Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed In this Issue

Am Fam Physician*
Ann Intern Med*
Aust Fam Physician*
Evidence-Based Medicine*
Homeopathy*
Intern Med J*
J Fam Pract*
J Tradit Chin Med*
Physician and Sportsmedicine*
Postgrad Med*
Prim Care*
Sci Am*
* Journals indexed in Medline

Acupuncture

23-001 Cupping therapy for 103 cases of high fever due to infection of the upper respiratory tract.

Liu, Y. J Tradit Chin Med. June 2002. Vol.22. No.2. p.124-5.
Reviewed by Dr Joan Campbell

Review: One hundred and three patients with upper respiratory tract infection and high fever (>39°C) were treated with one cupping session. Specific points were chosen on lung, bladder and governor vessel channels. The results showed that 30% normalised their temperatures for more than 14 hours, while 66% dropped to under 38°C and this was maintained for 14 hours (96% total effective rate).

Comment: Acute upper respiratory tract infection associated with fever (>38.5°C) responds well to cupping. For many years the reviewer has used a sliding cup technique on the Back Shu points of the Bladder Channel bilaterally (to produce significant erythema on the skin) to disperse wind and cold, followed by needling appropriate to the syndrome diagnosed. One treatment is usually sufficient for a successful resolution of the fever and symptoms. Patients are impressed with the outcome.

23-002 New approaches to acupoints: Examples of clinical application of Fengchi.

Chen Y, Zhang T, Zheng K. J Tradit Chin Med. June 2002. Vol.22. No.2. p.128-31.
Reviewed by Dr Joan Campbell

Review: Fengchi (GB 20) is a point on the Gallbladder Channel of Foot-Shaoyang. It is a point used to disperse the Chinese concept of pathogenic wind, and is widely used for the treatment of cerebrovascular diseases, five sense organ disorders, headaches and exogenous syndromes. Proper needling techniques, combinations and uses with secondary points and comments on usage are described.

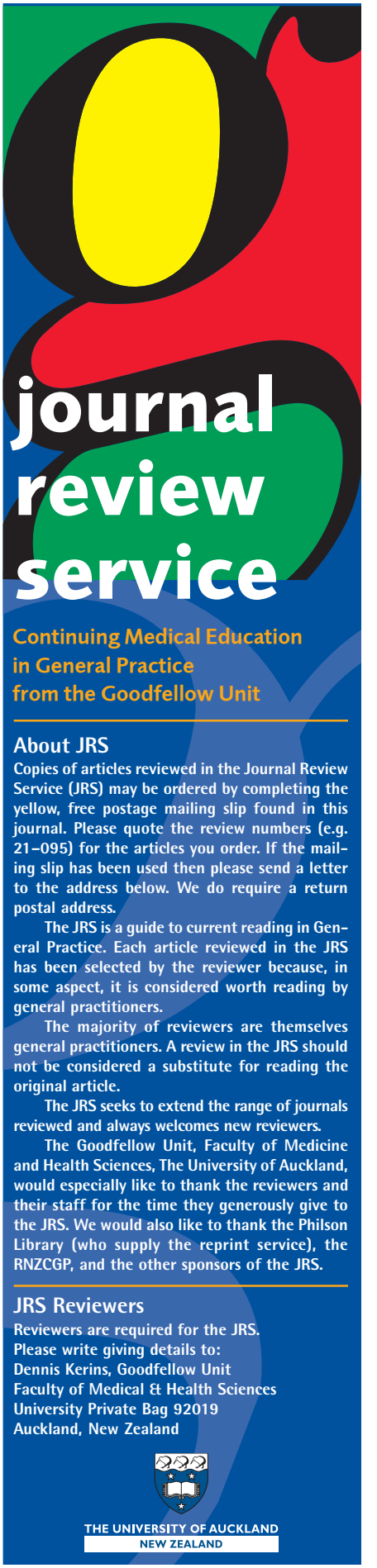
Comment: A useful clinical paper.

23-003 Teaching round: Acupuncture treatment of hiccup.

Hu J. J Tradit Chin Med. June 2002. Vol.22. No.2. p.148-51.
Reviewed by Dr Joan Campbell

Review: A clinical case with a chief complaint of hiccup for 20 days. The three major syndromes of hiccup are defined and appropriate acupuncture treatments and rationale discussed.

Comment: Renying (ST 9) is the empirical point for hiccups. In clinical practice hiccup responds best to appropriate treatment based on differentiating the syndrome and treating appropriately. A useful paper for a distressing clinical problem that often responds poorly to orthodox options.



23-004 Questions and answers.

Hu J. J Tradit Chin Med. June 2002. Vol.22. No.2. p.152-4.

Reviewed by Dr Joan Campbell

Review: (1) How to treat cervical spondylopathy with acupuncture? An overview of the aetiology, clinical findings, diagnosis and points for treatment are described. (2) How to use Shuifen (CV 9), Yinjiao (CV 7), Yinlingquan (SP 9), and Fenglong (ST 40) for the Syndrome of Interior Retention of Harmful Fluid? Dysfunction of body fluid metabolism, its clinical presentation and its acupuncture treatment is described.

Comment: Both these situations are common in general practice and respond well to acupuncture treatment. The first situation covers many musculoskeletal conditions involving head, neck, shoulder, arm and hand. The second situation deals with the complex Chinese concept of 'phlegm' and its clinical consequences as seen in respiratory disorders, psychosis, epilepsy, etc.

23-005 The anatomical physiology and clinical application of the points Huiyang and Zhonglushu.

Chen Y. J Tradit Chin Med. September 2002. Vol.22. No.3. p.180-2.

Reviewed by Dr Joan Campbell

Review: This paper reviews the neuroanatomical and physiological aspects of the points Huiyang (BL 35) and Zhonglushu (BL 29). Their clinical application in the treatment of uretheral syndrome, prostatalgia and sciatica are described. The authors have attempted to assess the changes to treatment using orthodox procedures such as bladder urodynamics, X-ray or CT examinations.

Comment: Good outcomes are reported for the three clinical cases described. The authors have attempted to correlate their results with relevant neuroanatomy and physiology.

23-006 Differential acupuncture treatment of hyperplasia of mammary glands.

Wang J. J Tradit Chin Med. September 2002. Vol.22. No.3. p.184-6.

