



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

Acupunct Med*
Age Ageing*
Am Fam Physician*
BMJ*
Can Fam Physician*
Clin Rehabil*
CMAJ*
Drug Alcohol Rev*
Drug Ther Bull*
Emerg Med Australas*
Intern Med J*
JAMA*
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Med J Aust*
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Sci Am*

*Journals indexed in Medline

of patients in the acupuncture group did not require postoperative analgesia compared with 19% in the control group. The numbers of patients who experienced nausea, vomiting and somnolence postoperatively were similar between the acupuncture group and the control group.

Comment: In my personal experience, simple ear acupressure beads applied to shenmen, occiput, liver and the corresponding operation site on the ear provided good relief from postoperative pain, nausea and vomiting. See also commentary 27-430.

27-430 Auricular acupuncture for analgesia after arthroscopy

Buckley N. CMAJ. 16 January 2007. Vol.176. No.2. p.193-4.

Reviewed by Dr Alex Chan

Review: See 27-429.

Acupuncture

27-429 Auricular acupuncture for pain relief after ambulatory knee surgery: a randomized trial

Usichenko TI, Kuchling S, Witstruck T, et al. CMAJ. 16 January 2007. Vol.176. No.2. p.179-83.

Reviewed by Dr Alex Chan

Review: On the day prior to surgery, 120 patients undergoing arthroscopic knee surgery were randomly allocated to fixed indwelling needle acupuncture on the ipsilateral ear at specific ear acupoints (shenmen, knee and lung) or non-acupoints on the helix. The ibuprofen requirement for achieving a target pain intensity of less than 40mm on the VAS-100 in the postoperative period to the follow-up examination on the next day was recorded. Significantly more ibuprofen was consumed by patients in the control group compared with the acupuncture group. Thirty-eight per cent

27-431 Effects of acupuncture and sham acupuncture in addition to physiotherapy in patients undergoing bilateral total knee arthroplasty – a randomized controlled trial

Tsang RC, Tsang P-L, Ko C-Y, et al. Clin Rehabil. August 2007. Vol.21. No.8. p.719-28.

Reviewed by Dr Alex Chan

Review: In this study, patients undergoing a standard postoperative physiotherapy programme after bilateral total knee arthroplasty were randomised to receive additional acupuncture or sham acupuncture. In the acupuncture group, needles were inserted properly into ST-32, ST-33, ST36, GB-31, GB-34, & GB-35 and manipulated every five minutes. In the sham acupuncture group, needles were inserted superficially and without manipulation into sites 2cm from the acupoints used in the real acupuncture group. When assessed at postoperative day 15, there was no significant difference in over-

all averages of mean pain scores, analgesic consumption and the timed up-and-go test between the two groups.

Comment: The authors avoided using ST-35, Xiyan, ST-34 and SP-10 because of potential risk of introducing infection into the knee joints. The prescription of acupoints used here would not be considered ideal by a number of acupuncturists because of the absence of SP-9 and distal acupoints. Its lack of effects might not be surprising to them.

27-432 Acupuncture for persistent allergic rhinitis: a randomised, sham-controlled trial

Xue CC, An X, Cheung TP, et al. *Med J Aust*. 17 September 2007. Vol.187. No.6. p.337-41. Reviewed by Dr Alex Chan

Review: Eighty patients with persistent allergic rhinitis were randomised into real acupuncture (using key acupoints LI-20, Yingtang, and GB-20 plus one supplementary acupoint from LI-4, ST-36 or CV-6) and sham acupuncture (using superficial needling at sites 1–1.5cm from the acupoints used for real acupuncture) groups and treated twice weekly for eight weeks. At the end of the treatment it was found that real acupuncture provided significantly more reduction in rhinorrhoea and Total Nasal Symptom Score (from rhinorrhoea, nasal obstruction, sneezing and nasal itch) than sham acupuncture. Follow-up at Week 20 showed persistent significant reduction of Total Nasal Symptom Score but also significant reduction in all individual symptom scores.

Comment: The study confirms the usual impression that acupuncture does benefit allergic rhinitis. The authors were

careful to check that there was no significant difference between the two groups in the skin-prick allergen tests prior to treatment. Thus the delayed effect was unlikely to be the result of seasonal changes in allergens.

27-433 Sham acupuncture devices – practical advice for researchers

McManus CA, Schnyer RN, Kong J, et al. *Acupunct Med*. 2007. Vol.25. No.1-2. p.36-40. Reviewed by Dr Alex Chan

Review: In this trial, the authors found that 71% of participants receiving sham acupuncture using this device thought they had active treatment as against 81% of those receiving genuine acupuncture. Practical advice on the Strietberger sham acupuncture device (manufactured by Asiamed) in randomised controlled acupuncture trials was detailed in this paper.

Comment: The device apparently could cause a sensation of skin penetration when the blunt tip of the steel shaft is pressed against the skin. Obviously the sensation means conduction of neurological signal from the skin contact area to the brain, all be it transiently. Perhaps, to reduce the placebo effects further, the device should not be used over actual acupuncture points?

Adolescent Health

27-434 Young people with chronic illness: the approach to transition

Kennedy A, Sloman F, Douglass JA, et al. *Intern Med J*. August 2007. Vol.37. No.8. p.555-60. Reviewed by Dr Helen Moriarty

Review: A clinical discussion paper in which one author (FS) visited hospi-

tal-based clinicians caring for young people with chronic illness and sought their views on the issues. This project arose from a planning exercise for a hospital transition programme for patients moving from paediatric specialist care to adult specialties.

Comment: Since GPs provide continuity of care at this time of life, some of the hospital issues may not be shared by primary services. An exception exists where the young person changes GP to have their own doctor vs family GP. Do we know how often this occurs? Are we adequately aware of the transition issues that apply for young people with chronic illness in this instance?

Alcohol Drinking

27-435 Moderate alcohol consumption in older adults is associated with better cognition and well-being than abstinence

Lang I, Wallace RB, Huppert FA, et al. *Age Ageing*. May 2007. Vol.36. No.3. p.256-61. Reviewed by Fiona Corbin

Review: There is evidence suggesting a U-shaped association between alcohol intake and physical health outcomes in older people; i.e. in older people moderate alcohol consumption has been shown to result in better physical health outcomes than either abstinence or heavy drinking. The study described in this paper attempts to assess the relationship between alcohol consumption and cognitive health in middle-aged and older people. The authors define three domains of cognitive health; cognitive function, subjective well-being and pres-

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ence of depressive symptoms, and respective measures thereof, and analyse data from the first (2002) wave of the English Longitudinal Study of Aging, a sample drawn from responses to the Health Survey for England (HSE) conducted in 1998, 1999 and 2001. The results suggest a similar U-shaped association between alcohol intake and cognitive health as defined in both men and women.

