology

26–530 When are empiric antibiotics appropriate for urinary tract infection symptoms?

De Alleaume L, Tweed EM. J Fam Pract. April 2006. Vol.55. No.4. p.338, 41-2.
Reviewed by Dr Bruce Adlam
Review: Healthy, nonpregnant women presenting with the triad of frequency, dysuria, and no vaginal symptoms have about a 96% chance of having a urinary tract infection (UTI) (positive likelihood ratio [LR+]=24.6). Since no urinalysis result would substantially change the high likelihood of disease for these patients, empiric therapy is appropriate (strength of recommendation [SOR]: B).
Comment: No studies have apparently specifically addressed the diagnostic value of UTI symptoms reported by phone, however, no increase in pyelonephritis or other adverse events has been seen with telephone treatment protocols. The article includes a table of contraindications for empiric antibiotic use.

Vaccination and Vaccines

26–531 HPV vaccine prevents CIN

J Fam Pract. April 2005. Vol.55. No.4. p.285.
Reviewed by Dr Bruce Adlam
Review: This industry-funded RCT of 2400 women, over four years, found that in young women who have not been previously infected with human papillomavirus-16 (HPV16), vaccination prevents HPV16-related cervical intra-epithelial neoplasia (CIN). (LOE=1b) Among those women there were 32 cases of HPV-related CIN identified during the study, all the cases were in the placebo group (0.0% vs 1.1%; 100% efficacy; 95% confidence interval, 88-100). (Original article reviewed: Obstet Gynecol 2006; 107: 18-27).
Comment: It will be interesting to see the results of independent studies of HPV vaccine.

Wound Management

26–532 Wound repair in children

O'Sullivan R, Oakley E, Starr M. Aust Fam Physician. July 2006. Vol.35. No.7. p.476-9.
Reviewed by Dr Rachel Monk
Review: Wounds are common in children. This article focuses on how to manage them in children.
Comment: Some of the tips, obviously, are also useful to remember for adults but more essential when dealing with children. I found this article really helpful.

26–533 Leg ulcers: causes and management

Dean S. Aust Fam Physician. July 2006. Vol.35. No.7. p.480-4.
Reviewed by Dr Rachel Monk
Review: This article, written by a nurse consultant in wound management, offers good information about assessing and managing leg ulcers.
Comment: Importantly, don't forget to look at the whole patient not just the ulcer. It is also important to determine whether there is arterial insufficiency or not as this influences management.

26–534 Which dressing should I use? It all depends on the 'TIMEING'

Carville K. Aust Fam Physician. July 2006. Vol.35. No.7. p.486-9.
Reviewed by Dr Rachel Monk

Review: I'm often at a loss as to the best type of dressing to use with different wounds as this is often an area left up to the nursing staff. This article gives clear examples of what type of dressing is best in different situations with a nice little acronym to help with assessing the wound.
Comment: Don't forget to record assessment clearly so the next person can assess whether there has been improvement or deterioration.

26–535 Can sutures get wet? Prospective randomised controlled trial of wound management in general practice

Heal C, Buettner P, Raasch B, et al. BMJ. 6 May 2006. Vol.332. No.7459. p.1053-6.
Reviewed by Dr Andrea Steinberg

Review: Guidelines for wound management recommend that sutures be kept dry and covered for 24 to 48 hours after primary repair to reduce the risk of infection. Because there have been few studies on this issue, Heal and colleagues conducted a RCT of 'dry' wound management compared with 'wet' wound management among 870 patients treated for minor skin wounds in four Australian general practices. Patients in the dry group followed conventional practice, keeping the wound covered with a dry dressing for 48 hours. Patients in the wet group were asked to remove the dressing within 12 hours and then to bathe as normal until sutures were removed. Follow-up was completed on 857 (98.5 percent) of enrolled patients. Of these, clinical infection was documented in 74 (8.6 percent) patients. For patients in the wet group, the infection rate was 8.4 percent, compared with 8.9 percent in the control group. The authors conclude that allowing sutures to remain uncovered and get wet following minor surgery does not increase the rate of wound infection.
Comment: This is why we need RCTs – to answer questions that have not been asked before!

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