Reviewed by Dr Joan Campbell

Review: Benign mammary dysplasia is common. One hundred and ten subjects, aged 19–53 years, with breast lumps were differentiated according to Chinese diagnosis and treated. Needle biopsy was performed in some cases. Syndrome differentiation and treatment methods were described. Results were evaluated after five courses (10 treatments/course) and a total effective improvement rate of 98%.

Comment: Hormonal changes causing benign breast lumps during the menstrual cycle respond well to acupuncture. A multicentre trial in New Zealand with a vigorous pragmatic randomised controlled trial would provide more reliable data than the paper reviewed here.

23-007 Acupuncture treatment of depressive syndromes after cerebral vascular accidents.

Wang H. J Tradit Chin Med. December 2002. Vol.22. No.4. p.274-5.

Reviewed by Dr Joan Campbell

Review: Mild to severe depression often complicates the recovery from cerebro-vascular accidents. One hundred and forty subjects (86 cerebral infarction, 54 cerebral haemorrhage) ranging from 36–78 years were treated with acupuncture if their Hamilton Depression Scale was greater than 20. Chinese syndromes were differentiated and acupuncture treatment was according to diagnosis. A total effective treatment rate of 87% was achieved.

Comment: This study may not meet the rigorous requirements of an orthodox randomised controlled trial, nevertheless the author has defined some of the inclusion criteria, detailed the points and manipulations, and attempted to analyse the results.

23-008 Clinical application of the point Taichong.

Shi G. J Tradit Chin Med. December 2002. Vol.22. No.4. p.291-3.

Reviewed by Dr Joan Campbell

Review: Taichong (LR 3) is the yuan or source point of the liver channel. This paper reviews some of the clinical applications and point combinations for using Taichong.

Comment: A useful clinical paper. Taichong is a commonly used point, particularly in our society where stagnation of liver qi is so prevalent, and is often part of the presenting syndrome.

23-009 Acupuncture treatment of abdominal pain.

Hu J. J Tradit Chin Med. December 2002. Vol.22. No.4. p.311-3.

Reviewed by Dr Joan Campbell

Review: A clinical case of abdominal pain due to indigestion. Discussion about the differentiation of abdomi-

nal pain and the appropriate treatments for each syndrome.
Comment: A useful clinical paper for all those individuals who over indulge during the December–January holidays.

Alcohol Drinking

23-010 A brief intervention reduced alcohol drinking for up to 48 months in problem drinkers.

Graham A. Evidence-Based Medicine. September/October 2002. Vol.7. No.5. p.151.
Reviewed by Dr Bruce Arroll
Review: The intervention here was two, fifteen-minute sessions, one month apart from their GP followed by two, five-minute follow up telephone calls from the practice nurse. The outcomes were assessed two years later. There was a reduction in heavy drinking, hospitalisations and fewer arrests. The cost benefit to society was about NZ$15 000.
Comment: Brief intervention is certainly worth doing. In this study only seven patients needed screening to detect one person who drank more than 14 drinks for men and 11 drinks for women.

Alternative Medicine

23-011 Respiratory and allergic diseases: from upper respiratory tract infections to asthma.

Jaber R. Prim Care. June 2002. Vol.29. No.2. p.231-61.
Reviewed by Dr M Hewitt
Review: The author carefully reviews information derived from sources such as: observational studies, clinical trials and randomised double blind controlled trials, where available, in regard to the efficacy of complementary medicine for the treatment of respiratory and allergic diseases.
Comment: The vast majority of treatments provided by complementary medicine do not match the claims of their promoters. In other words, no better than placebo. Having said that, placebos have a useful place in treating benevolent, benign, self-limiting disorders.

23-012 Osteoarthritis: supplements and other alternative modalities.

Novey DW. Prim Care. June 2002. Vol.29. No.2. p.263-77.
Reviewed by Dr M Hewitt
Review: The author looked at a variety of the most popular remedies currently available for the relief and treatment of the symptoms of osteoarthritis. Only glucosamine and chondroitin and S-adenosylmethionine (SAMe) are effective. The rest are in doubt or ineffective.
Comment: Try before you buy is not possible in this set of treatment circumstances.

23-013 Diabetes mellitus and obesity.

Roth A. Prim Care. June 2002. Vol.29. No.1. p.279-95.
Reviewed by Dr M Hewitt
Review: The author reviews the effectiveness of herbal and complementary medicine remedies for diabetes and obesity. A careful review of the evidence-based medical studies shows there are no effective remedies available for these conditions in complementary medicine.
Comment: Most doctors know this already, but it is nice that someone has gone to the trouble to research the question as a source for refutation of patient's claims of efficacy over and above the placebo effect.

23-014 Gynecology: select topics.

Sidani M, Campbell J. Prim Care. June 2002. Vol.29. No.1. p.297-321.
Reviewed by Dr M Hewitt
Review: Only soy powder is useful in the menopause following appropriate scientific review and analysis. For premenstrual syndrome, evidence based medicine reveals calcium supplementation and vitamin E were the only two remedies that passed scrutiny. For dysmenorrhoea and infertility, complementary alternatives had nothing useful to offer. For mastalgia and advanced mastodynia, evening primrose oil, and chaste tree and flaxseed were shown to be effective over placebo.
Comment: The usual claim that one therapy is beneficial in many areas does not hold true when vigorous analysis is applied. However, there are some mentioned for specific conditions which are useful.

Anesthesia and Analgesia

23-015 Should intrathecal narcotics be used as a sole labor analgesic? A prospective comparison of spinal opioids and epidural bupivacaine.

Fontaine P, Adam P, Svendsen KH. J Fam Pract. July 2002. Vol.51. No.7. p.630-5.
Reviewed by Dr Bruce Adlam
Review: Within the limitations of a small nonrandomised study, a single intrathecal injection of morphine and fentanyl has a shorter duration of action and provides less effective pain control than a continuous epidural infusion of bupivacaine and fentanyl. However, ITNs may have a role in settings with limited support from anaesthesiologists or for women whose labours are progressing rapidly.

Asthma

23-016 Homeopathy ineffective for asthma.