Comment: Technical issues with the paper include some uncertainty about validity of results as the outcomes measurement process is not well described in the methods section. Familiarity with the Health Survey for England methods might enhance perceived rigour of this study. This is a relatively accessible and interesting paper that provides clinicians with information to help address common patient queries relating to the effects of alcohol consumption on various dimensions of health in older people.

27-436 Fluid skills: drinking games and alcohol consumption among Australian university students

Polizzotto MN, Saw MM, Tjhung I, et al. *Drug Alcohol Rev.* September 2007. Vol.26. No.5. p.469-75.

Reviewed by Dr Helen Moriarty

Review: The students were aged 18-25 from Western Australia. Methods included cross-sectional survey by interviews and self-completion questionnaire. Participation in drinking games is common, occur in the context of binge drinking, but often are influenced by peer pressure and motivated by boredom or social unease. Interest in the topic was high with 357 of 376 (95%) student questionnaires returned. Findings are consistent with Europe and US. The paper advocates for harm reduction education messages.

Cardiovascular System

27-437 Stable angina – who needs revascularisation?

Drug Ther Bull. February 2007. Vol.45. No.2. p.12-6.

Reviewed by Fiona Corbin

Review: Potential benefits and risks of coronary revascularisation procedures are reviewed and the need for appropriate patient selection is highlighted. There is a comprehensive review of the various non-invasive investigations useful for identifying those patients for whom revascularisation by either coronary artery bypass grafting (CABG) or percutaneous coronary interventions (PCI) is appropriate.

Comment: This article collates performance of the various tests described in terms of sensitivity and specificity and relates test results to prognosis. This could be a useful reference for GPs informing patients who undergo these procedures.

27-438 Which statin, what dose?

Drug Ther Bull. May 2007. Vol.45. No.5. p.33-7.

Reviewed by Fiona Corbin

Review: This article compares the relative merits of five statins available for prescription in the UK. Aspects reviewed include; dose comparisons, unwanted effects, contraindications and precautions, cost-effectiveness and a section on switching drugs.

Comment: It is a rare and beautiful thing to see reviews of randomised trials comparing the effectiveness of different doses of different drugs within the same therapeutic class. In comparison to the UK, New Zealand prescribers have restricted access to the range of statins reviewed in this article. In saying this, generic simvastatin is currently the most cost-effective statin and should be regarded as the first-line option for most patients according to the conclusions drawn in this review. Atorvastatin and pravastatin are available alternatives. This is a really useful reference paper for primary care clinicians in New Zealand.

27-439 Fasting compared with nonfasting triglycerides and risk of cardiovascular events in women

Bansal S, Buring JE, Rifai N, et al. *JAMA.* 18 July 2007. Vol.298. No.3. p.309-16.

Reviewed by Dr Raina Elley

Review: Post-prandial serum triglycerides (e.g. 2hrs after eating) were more predictive of a CVD event than fasting

triglycerides, according to this cohort study of 26 509 women with a median duration follow-up of 11.4 years.

Comment: As triglycerides are the main component that varies, fasting compared with post-prandially (and may no longer be essential for estimating LDL), post-prandial lipids may be more informative and useful for predicting CVD risk than fasting lipids in the future. See also 27-440 and 27-441.

27-440 Nonfasting triglycerides and risk of myocardial infarction, ischemic heart disease, and death in men and women

Nordestgaard BG, Benn M, Schnohr P, et al. *JAMA.* 18 July 2007. Vol.298. No.3. p.299-308.

Reviewed by Dr Raina Elley

Review: See 27-439 and 27-441.

27-441 Triglycerides and risk for coronary heart disease

McBride PE. *JAMA.* 18 July 2007. Vol.298. No.3. p.336-8.

Reviewed by Dr Raina Elley

Review: See 27-439 and 27-440.

Cerebrovascular System

27-442 Randomised trial of a computer-generated tailored written education package for patients following stroke

Hoffmann, T McKenna K, Worrall L, et al. *Age Ageing.* May 2007. Vol.36. No.3. p.280-6.

Reviewed by Fiona Corbin

Review: In this study the researchers compared the effectiveness of computer-generated tailored written information with generic written information about stroke. The study was carried out in an acute stroke unit in an Australian hospital. The researchers had previously developed the 'What you need to know about stroke' system designed to provide computer-generated tailored information to stroke patients. The tailoring features of the system are; patients can identify which topics they would like to receive information on from a selection of 34 topics, the amount of information (detailed or shortened) and the font size of the text. This was compared with generic writ-

ten information that was a series of three stroke fact sheets produced by the Stroke Association of Queensland. Patients in the intervention group were significantly more satisfied with the content and presentation of the tailored information and significantly fewer desired additional information about stroke compared to the control group patients. Anxiety change scores improved slightly more in favour of the control group compared with the intervention group although the authors noted that the clinical significance of this is uncertain.

Comment: While not conducted in a general practice setting, this study explores aspects of providing information to patients that are probably generic across health care settings. Some key points noted are; that patient choice is associated with increased satisfaction, when providing written information font size is an important consideration, and provision of more detailed information led to less reduction in anxiety levels from baseline to follow-up.

27-443 Clinical determinants of long-term quality of life after stroke

Patel MD, McKeivitt C, Lawrence E, et al. *Age Ageing*. May 2007. Vol.36. No.3. p.316-22.

Reviewed by Fiona Corbin

Review: This paper describes a longitudinal observational study to determine factors that independently predicted Health Related Quality of Life, at one and three years post stroke using the South London Stroke Register. Interestingly, results of this study showed that younger subjects reported worse mental health following stroke than older subjects, a finding contrary to that found in other studies cited. The authors postulate this may be due to younger subjects being less able to cope psychosocially with the stroke compared with older subjects, or they may have higher expectations of health.

Comment: An interesting paper. However, the statistical manipulations again made it less accessible than others in this issue of *Age and Ageing*.

Communicable Diseases, Infections and Parasites

27-444 Does dimeticone clear head lice?

Drug Ther Bull. July 2007. Vol.45. No.7. p.52-5.

Reviewed by Fiona Corbin

Review: This article describes a new product licensed in the UK for treatment of head lice. The product contains dimeticone (dimethicone) 4% in a silicone solvent which, unlike other head lice treatments, has a physical mode of action as opposed to a chemical one. Because of this it is considered unlikely that lice can become resistant to dimeticone, a problem that has been described with chemical insecticides.

Comment: Although the product that is the subject of this article is not available in New Zealand, the article itself could still be of interest to GPs in that it reviews clinical performance of standard treatment options and medical devices that are available here.

Communication

27-445 From emergency department to general practitioner: evaluating emergency department communication and service to general practitioners

Lane N, Bragg MJ. *Emerg Med Australas*.

August 2007. Vol.19. No.4. p.346-52.

Reviewed by Dr Patrick McHugh

Review: A postal survey of GPs in Sydney as to their perception of communication and service received from the ED of a tertiary hospital. Half of GPs surveyed supported the current system of patient delivered discharge letters and of those who did not the majority preferred faxed discharges. There was little support for email communication perhaps due to a lack of technology infrastructure.