McCarter DF. J Fam Pract. July 2002. Vol.51. No.7. p.602.
Reviewed by Dr Bruce Adlam
Review: From 1 000 asthmatic patients in 38 general practices, 242 subjects between 18 and 55 years old who tested positive to house dust mite were randomised into this double blind study. A French manufacturer of homeopathic products prepared the active agent by making 30 sequential 1:100 dilutions of a house dust mite allergen (this 'ultramolecular' is a

Photo: Michael Long

highly diluted solution of allergen molecules). (Original article reviewed: BMJ 2002; 324: 520-3)
Comment: This oral homeopathic immunotherapy neither decreased symptoms nor improved lung function over placebo in treatment of house dust mite allergy in asthmatic individuals. Based on this well-done trial, this therapy cannot be recommended for such patients.

23-017 What environmental modifications improve pediatric asthma?

Dudley T, Nashelsky J. J Fam Pract. July 2002. Vol.51. No.7. p.618.
Reviewed by Dr Bruce Adlam
Review: This is an evidence-based answer: Reducing environmental tobacco smoke exposure decreases health care utilisation among poor asthmatic children. Dust mite reduction by chemical measures is potentially harmful. (Grade of recommendations: B, based on single RCT.) Evidence is insufficient for or against dust mite reduction by physical means, use of synthetic or feather bedding, removal of cats, use of air filters or reducing indoor humidity. (Grade of recommendations: D, inconsistent studies.)
Comment: The effectiveness of physical methods to reduce house dust mites is unclear. The Cochrane Review of 15 trials noted a small, statistically significant improvement in asthma symptom scores, but the results were not clinically important enough to recommend such measures.

Cardiovascular System

23-018 Treating isolated systolic hypertension prevented major cardiovascular events across strata of risk in older patients.

Gray J. Evidence-Based Medicine. July/August 2002. Vol.7. No.4. p.109.
Reviewed by Dr Bruce Arroll
Review: This was a further analysis of the Systolic Hypertension in the Elderly study where patients were treated with a diuretic (chlorthalidone) and atenolol. The rate of any cardiovascular event was lower in the treated groups. There was increasing benefit with higher risk in patients. For those in the highest risk group the numbers needed to treat for five years was 37 to prevent one event. (Original article reviewed: Circulation 2001; 104: 1923-6).
Comment: This is more evidence on treating older patients for their blood pressure. The age in this study went up to 85 years so there is no need to stop if they are in reasonable shape.

23-019 C-reactive protein risk prediction: Low specificity, high sensitivity.

Koenig W, Pepys MB. Ann Intern Med. 2 April 2002. Vol.136. No.7. p.550-2.
Reviewed by Dr Mike Slatter
Review: Editorial looking at the clinical application of C-Reactive Protein (CRP) levels. There is good evidence that CRP has a strong and independent association with cardiovascular endpoints (myocardial infarction, stroke, peripheral arterial occlusive disease).
Comment: CRP is an important general marker of increased risk for cardiovascular events. It adds to the risk prediction based on conventional risk factors, bearing in mind that about half of all new cardiovascular events occur in persons without classic risk factors. This is a useful addition to cardiovascular risk factor screening.

23-020 Optimal management of cholesterol levels and the prevention of coronary heart disease in women.

Mosca LJ. Am Fam Physician. 15 Janaury 2002. Vol.65. No.2. p.217-26.
Reviewed by Dr J Corbett
Review: Cardiovascular disease kills one in two women (as opposed to breast cancer one in 28), therefore more effort is needed to reduce cardiovascular risk factors. Focus is on normalisation of lipid profile. (Patient Information Sheet attached).
Comment: Nothing new or particularly women specific mentioned here.

23-021 Understanding the Mediterranean diet: Could this be the new 'gold standard' for heart disease prevention?

Curtis BM, O'Keefe JH Jr. Postgrad Med. August 2002. Vol.112. No.2. p.35-45.
Reviewed by Dr Chris Milne
Review: The Mediterranean diet is advocated by increasing numbers of experts, because it requires less radical alterations to eating habits. The diet emphasises whole, natural foods, it is low in trans-fatty acids which are increasingly recognised as important contributors to coronary risk.
Comment: Especially over summer, its easy to get into the fruits, vegetables and salads. Incorporate fish for Omega-3 fatty acids, and use olive oil not butter. Wash down with some red wine (in moderation) and you have a healthy diet that is enjoyable. The authors call it an ideal eating pattern – the new 'gold standard' in heart disease prevention.

23-022 Causes of elevated troponin I with a normal coronary angiogram.

Bakshi TK, Choo MK, Edwards CC, et al. Intern Med J. November 2002. Vol.32. No.11. p.520-5.
Reviewed by Dr Helen Moriarty
Review: An article from North Shore Hospital. This illustrates that although MI diagnosis includes a rise in troponin, this is not synonymous with infarction nor even ischaemia. A useful table lists 14 know causes of troponin elevation of which MI is only one! Troponin is very sensitive as a marker of myocardial injury and it rises on minor insults. The authors audited patients who had undergone angiography for suspected coronary artery disease with a troponin elevation. 10 of 21 patients had no identifiable cause for Tn1 elevation.
Comment: Acute care decision-making based on Tn1 elevation may result in false positives and expose up to 50% of patients to inappropriate interventions or therapy.

23-023 The trials of an artificial heart.

Ditlea S. Sci Am. July 2002. Vol.287. No.1. p.44-53.
Reviewed by Dr Ron Vautier
Review: This describes the results (largely unsatisfactory) of implanting the AbioCor artificial heart, along with a brief history of artificial hearts, design considerations, ethical factors, complications (especially stroke), and alternative heart replacement possible future treatments.
Comment: I would recommend this just for its general interest.

23-024 Ace inhibitors prevent stroke in high-risk patients, independent of blood pressure-lowering effect.

Gustavsen GP. J Fam Pract. July 2002. Vol.51. No.7. p.595.
Reviewed by Dr Bruce Adlam
Review: This report is a secondary analysis of data from the HOPE study where patients who had a history of vascular disease (coronary artery, peripheral, or cerebrovascular) or diabetes plus at least one other cardiovascular risk factor (46% had mild, previously undiagnosed hypertension), were randomised to receive up to 10 mg ramipril daily, 400 IU vitamin E, both, or matching placebos and were then followed for an average of 4.5 years. (Original article reviewed: BMJ 2002; 324: 699-702)
Comment: Vitamin E was shown to be ineffective. Overall, patients taking ramipril had a significantly reduced combined risk of fatal and non-fatal stroke and TIA of 23% (NNT 53). Additionally, ramipril patients who experienced a stroke despite treatment were less likely to have residual cognitive or functional impairment. Authors recommendations: Treating older patients at high risk of stroke with the ACE inhibitor ramipril reduces their risk of experiencing fatal and non-fatal stroke and TIA. This beneficial effect is independent of blood pressure.

23-025 Losartan more effective than atenolol in hypertension with left ventricular hypertrophy.

Montgomery L. J Fam Pract. July 2002. Vol.51. No.7. p.599.
Reviewed by Dr Bruce Adlam
Review: (a) Losartan may reduce cardiovascular morbidity and related deaths in hypertensive patients with documented left ventricular hypertrophy beyond that expected from only lowering blood pressure, especially through a reduction in stroke risk. However, this benefit is small (NNT 244) with no significant reduction in cardiovascular mortality compared with less expensive atenolol. (b) The benefit of losartan over atenolol was more pronounced in a separate trial of hypertensive diabetic patients with left ventricular hypertrophy (NNT = 122 patients per year). (c) Losartan has also been shown be inferior to an ACE inhibitor agent (captopril) in the treatment of heart failure in ELITE II. (Original article reviewed: Lancet 2002; 359: 995-1003)

23-026 Does a low-salt diet reduce morbidity and mortality in congestive heart failure?

Meadows R, Johnson ED. J Fam Pract. July 2002. Vol.51. No.7. p.615.
Reviewed by Dr Bruce Adlam
Review: This is an evidence-based answer: No randomised controlled trials (RCTs) have addressed the independent role of sodium restriction in the morbidity or mortality of congestive heart failure. However, current guidelines recommend sodium restriction for secondary prevention of congestive heart failure exacerbation. (Grade of recommendation: D.) Clinical trials of multifactorial, non-drug interventions have shown an association of sodium restriction with reduced morbidity and improved quality of life in some populations with congestive heart failure. (Grade of recommendation: C.)
Comment: Physiological principles, observational studies, common practice, and expert opinion support sodium restriction for reducing oedema and the need for diuretic agents in patients with congestive heart failure. No clinical trial evidence favors a 2-g over a 3- to 4-g sodium restriction.

23-027 Exercise for those with chronic heart failure: Matching programs to patients.

Braith RW. Physician and Sportsmedicine. September 2002. Vol.30. No.9. p.29-38.
Reviewed by Dr Rob Campbell
Review: This paper reviews the benefits and risks of exercising with heart failure. It reviews the evidence which is positive for morbidity but the mortality reduction is suggested but not proven.
Comment: This is useful for giving some objective guides to grading patients and then prescribing exercise according to that grade.

Ear, Nose and Throat

23-028 Peritonsillar abscess: diagnosis and treatment.

Steyer TE. Am Fam Physician. 1 January 2002. Vol.65. No.1. p.93-6.
Reviewed by Dr J Corbett

Review: Systematic review of peritonsillar abscess. Good pointers on diagnosis and treatment with useful diagrams.
Comment: Good review of this now less common presenting disease (it hasn't increased my confidence or desire to perform needle aspiration).

Endocrinology

23-029 Several simple rules predicted complications in high risk patients with diabetes.

Smith S. Evidence-Based Medicine. May/June 2002. Vol.7. No.3. p.96.
Reviewed by Dr Bruce Arroll
Review: This was a cohort study of a large number of patients with diabetes. They found that three clinical factors were a better predictor of complications than HBA1C. The three variables were elevated creatinine, the use of more than one antihypertensive agent, and the use of insulin. (Original article reviewed: Diabetes Care 2001; 24: 1547-55).
Comment: These seem like easily identifiable markers of risk that can be applied in general practice.

23-030 Interventions that lower cholesterol concentrations or blood pressure in diabetic patients prevent cardiovascular disease.

Ganda OP. Evidence-Based Medicine. July/August 2002. Vol.7. No.4. p.107.
Reviewed by Dr Bruce Arroll
Review: A review of studies examining blood pressure and cholesterol lowering and glucose control in patients with diabetes. They found reduction in cardiac events for treating blood pressures (NNT 157 person years to prevent a cardiac event) and cholesterol lowering (NNT 106 person years to prevent one event). While there was not a statistically significant effect from controlling glucose the commentator suggested that this may have been due to methodological issues. (Original article reviewed: Am J Med 2001; 111: 633-42).

Photo: Michael Long

Comment: It seems worth controlling blood pressure and cholesterol in diabetic patients and the commentator suggests controlling glucose is still worthwhile.

23-031 A lifestyle intervention or metformin prevented or delayed the onset of type 2 diabetes in people at risk.

Montori VM. Evidence-Based Medicine. September/October 2002. Vol.7. No.5. p.139.
Reviewed by Dr Bruce Arroll
Review: This was a trial of lifestyle intervention, metformin 850mg BD or placebo in patients who were overweight and with impaired glucose tolerance. The percentage who got diabetes was 14%, 22%, 29% in the lifestyle, metformin and placebo respectively. NNT 7 for lifestyle and 14 for metformin. (Original article reviewed: N Engl J Med 2002; 346: 393-403)
Comment: This finding suggests an aggressive approach with lifestyle and/or metformin to impaired glucose tolerance.

23-032 Continuity and quality of care in type 2 diabetes: a residency research network of South Texas study.

Parchman ML, Burge SK. J Fam Pract. July 2002. Vol.51. No.7. p.619-24.
Reviewed by Dr Bruce Adlam
Review: Key points: (1) For patients with diabetes, continuity of care is associated with the quality of care: as continuity improves, so does the quality of care. (2) Patients with diabetes who report that they have seen their usual primary care provider in the past year are more likely to have received an eye examination, a foot examination, two blood pressure measurements, and a lipid level analysis.

Family Practice

23-033 Physician job satisfaction, dissatisfaction, and turnover.