Comment: GPs reported problems with discharge letters not being received, deficiencies in the discharge information and substantial difficulties in accessing outstanding investigation results.

Dermatology

27-446 Treating impetigo in primary care

Drug Ther Bull. January 2007. Vol.45. No.1. p.2-4.

Reviewed by Fiona Corbin

Review: The authors discuss management of patients with impetigo. The article reviews clinical features, diagnosis and microbiology. Treatment aims to heal the lesions and prevent spread to others and is usually with empirical antibacterial therapy. Clinical trial evidence of treatment relates primarily to patients with localised primary, crusted impetigo. In relation to topical antibiotics mupirocin and fusidic acid have been shown to be equally effective in treating impetigo and superior to placebo. There is a reported lack of evidence on the efficacy of oral antibacterials in the treatment of impetigo. According to this article, in UK general practice, around half of the people with impetigo are treated with topical fusidic acid. However, bacterial resistance to this antibacterial drug is increasing. Authorities in the UK recommend topical mupirocin be reserved for treating impetigo only when MRSA is the cause.

Comment: This is a concise and useful review of the topic. A dearth of readily available data makes evidence-based treatment of impetigo challenging.

Diabetes

27-447 Impact of self monitoring of blood glucose in the management of patients with non-insulin treated diabetes: open parallel group randomised trial

Farmer A, Wade A, Goyder E, et al. *BMJ*. 21 July 2007. Vol.335. No.7611. p.132-9.

Reviewed by Dr Len Brake

Review: This is a solid trial, 453 patients over 48 general practices for three years. I will not be the only GP to have noted that the regular testing and recording of blood sugars and meters with 'memories' etc. do not coincide with patients having better disease control.

Comment: An excellent study with the conclusion: it is NOT necessary to recommend self-monitoring of blood glucose in 'reasonably well controlled' patients with type 2 diabetes. The cost, effort and time involved in the pastime may be better directed to supporting other health related activities.

Emergency Medicine

27-448 Frova intubating catheter position can be determined with aspirating oesophageal detection device

Kadry T, Harvey M, Wallace M et al. *Emerg Med Australas.* June 2007. Vol.19. No.3. p.203-6.

Reviewed by Dr Patrick McHugh

Review: A study to assess whether aspiration through a Frova intubating catheter – a 65cm hollow bored intubating catheter with similar dimensions to a gum elastic bougie – could determine correct placement of the intubating catheter. Eighteen patients undergoing elective surgery had the Frova catheter alternately placed in the trachea or oesophagus following induction of anaesthesia. An oesophageal detection device (>30ml air aspirated indicating tracheal intubation and <30ml indicating oesophageal intubation) reliably predicted tracheal and oesophageal placement in all 18 patients with assessment completed within 15 seconds.

Comment: Yet to be explored outside the operating theatre setting.

27-449 Do family members interfere in the delivery of care when present during invasive paediatric procedures in the emergency department?

Ryan G, Treston G. *Emerg Med Australas.* June 2007. Vol.19. No.3. p.234-40.

Reviewed by Dr Patrick McHugh

Review: A prospective study of 652 patients to determine whether family members interfere with patient care when present when invasive procedures were performed on their children in the ED. When family members are encouraged to stay for invasive procedures performed on their child, and careful explanation

of the procedure, sedation, possible complications, choice of medication for sedation and possible side-effects is undertaken, family member interference is extremely rare.

27-450 Why patients attend emergency departments for conditions potentially appropriate for primary care: reasons given by patients and clinicians differ

Masso M, Bezzina AJ, Siminski P, et al. *Emerg Med Australas.* August 2007. Vol.19. No.4. p.333-40.

Reviewed by Dr Patrick McHugh

Review: A survey of staff and patients in several EDs in NSW to compare reasons for potential primary care attendances to the ED. Clinicians in the survey identify a broader spectrum of reasons for potential primary care cases presenting to the ED than the patients themselves report. The main reasons identified by both doctors and nurses were similar and quite different to those identified by patients.

Comment: Clinicians were more likely to emphasise cost and access issues rather than acuity and complexity issues.

27-451 Accuracy of triage nurses in predicting patient disposition

Holdgate A, Morris J, Fry M, et al. *Emerg Med Australas.* August 2007. Vol.19. No.4. p.341-5.

Reviewed by Dr Patrick McHugh

Review: A prospective study that found that triage nurses could accurately predict disposition of patients attending ED in 75% of patients being more accurate at predicting discharge (83.3%) than admission (65.1%).

Comment: Accuracy varied with subgroups of patients but overall was felt to support the notion of triage nurses appropriately identifying patients suitable for 'fast track' or streaming.

Gastroenterology

27-452 Sequential regimens for *Helicobacter pylori* eradication

Moayyedi P. *Lancet.* 22-28 September 2007. Vol.370. No.9592. p.1010-2.

Reviewed by Dr Tony Hanne

Review: The efficacy of triple therapy for H pylori used to be over 90% but of late it has been slowly slipping to less than 80% presumably because of resistance to Clarithromycin. The original group of Italian researchers have now demonstrated a much better response to sequential treatment with amoxicillin and omeprazole for five days followed by a triple therapy which includes metronidazole instead of amoxicillin for a further five days.

Comment: We may have to wait for the drug companies and then Pharmac to catch up with these findings but this is worth bearing in mind for those for whom current H pylori treatment fails.

27-453 Adult coeliac disease

Hopper AD, Hadjivassiliou M, Butt S, et al. *BMJ.* 15 September 2007. Vol.335. No.7619. p.558-62.

Reviewed by Dr Len Brake

Review: Twenty years ago there were three people in New Zealand with coeliac disease. By the early nineties the numbers diagnosed as having coeliac disease was starting to explode and I remember writing a review report in 1995 saying how good it was that this formerly rare disease was now being assessed and studied. Now, there is a whole row of coeliac food-stuffs in the Greenlane Foodtown – it had become almost a 'fashionable' syndrome. Not unlike Chlamydia two decades ago when no one had it and now everybody has it. This clinical review is a good read as you would expect, and does begin with the observation that one of the reasons for the increase in numbers is the inclusion of more subtle 'intolerance' as well as the less common malabsorption syndrome. There is also the issue of increased diagnosis with better technology.

Comment: Of note; not all patients experience weight loss or gastrointestinal symptoms. It is the right thing to do to start a gluten free diet before any biopsies etc. Also, there seems to be a large group of people with a potential to develop coeliac disease.

Geriatrics

27-454 A randomised controlled trial of Tai Chi and resistance exercise on bone health, muscle strength and balance in community-living elderly people

Woo J, Hong A, Lau E, et al. *Age Ageing*. May 2007. Vol.36. No.3. p.262-8.

Reviewed by Fiona Corbin

Review: Exercise is an important intervention in the maintenance of bone health, muscle strength and balance, thereby reducing the risk of falls and fractures in the elderly. However, elderly people may be unable to participate in exercise of a sufficiently intense or strenuous nature to accrue health benefits. This paper describes a randomised controlled trial comparing the effectiveness of Tai Chi and resistance exercises for improving Bone Mineral Density (BMD), strength, balance and flexibility in community-dwelling elderly people. The 180 study subjects were recruited from community centres in Hong Kong and ranged in age from 65–74 years. Compliance with the study exercise interventions over the 12 month study period was high. However, observed beneficial effects on musculoskeletal health were modest with no effect observed in men. The authors also note that with advancing age the most important effect of exercise programmes may be in relation to promoting social support and interaction rather than for the health effects per se.

Comment: Interestingly, no study participant had a Body Mass Index (BMI) greater than 29kg/m². I'm sure this statistic would not be seen in a similar cohort of New Zealand community dwelling elderly. This is technically rigorous research and a well-written paper; however, relevance in the New Zealand general practice environment is limited due to the study setting and the relatively modest outcomes.

27-455 Home-based medication review in a high risk elderly population in primary care – the POLYMED randomised controlled trial

Lenaghan E, Holland R, Brooks A. *Age Ageing*. May 2007. Vol.36. No.3. p.292-7.

Reviewed by Fiona Corbin

Review: This paper describes a randomised controlled trial in at-risk elderly (>80 years old) people to assess the impact of home-based medication reviews on hospital admission rates. Secondary outcomes assessed were mortality, quality of life, and number of medication items prescribed. The study participants were community-dwelling patients of a rural, nine doctor general practice in England. The trial did not demonstrate any difference between control and intervention on any of the main outcome measures with the exception of prescribing rate. There was a significant reduction in the mean number of items prescribed in the intervention group.

Comment: This is an interesting study and a well-written paper. Generalisability of the findings may be restricted due to the specific setting and the fact that the intervention was carried out by a single experienced review pharmacist. In addition, the trial was under-powered so confidence in the observed outcomes is reduced, although the authors point out that the finding of no effect on hospital admissions is not out of step with similar UK studies.

27-456 Level of dependency: a simple marker associated with mortality during the 2003 heatwave among French dependent elderly people living in the community or in institutions

Belmin J-C, Auffray J, Berbezier C, et al. *Age Ageing*. May 2007. Vol.36. No.3. p.298-303.

Reviewed by Fiona Corbin

Review: This is a retrospective cohort analysis of deaths that occurred in the Paris area during the heatwave in August 2003. As indicated by the title of the paper the objective was to identify possible markers of risk for mortality during this heatwave. The analysis identifies that during the 2003 heatwave, dependency level was a significant and independent (of age, sex, marital status, type of residence and region) marker for mortality of elderly

French subjects. Also that there is a dose-response relationship i.e. the relative risk for mortality increased with the level of dependency.

Comment: As a relative statistics novice I find the statistical gymnastics undertaken to test the hypothesis in this kind of analysis take on an almost magical mien. The results, however, do make intuitive sense.

27-457 Self-rated health in the unwell elderly presenting to the emergency department

Wong DD, Wong RP, Caplan GA. *Emerg Med Australas*. June 2007. Vol.19. No.3. p.196-202.

Reviewed by Dr Patrick McHugh

Review: The ability of the self-rated health (SRH) question – ‘*In general, would you say your health is excellent, very good, good, fair or poor?*’ – was assessed for its ability to predict functional decline and mortality when put to 741 attendees 75 years or older to the ED. After controlling for confounders an SRH of fair/poor was associated with a hazard ratio of 3.1 (95% CI 1.3 – 7.2) for predicting mortality and also increased rate in functional decline as measured by scores on activities of daily living.

Comment: SRH was thought to be a simple and valuable tool to assess the elderly in the ED and to identify high risk patients who would benefit from comprehensive geriatric assessment aimed at delaying adverse outcomes.

Gynaecology

27-458 Polycystic ovary syndrome validated questionnaire for use in diagnosis

Pedersen SD, Brar S, Faris P, et al. *Can Fam Physician*. June 2007. Vol.53. p.1042-47.

Reviewed by Dr Mike Lyons

Review: Constructed questionnaire that yielded both sensitivity and specificity of 85% in diagnosing patients with PCOS. The four simple questions relate to events between the ages of 16 and 40 years – length of menstrual cycle, tendency to grow coarse dark hair, being overweight and a milky discharge from a nipple (excluding

pregnancy and childbirth). The first three are pointers to the diagnosis, the latter against the diagnosis.

Comment: May be handy.

Men's Health

27-459 Tolterodine and Tamsulosin for treatment of men with lower urinary tract symptoms and overactive bladder – a randomized controlled trial

Kaplan SA, Roehrborn CG, Rovner ES, et al. JAMA. 15 November 2006. Vol.296. No.19. p.2319-28.

Reviewed by Dr Raina Elley

Review: An anti-muscarinic agent Tolterodine (e.g. detrusitol) plus an alpha-blocker Tamsulosin (e.g. Flomax) work more effectively together than as single agents in overactive bladder or benign prostatic hypertrophy compared with placebo, according to an RCT reported in an issue of JAMA that has several good articles on Men's health (see 27-459 through to 27-464 for related articles).

Comment: This is useful to know, although the benefits were quite small and the trial was only for 12 weeks, so long-term potential adverse effects of combination therapy could not be evaluated.

27-460 PSA screening among elderly men with limited life expectancies

Walter LC, Bertenthal D, Lindquist K, et al. JAMA. 15 November 2006. Vol.296. No.19. p.2336-42.

Reviewed by Dr Raina Elley

Review: PSA screening in asymptomatic men over 70 years of age, especially those with limited life expectancies, may produce more harm than benefit. This cohort study of 597 642 elderly men in the US found that 56% had had a PSA performed. There was also no reduction in the percentage offered PSA in those with the worst health compared with those with the best health.

Comment: The authors conclude that more attention needs to be paid to age and prognosis of the recipient before offering PSA screening. They suggest

that PSA screening rates should be much lower in elderly men with limited life expectancy, given the harms associated with screening and subsequent treatment that may not provide benefit. The accompanying editorial makes further comment about this. (See 27-461 and 27-459 through to 27-464 for related articles)

27-461 PSA testing – public policy or private penchant?

Albertsen PC. JAMA. 15 November 2006. Vol.296. No.19. p.2371-3.

Reviewed by Dr Raina Elley

Review: It is important to weigh potential benefit against potential harm in any screening programme. Lifetime risk of prostate cancer is 16% but lifetime risk of prostate cancer death is only 3.4%. The rate of detecting insignificant disease is high and the potential harm associated with the resultant tests (e.g. rectal US and biopsy) and treatments (radical surgery, radiotherapy, hormonal therapy etc.) is also high. There are two long-term RCTs of prostate screening to reduce prostate mortality, both on-going for 12 years so far, with no benefit yet shown for those screened with PSA. Natural history studies suggest men between the age of 50 and 70 with life expectancy of more than 10 years are those most likely to benefit from PSA screening.