Pathman DE, Konrad TR, Williams ES, et al. J Fam Pract. July 2002. Vol.51. No.7. p.593.
Reviewed by Dr Bruce Adlam
Review: This was a cross-sectional mail survey of 1 939 practicing GPs and specialists across the United States. GPs and specialists had similar levels of satisfaction. Older physicians indicated greater satisfaction. One in four anticipated a moderate-to-definite likelihood of leaving their practices within two years. Relative dissatisfaction with pay and with relationships with communities was associated with plans for leaving in nearly all physician groups.
Comment: I presume the 'young dissatisfied' went on their merry way. It would be interesting to somehow include those who did leave their practices, their reasons and subsequent satisfaction with their careers.

Gastroenterology

23-034 The abdominal wall: an overlooked source of pain.

Suleiman S, Johnston DE. Am Fam Physician. 1 August 2001. Vol.64. No.3. p.431-8.
Reviewed by Dr William Ferguson
Review: Excellent synopsis of an important diagnostic entity that we were never trained to identify; trigger points in the abdominal musculature, masquerading as intraabdominal disease. Includes differential diagnosis

of every rare and bizarre cause of abdominal wall pain, and treatment.
Comment: A significant number of patients with chronic abdominal pain that the surgeons send back to the GP without a diagnosis will be easily diagnosed and treated, after careful examination of the abdominal wall.

23-035 Preventive strategies in chronic liver disease: Part I. Alcohol, vaccines, toxic medications and supplements, diet and exercise.
Riley TR III, Bhatti AM. Am Fam Physician. 1 November 2001. Vol.64. No.9. p.1555-9.
Reviewed by Dr William Ferguson
Review: A useful and evidence based review of the subject summarised above relating to Hepatitis B, C, fatty liver and haemochromatosis. (see editorial 23-036)
Comment: There are some important preventative issues here for some patients with chronic hepatitis – especially relating to alcohol, medications and vaccinations.

23-036 Preventive Strategies for Chronic Liver Disease.
Di Bisceglie AM. Am Fam Physician. 1 November 2001. Vol.64. No.9. p.1515-6.
Reviewed by Dr William Ferguson
Review: See 23-035.

General

23-037 When biotoxins are tools of terror: early recognition of intentional poisoning can attenuate effects.
Blazes DL, Lawler JV, Lazarus AA. Postgrad Med. August 2002. Vol.112. No.2. p.89-98.
Reviewed by Dr Chris Milne
Review: Botulinum toxin, staphylococcus aureus, enterotoxin B and trichothecene mycotoxin (products of metabolism of fungi) are discussed by these authors. All are potential weapons of terrorists. The diagnostic, treatment and decontamination aspects of each are discussed.
Comment: Part of a three article symposium on a topic of very close interest to Americans. However, we should not ignore such threats in New Zealand.

Geriatrics

23-038 Influenza in the nursing home.
Kingston BJ, Wright CV. Am Fam Physician. 1 January 2002. Vol.65. No.1. p.75-8.
Reviewed by Dr J Corbett
Review: A general review of influenza in nursing homes, prevention of illness and management of outbreaks. (Levels of Evidence attached)
Comment: A good resource document for those supplying medical services to rest homes. Discusses evidence for vaccination efficacy in prevention of influenza, stressing the importance of vaccinating staff, timing of vaccination, and importance of residence and staff vaccination rate to exceed 80%.

Gynaecology

23-039 Caution necessary when interpreting results of outpatient endometrial sampling.
Swenor ME, Smith EG. J Fam Pract. July 2002. Vol.51. No.7. p.600.
Reviewed by Dr Bruce Adlam
Review: An abnormal histological finding is highly accurate and likely to represent true disease. Negative results, including inadequate sampling, must be interpreted with caution, because the false-negative rate for excluding endometrial cancer reported in this analysis was 4/1000 women sampled. In cases of abnormal uterine bleeding in which symptoms persist despite a negative biopsy, further evaluation and input from individual patients is recommended. (Original article reviewed: Br J Obstet Gynaecol 2002; 109: 313-21)

23-040 Exercise-associated amenorrhea: Are altered leptin levels an early warning sign?
Warren MP, Ramos RH, Bronson EM. Physician and Sportsmedicine. October 2002. Vol.30. No.10. p.41-6.
Reviewed by Dr Rob Campbell
Review: This paper reviews some of the more recent neuroendocrine influences on eating, the menstrual cycle and related bone mass. Leptin is likely to play an important role in these relationships.
Comment: If you are looking after the at-risk group (i.e. ballet dancers, gymnasts, etc.) you should read this.

23-041 Controversies in HRT.
Teede HJ. Aust Fam Physician. May 2002. Vol.31. No.5. p.413-8.
Reviewed by Dr Barry Suckling
Review: Along very similar lines to the present guidelines here HRT is not recommended for secondary prevention of CVD. HRT use in high risk women with established fractures is yet to be clarified. With both of these, proven therapies should be first line treatment.
Comment: Breast cancer risk increases with longer term use (>5 years). Counselling on this is important. HRT increases DVT risk by three- to fourfold. The individual baseline risk is important.

23-042 Premature menopause: 'I feel like an alien'
Farrell E. Aust Fam Physician. May 2002. Vol.31. No.5. p.419-21.
Reviewed by Dr Barry Suckling
Review: Incidence is 1% of all women under 40 and 10% when consequent to surgery, radiotherapy or chemotherapy. There are special needs both physically and emotionally, and counselling is important. Determine whether fertility is an issue. Treatment includes cyclic oestrogen and progestogen replacement. Continue assessment for cardiovascular risk and osteopenia.

23-043 Menopause: A treatment algorithm.
Reddish S. Aust Fam Physician. May 2002. Vol.31. No.5. p.423-4.
Reviewed by Dr Barry Suckling
Review: A good detailed algorithm.

23-044 Loss of libido in menopausal women: Management issues.
Reddish S. Aust Fam Physician. May 2002. Vol.31. No.5. p.427-32.
Reviewed by Dr Barry Suckling
Review: Loss of libido is unlikely to be the only symptom. Exclude thyroid disease, diabetes, depression and medication as a cause. Assess psychosocial and relationship issues.
Comment: There is almost certainly a multifactorial basis and it is not productive to search for and treat one single aspect. An holistic approach is desirable.

23-045 Sexual desire: Menopause and it psychological impact.
Deeks A. Aust Fam Physician. May 2002. Vol.31. No.5. p.433-9.
Reviewed by Dr Barry Suckling
Review: Psychosocial factors are most important. Ask about mood, past sexual behaviour, body image, partners, midlife issues, and sociocultural issues.
Comment: Normalise and discuss sexual problems. If necessary refer to a psychologist who specialises in sexual dysfunction.