Comment: This editorial sets out many of the issues involved in whether to screen PSA or not, as well as presenting the current prevalence, adverse effects and evidence around this controversial issue. (See 27-459 through to 27-464 for related articles)

27-462 Adjuvant radiotherapy for pathologically advanced prostate cancer – a randomized clinical trial

Thompson IM, Tangen, CM, Paradelo J, et al. JAMA. 15 November 2006. Vol.296. No.19. p.2329-35.

Reviewed by Dr Raina Elley

Review: Adjuvant radiotherapy after radical prostatectomy reduces PSA relapse and disease recurrence compared with radical prostatectomy alone in men with pathologically ad-

vanced prostate cancer, according to this multi-centre RCT of 425 men followed for a median of 10.6 years. However, they were not able to show an improvement in metastasis-free survival or overall survival and there were complications associated with the radiotherapy.

Comment: Apparently pathologically advanced disease is detected in 38–52% of patients at radical prostatectomy for prostate cancer. (See 27-459 through to 27-464 for related articles)

27-463 Midlife risk factors and healthy survival in men

Wilcox BJ, He Q, Chen R, et al. JAMA. 15 November 2007. Vol.296. No.19. p.2343-50.

Reviewed by Dr Raina Elley

Review: Survival of men from midlife to old age, or to 'exceptional' old age (i.e. to 85 years without chronic major disease like stroke or CHD), was associated with high grip strength and avoidance of overweight, hyperglycaemia, hypertension, smoking, and excessive alcohol consumption during middle age. High educational attainment and no raised triglycerides were also predictive of 'exceptional survival'. Men who did not have a 'marital partner' were more likely to die before age 85 years. These were the findings of a cohort study that followed 5820 Japanese American middle-aged men for up to 40 years (1965–2005).

Comment: These findings reiterate the importance of lifestyle factors and are particularly important as our population becomes older and when we would rather survive to old age without chronic conditions. (See 27-459 through to 27-464 for related articles)

27-464 Improving men's health – evidence and opportunity

Fontanarosa PB, Cole HM. JAMA. 15 November 2006. Vol.296. No.19. p.2373-4.

Reviewed by Dr Raina Elley

Review: See 27-459 through to 27-464 for related articles.

Comment: This is an interesting editorial on Men's health summing up some of the findings of the articles reviewed above.

Musculoskeletal System

27-465 Treatment of lateral epicondylitis

Johnson GW, Cadwallader K, Scheffel SB, et al. *Am Fam Physician*. 15 September 2007. Vol.76. No.6. p.843-8.

Reviewed by Dr Andrea Steinberg

Review: This review discusses the treatment options available and the evidence for each. Relatively few high-quality clinical trials support many of these treatment options. Topical non-steroidal anti-inflammatory drugs, corticosteroid injections, ultrasonography, and iontophoresis with non-steroidal anti-inflammatory drugs appear to provide short-term benefits. Use of a tennis elbow brace may improve function during daily activities. Progressive resistance exercises may confer modest intermediate-term results. Evidence is mixed on oral non-steroidal anti-inflammatory drugs, mobilisation, and acupuncture. Patients with refractory symptoms may benefit from surgical intervention. Extracorporeal shock wave therapy, laser treatment, and electromagnetic field therapy do not appear to be effective.

Comment: With the evidence available – watchful waiting with avoidance of the aggravating activity is a reasonable option. One RCT found that at one year a watchful-waiting approach was comparable with physical therapy and superior to corticosteroid injection in alleviating a patient's main complaint. (Patient Information Sheet attached). See editorial 27-466.

27-466 Current understanding of tendinopathies and treatment options

Jaworski CA. *Am Fam Physician*. 15 September 2007. Vol.76. No.6. p.743-4.

Reviewed by Dr Andrea Steinberg

Review: See 27-465.

Neurology

27-467 Sumatriptan-Naproxen for acute treatment of migraine – a randomized trial

Brandes JL, Kudrow D, Stark SR, et al. *JAMA*. 4 April 2007. Vol.297. No.13. p.1443-54.

Reviewed by Dr Raina Elley

Review: A fixed dose tablet containing 85mg Sumatriptan (Imigran) and 500mg Naproxen was more effective than placebo or either medication alone, in reducing migraine symptoms at two hours and sustained at 24 hours, according to two RCTs. The tablet was also reasonably 'well tolerated'; although double the rate of adverse events was reported compared with placebo.

27-468 Bell's palsy: diagnosis and management

Tiemstra JD, Khatkhate N. *Am Fam Physician*. 1 October 2007. Vol.76. No.7. p.997-1002.

Reviewed by Dr Andrea Steinberg

Review: This review discusses Bell's palsy, characterised by inflammation of the facial nerve at the geniculate ganglion, leading to unilateral facial paralysis developing over one to three days with forehead involvement and no other neurologic abnormalities. Patients may be unable to close the affected eye and require artificial lubrication. Symptoms typically peak in the first week and then gradually resolve over three weeks to three months. It is traditionally considered to be idiopathic; however, one possible aetiology is infection with herpes simplex virus type 1 with the recent findings of elevated HSV-1 titers in affected patients. Viral DNA has not, however, been isolated from biopsy specimens. The review discusses the high rate of spontaneous recovery. (Copenhagen Facial Nerve Study of 2 570 persons with untreated facial nerve palsy – function returned within three weeks in 85% of patients, with 71% of these patients recovering full function). Oral corticosteroids have traditionally been prescribed to reduce facial nerve inflammation, usually prednisone in a 10-day tapering course starting at 60mg per day. A 2004 Cochrane review and meta-analysis comparing corticosteroids with placebo found small and statistically non-significant reductions in the percentage of patients with incomplete recovery after six

months. Acyclovir has been added to this regime – although a 2004 Cochrane review found insufficient evidence to support the use of antivirals alone, two recent placebo-controlled trials demonstrated full recovery in a higher percentage of patients treated with an antiviral drug in combination with corticosteroids than with corticosteroids alone, only if given within four days of onset of symptoms. Surgical decompression is no longer recommended – due to the significant potential for harm and the paucity of data supporting benefit.

Comment: Basic overview, common primary care problem with usually good outcome. Atypical presentations – always consider other serious causes. (Patient Information Sheet attached)

Nutrition

27-469 Eating made simple: how do you cope with a mountain of conflicting diet advice?

Nestle M. *Sci Am*. September 2007. Vol.297. No.3. p.34-43.

Reviewed by Dr Ron Vautier

Review: There is a mass of conflicting nutritional advice on offer, with not a lot of valid scientific evidence as to what exactly does best serve human health. Beware of vested interests. There is really nothing new to what seems to be the best advice:- apart from 'do not overeat, and exercise more', people who wish to remain well for as long possible should consume mostly fruits, vegetables and whole grains, and avoid junk foods.