Homeopathy

23-046 Individualized homeopathic therapy for male infertility.
Gerhard I, Wallis E. Homeopathy. July 2002. Vol.91. No.3. p.133-44.
Reviewed by Dr Mimi Irwin
Review: This paper reports on a prospective observational pilot study which focussed on the effects of using classical homeopathy in men with infertility. This is an uncontrolled study. The authors report that the improvement in sperm count in patients treated homeopathically was comparable to that of men treated conventionally.
Comment: Homeopathy is a controversial subject and even though at least two meta analyses suggest that homeopathy has an effect beyond placebo it is difficult for the scientific community to accept as there is no explanation for how it could possibly be effective.

23-047 Prescribing on a single rubric.
Cohen D. Homeopathy. July 2002. Vol.91. No.3. p.171-3.
Reviewed by Dr Mimi Irwin
Review: The author presents three cases studies which include hoarseness, diarrhoea and apical dental root infection. The patients had few symptoms on which to base the homeopathic prescription. Prescriptions were made using singular uncommon or peculiar symptoms.
Comment: These cases will interest those practising homeopathy particularly in general practice.

Immunology and Allergy

23-048 How effective are nasal steroids combined with nonsedating antihistamines for seasonal allergic rhinitis?
Andy C, Thering A. J Fam Pract. July 2002. Vol.51. No.7. p.616.
Reviewed by Dr Bruce Adlam
Review: For treating seasonal allergic rhinitis, inhaled nasal corticosteroids are superior to non-sedating antihistamines (Grade of recommendation: A). Combining nasal steroids and non-sedating antihistamines yields no additional benefits (Grade of recommendation: A)
Comment: Unless patient preference limits their use, nasal steroids should be first-line therapy.

Law and Medicine

23-049 Potential physician malpractice liability associated with complementary and integrative medical therapies.
Cohen MH, Eisenberg DM. Ann Intern Med. 16 April 2002. Vol.136. No.8. p.596-603.
Reviewed by Dr Mike Slatter
Review: This article is part of the 'Complementary and Alternative Medicine (CAM) Series'. It examines medical liability issues as complementary and integrative health care practices are made available in conventional medical settings. Provides a framework for classifying CAM therapies and specific strategies to reduce potential malpractice liability.
Comment: We are all at times asked for opinions about CAM therapies. There is a need to be more prepared and proactive in our responses. Essential reading especially for those actively involved in CAM therapies or those who refer patients for these therapies.

Metabolic Diseases

23-050 Insulin resistance syndrome.
Rao G. Am Fam Physician. 15 March 2001. Vol.63. No.6. p.1159-62.
Reviewed by Dr William Ferguson
Review: Overview of insulin resistance syndrome, associated conditions, diagnosis and treatment. Fasting insulin levels potentially useful but not yet standardised. Waist to hip ratio perhaps the most useful diagnostic test (patient information sheet attached).
Comment: No startling new insights. A good reminder of the value of exercise in managing this condition.

Musculoskeletal System

23-051 Evaluation of shoulder pain.
Steveson JH, Trojian T. J Fam Pract. July 2002. Vol.51. No.7. p.605-11.
Reviewed by Dr Bruce Adlam
Review: This is a good article that deals with evaluation of shoulder pain (e.g. rotator cuff tests, impingement syndrome, glenohumeral joint stability, labral tears, acromioclavicular joint) and discusses diagnostic tests and how to tell all these conditions apart.
Comment: MRI is promoted as the gold standard investigation. It is noted a third of patients under age 60 and more than half over this age

demonstrate asymptomatic rotator cuff tears. I guess that's where the gold comes in! Unfortunately I could not view the tables and figures in this article of which there are a number. Treatment is not discussed.

23-052 Plantar fasciitis: Prescribing effective treatments.

Shea M, Fields KB. Physician and Sportsmedicine. July 2002. Vol.30. No.7. p.21-5.
Reviewed by Dr Rob Campbell

Review: A review of the pathology, clinical findings and management options. Another soft tissue problem which responds long term best to basics rather than quick fixes. These basics are: relative rest, iceing, stretching and strengthening the calf and correcting biomechanical faults.
Comment: Not much new here but has a good patient handout.

23-053 Evaluation and management of the unstable patella.

Cosgarea AJ, Browne JA, Kim TK, et al. Physician and Sportsmedicine. October 2002. Vol.30. No.10. p.33-40.
Reviewed by Dr Rob Campbell

Review: This is a full review of this common problem in athletes many of whom are young. Patella dislocation is usually a significant injury with persistent symptoms in many patients.
Comment: An excellent review paper.

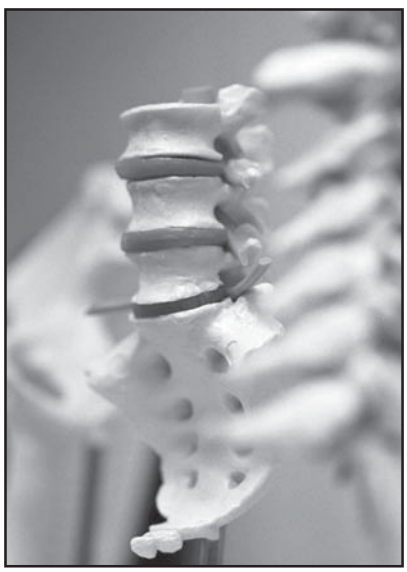


Photo: Michael Long

Neurology

23-054 Prevention of autoimmune attack and disease progression in multiple sclerosis: current therapies and future prospects.

Pender MP, Wolfe NP. Intern Med J. November 2002. Vol.32. No.11. p.554-63.
Reviewed by Dr Helen Moriarty

Review: An interesting paper that looks at current theories of autoimmune pathogenesis in multiple sclerosis (MS), and the interactions with generic and environmental factors. This paper discusses current therapies - starting with B-interferon (which carry a risk of inducing other autoimmune conditions) and progresses to newer and some older therapeutic substances that may modulate the immune response in MS.
Comment: I suggest you read this article before your MS patient finds it on the web!

23-055 Review: tricyclic antidepressants, capsaicin, gabapentin, and oxycodone are effective for postherpetic neuralgia.

McQuay H. Evidence-Based Medicine. September/October 2002. Vol.7. No.5. p.147.
Reviewed by Dr Bruce Arroll

Review: This was a review where 27 trials examining tricyclics, lorazepam, fluphenazin, gabapentin. Overall they found that the tricyclics were the most effective along with the anticonvulsants.
Comment: The commentator makes the point that anitconvulsants may be the preferred starting drug as they have fewer side effects than the antidepressants.

23-056 Acute clinical symptoms of concussion: Assessing prognostic significance.

McCrory PR, Johnston KM. Physician and Sportsmedicine. August 2002. Vol.30. No.8. p.43-7.
Reviewed by Dr Rob Campbell

Review: Paul McCrory is a leader in this area and has a very firm evidence-based approach to this subject. Many of the accepted symptoms of concussion do not accurately give a prognosis. This review describes the problem in using various symptoms and signs in the prognosis of concussion.
Comment: This paper describes clearly the problem we have in assessing and prognosticating on concussed athletes. However the Vade mecum is: An athlete with postconcussive symptoms should not return to play or training.

Nutrition

23-057 Understanding the complex journey to obesity in early adulthood.

Whitaker RC. Ann Intern Med. 18 June 2002. Vol.136. No.12. p.923-5.
Reviewed by Dr Mike Slatter

Review: This editorial looks at the complex issue of obesity in young adults. A greater proportion of US adults become obese each year. Obesity is a result of a unique mixture of inherited genes that confers susceptibility and years of complex interaction with an environment that is increasingly 'obesogenic'.
Comment: Interesting insights into this common and difficult to treat condition. Obesity is the paradigm of the biopsychosocial problems.

23-058 Medical care for obese patients: advice for health care professionals.

National Task Force on the Prevention and Treatment of Obesity. Am Fam Physician. 1 January 2002. Vol.65. No.1. p.81-8.
Reviewed by Dr J Corbett

Review: Special health problems the obese face are discussed, alongside the different ways health providers may work to make the consultation more beneficial to the obese. Not a discussion on weight loss techniques/methods or treatments.
Comment: Useful reminder to consider the obese patient's feelings and needs in the surgery setting.

Obstetrics

23-059 Genitourinary infections and their association with preterm labor.

Cram LF, Zapata MI, Toy EC, et al. Am Fam Physician. 15 January 2002. Vol.65. No.2. p.241-8.
Reviewed by Dr J Corbett

Review: Approximately 40% of preterm labour is thought to be the result of genitourinary infection. Infections, including asymptomatic bacteriuria, neisseria gonorrhoeae cervicitis and bacterial vaginosis, are discussed with their treatments.
Comment: Their recommendations for screening in asymptomatic pregnant women are not clear. Questions still remain on (1) who to screen, (2) for what disease, and (3) when is best.

Oncology

23-060 Hemoccult tests are insensitive for upper gastrointestinal cancer.

Johnson SR, Newton WP. J Fam Pract. July 2002. Vol.51. No.7. p.601.
Reviewed by Dr Bruce Adlam

Review: Faecal occult blood (Hemoccult) screening followed by colonoscopy has been shown to reduce colon cancer mortality, but uncertainty remains about the utility of upper endoscopy in further evaluation of patients with positive Hemoccult testing. (Original article reviewed: Scand J Gastroenterol 2002; 37: 95-8)
Comment: This study provides good evidence that patients with positive faecal occult blood testing have a low risk of upper gastrointestinal cancer. Clinicians should not routinely perform upper endoscopy to screen for cancer in patients whose Hemoccult test is positive.

Palliative Treatment

23-061 Strategies for culturally effective end-of-life care.

Crawley LM, Marshall PA, Lo B, et al. Ann Intern Med. 7 May 2002. Vol.136. No.9. p.673-9.
Reviewed by Dr Mike Slatter

Review: This paper was prepared by the End-of-Life Care Consensus Panel of the American College of Physicians - American Society of Internal Medicine (ACP-ASIM). Through case descriptions they point out the challenges that may result from cultural differences between the patients background and traditional medical practice. Has good discussions on basic concepts of culturally effective care and strategies for cross-cultural end-of-life care.
Comment: We must become informed about the needs (beliefs and practices) of culture groups that we see regularly in our practices. Specific cultural issues include the appropriateness of naming a disease or discussing death, the expression of pain, attitudes towards suffering and the role of family members in serious illness. Excellent overview of this neglected side of terminal care.

23-062 Sedation, alimentation, hydration, and equivocation: careful conversation about care at the end of life.

Jansen LA, Sulmasy DP. Ann Intern Med. 4 June 2002. Vol.136. No.11. p.845-9.
Reviewed by Dr Mike Slatter

Review: This perspective article presents a careful analysis of the concepts of terminal sedation and refusal of hydration and nutrition. Three end of life cases are presented and their management analysed ethically. Good discussions on the 'Rule of Double Effect' and the 'Principle of Collaboration'.
Comment: As the debate on euthanasia continues to be an issue so will terminal care practices. This article clearly focuses on terminal sedation and refusal of hydration and nutrition showing that some practices are ethically problematic.

Paediatrics

23-063 Gastroesophageal reflux in infants and children.

Jung AD. Am Fam Physician. 1 December 2001. Vol.64. No.11. p.1853-60.
Reviewed by Dr William Ferguson

Review: Comprehensive coverage of this common self limited but important condition that causes so much distress to babies (and mothers) in the first months of life. Very useful differential diagnosis for various presentations of infant vomiting and distress. Diagnostic evaluation and treatment strategies well covered. (patient information sheet attached)
Comment: Everything you need to know about it.

Pharmacology

23-064 The serious search for an anti-aging pill.

Lane MA, Ingram DK, Roth GS. Sci Am. August 2002. Vol.287. No.2. p.24-9.
Reviewed by Dr Ron Vautier

Review: Proceeding from the fact that calorie restrictions delays ageing in various animals, researchers are trying to find a substance that will safely produce this effect in humans. Reducing glucose metabolism appears to also reduce the production of damaging free radicals.
Comment: As they say – have your cake, and eat it too. But don't hold your breathe for this.

Psychiatry and Psychology

23-065 Screening for depression: recommendations and rationale.