Comment: The author is a professor of nutrition and sociology, and appears to be well qualified to review several of the controversies that exist in this fraught field.

27-470 Can fat be fit?

Raeburn P. *Sci Am*. September 2007. Vol.297. No.3. p.44-5.

Reviewed by Dr Ron Vautier

Review: A few studies analysing mortality data came to the conclusion that mildly overweight adults had a lower risk of dying than those at so-called

healthy weights. Critics maintain that such conclusions are invalid because the studies use inappropriate comparison groups, i.e. the lean group is likely to include smokers and people with chronic illnesses.

Comment: The scientific consensus is still that obesity is unhealthy/risky.

27-471 What fuels fat

Flier JS, Maratos-Flier E. *Sci Am*. September 2007. Vol.297. No.3. p.46-55.

Reviewed by Dr Ron Vautier

Review: There exist complex mechanisms by which appetite is controlled (or not!) and excess energy intake stored as fat. This article reviews some of the recently acquired knowledge about what receptors, and neural and chemical signals are involved, and how they interact. New pharmacological means of treating obesity may ensue.

Comment: When we read that fat cells secrete up to a dozen hormones involved in this we begin to appreciate the difficulties of approaching a fuller understanding. Despite this I recommend the article as being of great interest, importance, and reasonably comprehensible.

Ophthalmology

27-472 Ocular emergencies

Pokhrel PK, Loftus SA. *Am Fam Physician*. 15 September 2007. Vol.76. No.6. p.829-36. Reviewed by Dr Andrea Steinberg

Review: Refresher in clinical presentation of commoner ocular emergencies – penetrating globe injury, retinal detachment, central retinal artery occlusion, acute angle-closure glaucoma, and chemical burns. These should be referred immediately as an emergency to an ophthalmologist. This review focuses in detail on the clinical presentation of these emergencies, as timely diagnosis is critical in preservation of vision. Ocular injury from high-velocity trauma or from chemicals may be easily misdiagnosed.

Comment: Although primary care management is mainly diagnosis of the emergency and immediate transfer to an ophthalmologist, after a chemical

burn, thorough eye washing as soon as possible (for at least 30 minutes or until the pH of the eye is within physiologic range) is critical to prevent further damage. Use of an eye shield is also required in patients with a ruptured globe to protect the injured eye and preserve the patient's vision.

Orthopaedics

27-473 Use of calcium or calcium in combination with vitamin D supplementation to prevent fractures and bone loss in people aged 50 years and older: a meta-analysis

Tang BM, Eslick GD, Nowson C, et al. *Lancet*. 25-31 August 2007. Vol.370. No.9588. p.657-66.

Reviewed by Dr Tony Hanne

Review: This meta-analysis demonstrated a clear benefit from calcium supplementation above 1200mg daily in preventing osteoporotic fractures, particularly where compliance was high as in rest homes in which medicines were administered by nurses. It was not clear whether the addition of vitamin D was a further advantage but it was suggested if it is to be used it should be at least in a dose of 800U daily. Neither could it be shown that calcium was as helpful in men as in post-menopausal women. See also 27-474.

Comment: Traditional teaching was that calcium was not important in older people because the problem of osteoporosis was one of loss of bone cells. In more recent years HRT, now discredited, and then the bisphosphonates have had the limelight. This study puts calcium back as an important part of the strategy for keeping ageing bones strong.

27-474 Calcium and vitamin D for osteoporotic fracture risk

Reginster J-Y. *Lancet*. 25-31 August 2007. Vol.370. No.9588. p.632-4.

Reviewed by Dr Tony Hanne

Review: See 27-473.

27-475 Do all fractures need full immobilisation?

Glasziou P. *BMJ*. 22 September 2007. Vol.335. No.7620. p.612-3.

Reviewed by Dr Len Brake

Review: As we speak there are 643 people going about their business in New Zealand with an annoying pain in the elbow they injured recently. These people have what radiologists term a 'possible fracture of the radial head'. Apart from the odd swear word these unknowing victims are mobilising their elbow as best they can. Soon the pain will disappear and all will be forgotten. Will they end up deformed and disfigured? – No, they will not. The prescribed treatment for radial head fractures encompasses immobilisation and rest. This paper challenges the 'RICE' formula and suggests 'MICE' may be more apt in many injuries – mobilisation rather than rest and, while on the subject, the 'C' part is also able to cause more harm than good.

Comment: Prof. Glasziou is a professor of evidence-based medicine with an interesting frame of mind. Probably the most useful report I have read in the *BMJ* in the past six months.

27-476 Early computerized tomography accurately determines the presence or absence of scaphoid and other fractures

Cruickshank J, Meakin A, Breadmore R, et al. *Emerg Med Australas*. June 2007. Vol.19. No.3. p.223-8.

Reviewed by Dr Patrick McHugh

Review: Forty-seven patients with clinically suspected scaphoid fracture – anatomical snuff box tenderness, mechanism of injury consistent with scaphoid fracture and normal initial x-ray – received a CT scan post-immobilisation in scaphoid POP same or next working day. CT scan was compared with clinical examination and plain films 10 days post injury with MRI in patients with persistent tenderness but normal x-rays. Early CT had a 96.8% negative PV, 100% positive PV, 94.4% sensitivity and 100% specificity.

Comment: Early CT scan shows promise in the early diagnosis of scaphoid and other fractures of the wrist and carpals.

Paediatrics

27-477 Prediction tool for bacteraemia in children aged 3–36 months

Stathakis T, Acworth JP, Barnett AG. *Emerg Med Australas*. August 2007. Vol.19. No.4. p.353–8.

Reviewed by Dr Patrick McHugh

Review: A retrospective review of 1488 children (febrile, full blood count and blood cultures) found that neutrophil count is the strongest predictor of bacteraemia in febrile children aged three to 36 months. Variables examined were age, sex, temperature at presentation, white cell count, neutrophil count and blood culture result.

the common cold, sore throat, acute otitis media, acute infective conjunctivitis, acute bronchitis and acute sinusitis. As expected, educational strategies addressing this issue appear to work better when they are multi-faceted and target clinicians as well as patients.

Comment: Examples of the approaches reviewed in this article have been widely implemented and evaluated in the New Zealand environment.

Primary Health Care

27-480 Tackling therapeutic inertia: role of treatment data in quality indicators

Guthrie B, Inkster M, Fahey T. *BMJ*. 15 September 2007. Vol.335. No.7619. p.542–4.

Reviewed by Dr Len Brake

Review: 'Near enough' is not going to be good enough not only because the patient gets sub-optimal treatment but also because the GP will not get paid. Increasingly as population-based funding consolidates, primary care funding will be tied to certain levels of BP, cholesterol etc. In a recent Scottish trial, treatment was not intensified in nearly half of consultations in which the patients had a BP reading above the specified level. Failure to respond to abnormal measurements is a major barrier to good control of cardiovascular risk factors. **Comment:** This is a must-read as it directly relates to primary care funding in the very near future.

may be linked to depression. Cross-national studies show that the considerably variable rate of depression between countries is strongly correlated with fish intake in the national diet. The article reviews available randomised controlled trial evidence of the efficacy of omega-3 fatty acids in the treatment of people with depression. The trials are all notably short, none lasting longer than four months. Unwanted effects and precautions are also considered.