U.S. Preventive Services Task Force. Ann Intern Med. 21 May 2002. Vol.136. No.10. p.760-4.
Reviewed by Dr Mike Slatter

Review: This statement summarises the current USPSTF recommendations for screening for depression. The USPSTF recommends screening adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment and follow-up. The physician can choose the screening instrument that best fits their practice. All positive tests should trigger a full diagnostic interview (24–40% of patients who screen positive will have

major depression). Optimal interval for screening is unknown.
Comment: Currently up to 50% of depressed patients are not recognised, so have a read of this article and get started with your favourite screening instrument. Recurrent screening is most productive in patients with a history of depression, unexplained somatic symptoms, comorbid psychological conditions (panic disorder or generalised anxiety), substance abuse or chronic pain.

23-066 Dementia: an update to refresh your memory.
LoGiudice D. Intern Med J. November 2002. Vol.32. No.1. p.535-40.
Reviewed by Dr Helen Moriarty
Review: A clinical perspectives essay. The article has the DSM IV criteria for diagnosis of dementia - which are diagnoses of exclusion of organic or substance-induced causes of decline in mental or social function. Explains the types of dementia and lists causes of dementia, and the rationale for use of cholinesterase inhibitor treatment.
Comment: A good overview of current paradigms. The section on types of dementia is a bit academic as the only type identifiable clinically is vascular dementia. 1.5 columns are devoted to 'assessment and management of a person with dementia and their carer'. I felt this was too light and any GP could have done this section better than that!

23-067 Clonidine and methylphenidate were effective for attention deficit hyperactivity disorder in children with comorbid tics.
Goldberg J. Evidence-Based Medicine. September/October 2002. Vol.7. No.5. p.157.
Reviewed by Dr Bruce Arroll
Review: This study found that clonidine alone and with methylphenidate was effective in controlling the tics. The combination of clonidine and methylphenidate was more effective on tics and global functioning than either alone.
Comment: The commentator said that long term safety was not addressed but clearly a useful treatment in the short term.

23-068 Body dysmorphic disorder: a guide for primary care physicians.
Phillips KA, Dufresne RG Jr. Prim Care. March 2002. Vol.29. No.1. p.99-111.
Reviewed by Dr M Hewitt
Review: This is an undertreated disorder which is defined as a preoccupation with an imagined defect in appearance. The prevalence is about 1% and the treatment is based on recognition of the underlying psychiatric disorder.
Comment: Certainly seen in primary care, with cultural differences in the prevalence. The older diagnosis was 'dermatitis artifacta'.

Research Design and Methodology

23-069 How to write an evidence-based clinical review article.
Siwek J, Gourlay ML, Slawson DC, et al. Am Fam Physician. 15 January 2002. Vol.65. No.2. p.251-8.
Reviewed by Dr J Corbett
Review: 'How to' of writing the article from searching and evaluating the literature, types and levels of evidence and how to format the article. (see editorial 23-070)
Comment: Useful for those wanting to write clinical review articles that follow an evidence-based format.

23-070 Writing evidence-based clinical reviews.
Siwek J. Am Fam Physician. 15 January 2002. Vol.65. No.2. p.175.
Reviewed by Dr J Corbett
Review: See 23-069.

Respiratory System

23-071 When wheezing may not mean asthma: other common and uncommon causes to consider.
Krieger BP. Postgrad Med. August 2002. Vol.112. No.2. p.101-12.
Reviewed by Dr Chris Milne
Review: Doctors are all taught that 'all that wheezes is not asthma'. Other causes include upper airway obstruction, pulmonary oedema, chronic obstructive airways disease, drugs (e.g. ß blockers, ACE inhibitors), aspiration, vocal cord dysfunction, or viral tracheobronchitis.
Comment: The important thing is to think of these alternatives, and then you won't overlook them.

Sex and Sex Roles

23-072 Approaching sexual issues in primary care.
Kaplan MJ. Prim Care. March 2002. Vol.29. No.1. p.113-24.
Reviewed by Dr M Hewitt
Review: This is an under-recognised area which involves sensitivity in the physician's approach. Awareness of life background and issues pertaining to sexual functioning will enable the doctor to be of help. The outlines in the article of typical female healthy sexual functioning will be of benefit.
Comment: Certainly not the taboo issue of previous years.

Sports and Sports Medicine

23-073 Windsurfing Injuries: Added awareness for diagnosis, treatment, and prevention.
Rosenbaum DA, Dietz TE. Physician and Sportsmedicine. May 2002. Vol.30. No.5. p.15-24.
Reviewed by Dr Rob Campbell
Review: This popular sport is relatively safe but does have some serious injuries, such as Lisfranc fractures of the foot, and shoulder dislocations. This paper reviews the more common risk and injuries.
Comment: If you are windsurfing or treating windsurfers this paper will be helpful.

23-074 Tibial stress injuries: Decisive diagnosis and treatment of 'shin splints'

Couture CJ, Karlson KA. Physician and Sportsmedicine. June 2002. Vol.30. No.6. p.29-36.

Reviewed by Dr Rob Campbell

Review: This is a full review of the problem of shin pain, concentrating more on the 'medial tibial stress syndrome' and its differentiation from stress fractures.

Comment: A useful review of the possible pathoanatomical diagnosis in shin pain rather than the unhelpful 'shin splints' diagnosis.

Surgery

23-075 The V-Y plasty in the treatment of fingertip amputations.

Jackson EA. Am Fam Physician. 1 August 2001. Vol.64. No.3. p.455-8.

Reviewed by Dr William Ferguson

Review: This article describes in detail the classification of finger tip injuries, and gives a detailed description of how to perform V-Y plasty, and the sort of injury it is appropriate for.

Comment: Useful for GP's in rural settings or those with special interest in minor surgery.

Therapeutics

23-076 Sweet medicines.

Maeder T. Sci Am. July 2002. Vol.287. No.1. p.24-31.

Reviewed by Dr Ron Vautier

Review: New technologies are allowing the determination of the structures and functions of some of the myriad complex polysaccharide molecules that play important roles in many biochemical interactions. This leads to improvement in existing therapies (e.g. heparin) and new drugs to treat metabolic disorders, infections and cancers.

Comment: Read it for new insights in to what is a huge and largely unexplored territory in biochemistry.

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