Comment: Increased patient awareness and consequent enquiries to GPs may result from heightened media coverage of this issue. This is a useful review to assist clinicians in addressing such enquiries.

Pharmacology

27-478 Understanding monoclonal antibodies

Drug Ther Bull. July 2007. Vol.45. No.7. p.55–6.

Reviewed by Fiona Corbin

Review: This is a brief, easy-to-follow, article describing the key principles underlying the production, use and naming of monoclonal antibodies.

Comment: Monoclonal antibodies are an expanding class of agents with a wide variety of applications. This article provides a succinct and accessible introduction to these drugs.

27-482 Most people with mental illness are not treated

Thornicroft G. *Lancet*. 8–14 September 2007. Vol.370. No.9590. p.807–8.

Reviewed by Dr Tony Hanne

Review: This is a comment on an article (see 27-483) in the same issue reporting the WHO world mental health survey of need, use and adequacy of mental health services in 17 countries including New Zealand. The results are alarming. Not surprisingly richer countries do better, but not much better. Around 30% of most populations suffer some mental illness each year but even in developed countries two-thirds receive no treatment. Even those treated are usually not well followed up. Most treatment in most countries is in general practice but a substantial proportion are treated by alternative therapies. Perversely 10% are treated for mental illness they do not have!

Comment: The middle-aged are better cared for than the young or the old. Married men are the least likely group to be treated – perhaps because they are the most contented? Altogether the picture is a sad one reflecting the lack of political will to provide for a large segment of sick people worldwide. This in turn probably reflects the continuing stigma or blame still attached to mental illness. As GPs, change in attitude and commitment can start with us.

Prescribing

27-479 Avoiding antibacterial overuse in primary care

Drug Ther Bull. April 2007. Vol.45. No.4. p.25–8.

Reviewed by Fiona Corbin

Review: Reducing excessive and inappropriate use of antibacterials is key to addressing the global problem of increasing bacterial resistance. This article reviews strategies in primary care that can help stakeholders achieve this goal. Conditions often seen in primary care in which antibacterial treatment is of limited or no value are highlighted and include

Psychiatry and Psychology

27-481 Do omega-3 fatty acids help in depression?

Drug Ther Bull. February 2007. Vol.45. No.2. p.9–12.

Reviewed by Fiona Corbin

Review: This review highlights and analyses the increasing body of literature examining whether omega-3 fatty acids play a role in behavioural and mood disorders, and in particular depression. Epidemiological studies suggest that omega-3 fatty acids

27-483 Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys

Wang PS, Aguilar-Gaxiola S, Alonso J, et al. *Lancet*. 8-14 September 2007. Vol.370. No.9590. p.841-50.

Reviewed by Dr Tony Hanne

Review: See 27-482.

27-484 Telephone screening, outreach, and care management for depressed workers and impact on clinical and work productivity outcomes – a randomized controlled trial

Wang PS, Simon GE, Avorn J, et al. *JAMA*. 26 September 2007. Vol.298. No.12. p.1401-11.

Reviewed by Dr Raina Elley

Review: A telephone outreach, care management (of in-person treatment and adherence) and psychotherapy programme offered to those identified as having depression during workplace screening, was found to reduce depressive symptoms and improve work performance at six and 12 months in an RCT of 604 employees. **Comment:** A systematic approach to the management of many chronic conditions has great potential. The use of information technology and media, such as automated or personalised telephone outreach programmes, electronic auditing of medical records, texting, and internet or email, adds to that potential. (See editorial 27-485.)

27-485 Reducing the burden of depression: building villages for coordinated care

Wells KB, Miranda J. *JAMA*. 26 September 2007. Vol.298. No.12. p.1451-2.

Reviewed by Dr Raina Elley

Review: See 27-486.

Reproduction

27-486 Management of infertility

Balen AD, Rutherford AJ. *BMJ*. 22 September 2007. Vol.335. No.7620. p.608-11.

Reviewed by Dr Len Brake

Review: About 9% of couples are involuntarily childless and male infertil-

ity is on the increase. For women up to 25yrs the conception rate is 85% in a year. This rate is halved at age 35yrs. The statistics are similar for men. This is a top clinical review with NICE guidelines summarised along with appropriate investigations.

Comment: A helpful article which I used to update our clinic's protocol on infertility.

Research Design and Methodology

27-487 A case study of publication bias in an influential series of reviews of drug education

McCambridge J. *Drug Alcohol Rev*.

September 2007. Vol.26. No.5. p.463-8.

Reviewed by Dr Helen Moriarty

Review: Publication bias had been defined as tendency for investigators to submit manuscripts and editors to accept them based on strength and direction of findings. In this instance the author examines the impact of one early drug education paper that was cited 310 times in 21 years, with increasing frequency in subsequent years, and has significantly influenced education policy worldwide. Three Cochrane reviews appeared to confirm the findings, but all have had methodological issues: review authors with conflicts of interest; variable outcomes based on poorly described outcome measurements and assessment methods; lack of statistical adjustment for confounding; sampling bias and attrition; important intervention details missing. Since 2002 a change in school drug education funding in the US has forced a critical appraisal and reappraisal of the 'evidence'. A fourth and final meta-analysis using rigorous criteria has produced negative findings. The earlier positive findings were from poorly designed small and retrospective studies with limited applicability.

Comment: This paper raises the unnerving spectre that what happened here could just as easily apply to any other topic in the health and education literature (or other sciences for

that matter). Wise use of critical appraisal skills is very important.

Respiratory System

27-488 Pre-school viral wheeze in primary care

Drug Ther Bull. March 2007. Vol.45. No.3. p.17-20.

Reviewed by Fiona Corbin

Review: This article reviews diagnosis, assessment, treatment options and preventative strategies on pre-school children with viral wheeze.

Comment: As is typical of the *Drugs and Therapeutics Bulletins* this article is a comprehensive yet concise summary of the published data relating to this topic. There is a useful section on 'advice for parents' that would assist clinicians to manage parents' expectations about drug therapy in this condition.

27-489 Beyond the lungs – a new view of COPD

Editorial. *Lancet*. 1-7 September 2007.

Vol.370. No.9589. p.713.

Reviewed by Dr Tony Hanne

Review: COPD is the main theme in this issue of the *Lancet* with three research articles, several comments and a very challenging Viewpoint (see 27-490 through to 27-495 for related articles). The multiplicity of factors of which smoking is the most important, but not the only factor, are discussed. Nor is it only a disease of later life, because 5-10% of non-smoking young adults already show signs of COPD. Poor airway function soon after birth is a predictor of COPD. The huge incidence of COPD among passive smokers in China and the financial barriers to confronting the problem in that society are explored. A new concept of chronic systemic inflammatory syndrome (CSIS), is proposed which would recognise that COPD is usually part of a wider condition which includes cardiovascular and metabolic disease.

Comment: We sometimes become too narrow in our focus on a disease in

isolation, and ignore the consequences of the pathology in other systems. This is one of the dangers of specialist-led disciplines. General practice recognises much better that we must not lose sight of the whole patient. COPD, or better CSIS, is a good example.

27-490 International variation in the prevalence of COPD (The BOLD study): a population-based prevalence study

Buist AS, McBurnie MA, Vollmer WM, et al. *Lancet*. 1-7 September 2007. Vol.370. No.9589. p.741-59.

Reviewed by Dr Tony Hanne

Review: See 27-489 for the reviewer's comments and see 27-490 to 27-495 for related articles.

27-491 Passive smoking exposure and risk of COPD among adults in China: the Guangzhou Biobank Cohort study

Yin P, Jiang CQ, Cheng KK, et al. *Lancet*. 1-7 September 2007. Vol.370. No.9589. p.751-7.

Reviewed by Dr Tony Hanne

Review: See 27-489 for the reviewer's comments and see 27-490 to 27-495 for related articles.

27-492 Poor airway function in early infancy and lung function by age 22 years: a non-selective longitudinal cohort study

Stern DA, Morgan WJ, Wright AL, et al. *Lancet*. 1-7 September 2007. Vol.370. No.9589. p.758-64.

Reviewed by Dr Tony Hanne

Review: See 27-489 for the reviewer's comments and see 27-490 to 27-495 for related articles.

27-493 Global burden of COPD: risk factors, prevalence, and future trends

Mannino DM, Buist AS. *Lancet*. 1-7 September 2007. Vol.370. No.9589. p.765-73.

Reviewed by Dr Tony Hanne

Review: See 27-489 for the reviewer's comments and see 27-490 to 27-495 for related articles.

27-494 What have we learned from large drug treatment trials in COPD?

Calverley PM, Rennard SI. *Lancet*. 1-7 September 2007. Vol.370. No.9589. p.774-85.

Reviewed by Dr Tony Hanne

Review: See 27-489 for the reviewer's comments and see 27-490 to 27-495 for related articles.

27-495 COPD exacerbations: defining their cause and prevention

Wedzicha JA, Seemungal TA. *Lancet*. 1-7 September 2007. Vol.370. No.9589. p.786-96.

Reviewed by Dr Tony Hanne

Review: See 27-489 for the reviewer's comments and see 27-490 to 27-495 for related articles.

27-496 Diagnosis of asthma in children

Townshend J, Hails S, McKean M. *BMJ*. 28 July 2007. Vol.335. No.7612. p.198-202.

Reviewed by Dr Len Brake

Review: I was quite sad to see the diagnosis 'wheezy bronchitis' become discredited. It had more going for it than labelling all wheezing children with the millstone label of 'asthma'. Many children with 'episodic viral wheezing' grow out of this tendency at 5-6yrs and never wheeze again. Others go on wheezing and may actually have asthma. This is a superb clinical review including causes of chronic cough in childhood, examination, value of investigations etc and a guide to history taking.

Comment: In summary the preschooler wheezing child is more commonly an episodic viral wheezer and primary school children are more likely to have atopic asthma.

27-497 Review of management of primary spontaneous pneumothorax: is the best evidence clearer 15 years on?

Kelly A-M. *Emerg Med Australas*. August 2007. Vol.19. No.4. p.303-8.

Reviewed by Dr Patrick McHugh

Review: A useful review article of primary spontaneous pneumothorax examining such issues as quantification of pneumothorax size, and management options: conservative for small PSP, simple aspiration, intercostal chest catheters and pleural catheter options.

Rheumatology

27-498 Gout: an update

Eggebeen AT. *Am Fam Physician*. 15 September 2007. Vol.76. No.6. p.801-8.

Reviewed by Dr Andrea Steinberg

Review: This update presents a comprehensive discussion of this common problem. Diagnosis is made either by presence of urate crystals in synovial fluid, tophi, or six of a list of clinical criteria defined by the American College of Rheumatology. Podagra (first metatarsophalangeal joint involvement) is 96% sensitive and 97% specific and hyperuricaemia is 92% sensitive and 91% specific for the diagnosis of gout and if both are present, empirical treatment may be commenced without obtaining a synovial fluid aspirate. Drug therapies are comprehensively discussed, including the nephrotoxicity of colchicine and allopurinol and dose reduction needed for both in renal impairment. Options for the future include pegylated uricase enzymes which are currently undergoing trials.

Comment: It is interesting to see that the classic presentation of podagra is so highly specific and sensitive for diagnosis. Treatment has not changed much over the last decade or two, except we are more aware of the potential toxicity of colchicine and consequently use much lower doses. (Patient Information Sheet attached)

Smoking

27-499 Maternal smoking – A contributor to the obesity epidemic?

Chen H, Morris MJ. *Obes Res Clin Prac*. October 2007. Vol.1. No.3. p.155-63.

Reviewed by Dr Anne-Thea McGill

Review: Smoking is a predisposing factor for abdominal obesity, glucose intolerance and insulin resistance. During pregnancy smoking has an adverse effect on maternal metabolism and significantly negatively influences fetal development, intra-uterine growth and birth weight. Evidence

from animal and human studies suggests that intrauterine smoke exposure may alter peripheral and central mediators involved in the regulation of appetite and energy metabolism. Thus, maternal smoking is associated with increased risks of disorders in eating behaviour, reduced physical activity, both childhood and adulthood obesity, increased risks of hypertension and nicotine addiction in the offspring. The detrimental effects of maternal smoking on offspring were reduced in former smokers, and cessation during pregnancy is desirable to improve short and long-term health outcomes in offspring.

Comment: This review is an overdue reminder of, and update on, the linkage of two of the current most pressing 'lifestyle' or 'stress' diseases. The authors review evidence of irreversible damage programmed into in-utero babies of smoking mothers, inflicting them with life long increased risks of metabolic syndrome diseases in an already obesogenic environment. Can society, and the caring professions, ease the maternal burden of care for the unborn by better obstetric care?

Urology

27-500 Update on drugs for overactive bladder syndrome

Drug Ther Bull. June 2007. Vol.45. No.6. p.44-8.

Reviewed by Fiona Corbin

Review: This paper reviews drug therapy for overactive bladder syndrome. Several new agents and new formulations of older agents have recently become available for use in the UK. There is a review of the clinical evidence for tolterodine, including a comparison with immediate release oxybutynin (two agents available for use in New Zealand).

Comment: According to this review, the anticholinergic agents available in New Zealand for the adjunctive management of patients with urge urinary incontinence and overactive bladder syndrome are those with the best evidence of effectiveness.

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