

Journal Review Service

*Continuing Medical Education
in General Practice from the Goodfellow Unit*

journal review service

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in General Practice
from the Goodfellow Unit

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Please contact: Dennis Kerins, Goodfellow Unit
Faculty of Medical & Health Sciences
University Private Bag 92019
Auckland, New Zealand



Journals Reviewed in this Issue

Age Ageing*
Am J Sports Med*
Aust Fam Physician*
BMJ*
Can Fam Physician Med Fam Can*
Can Med Assoc J*
Circulation*
Drug Alcohol Rev*
Drug Ther Bull*
Evid Based Ment Health*
Fam Pract*
Hypertension*
J Fam Pract*
Lancet*
Maturitas*
Microcirculation*
N Z Med J*
Neurology*
Obesity*
Rheumatology*
Sci Am*
Thorax*

*Journals indexed in Medline

Acupuncture

27-187 Auricular acupuncture for pain relief after ambulatory knee surgery: a randomized trial

Usichenko TI, Kuchling S, Witschuck T, et al.
Can Med Assoc J. 16 January 2007. Vol.176.
No.2. p.179-83.

Reviewed by Dr Jim Vause

Review: Researchers in Germany performed a randomised controlled study of 120 patients undergoing ambulatory arthroscopic knee surgery. Fixed indwelling acupuncture needles inserted before surgery were compared with an invasive needle auricular acupuncture using sham points. While there was no difference in pain inten-

sity, the control group required more ibuprofen than the auricular acupuncture group. The majority of patients in both groups believed that they had received true acupuncture and wanted to repeat it in future.

Comment: Good methodology, especially the type of control. Note the strong patient preference for any intervention, control or active.

27-188 Stop Hypertension with the Acupuncture Research Program (SHARP): Results of a randomized, controlled clinical trial

Macklin EA, Wayne PM, Kalish LA, et al.
Hypertension. November 2006. Vol.48.
No.5. p.838-45.

Reviewed by Dr Alex Chan

Review: This is a pilot trial involving 192 patients who were weaned off antihypertensives before being randomised into acupuncture treatment groups (individualised or standardised TCM acupuncture) or invasive sham acupuncture group (needling non-meridian body points, Darwin tubercle on the ear and posterior ear lobe with no stimulation) for = 12 sessions over six to eight weeks. Pre-trial BP ranged from 140/90 to 179/109 mmHg. When assessed after 10 weeks, the average magnitude of BP reduction in the trial was small and similar to those observed in the placebo groups of previous pharmaceutical trials. Also, there was no significant difference between active and sham acupuncture with respect to the reduction in systolic or diastolic blood pressures.

Comment: The efficacy of acupuncture in blood pressure control has not been established. Acupuncture should not be recommended as the sole form of therapy for hypertension.

27-189 Acupuncture for fibromyalgia: a systematic review of randomized clinical trials

Mayhew E, Ernst E. *Rheumatology*. 19 December 2006. Vol.e-pub.

Reviewed by Dr Alex Chan

Review: A summary of five RCTs on the effect of acupuncture on fibromyalgia. Three of the RCTs revealed positive effects with electro-acupuncture but the effects were considered short lasting, small, and therefore of debatable value to patients by the reviewers. The two negative trials used only manual acupuncture. A major deficiency cited is the failure of all the RCTs to fully control for possible placebo effects.

Comment: It is important to note that in a separate review of non-penetrating sham devices in acupuncture trials by one of the authors, it has already been concluded that the therapeutic effects of acupuncture are mostly, if not exclusively, due to placebo. WWW Link: <http://rheumatology.oxfordjournals.org/cgi/content/full/kel406v1?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&author1=mayhew%2C+e&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&fdate=1/1/2006&resourcectype=HWCIT>

27-190 Acupuncture for postmenopausal hot flashes

Nir Y, Huang MI, Schnyer R et al. *Maturitas*. 18 December 2006. Vol.e-pub. p.13 pages.

Reviewed by Dr Alex Chan

Review: Twenty-nine patients with at least seven moderate to severe hot flashes per 24 hours were randomised to receive TCM acupuncture or sham

acupuncture using a non-penetrating placebo needle on non-valid points off any acupuncture channels. The placebo needles have blunt tips that touch the skin before retracting up into a hollow shaft handle. All patients received nine treatments over seven weeks. A significant reduction in the severity but not the frequency of hot flashes in the active compared with the control group was found.

Comment: A good study conducted by investigators from the Stanford University School of Medicine, the Harvard Medical School and New England School of Acupuncture. Worth reading.

27-191 Acupuncture reduces experimental renovascular hypertension through mechanisms involving nitric oxide synthases

Kim DD, Pica AM, Duran RG, et al. *Microcirculation*. October-November 2006. Vol.13. No.7. p.577-85.

Reviewed by Dr Alex Chan

Review: Electroacupuncture at ST-36 bilaterally for 30 minutes at 2 Hz daily for five days reduced experimentally induced renovascular hypertension in hamsters from 160 to 128 mmHg. This was associated with an increase of nitric oxide in the arteriolar wall after acupuncture. An increase in the levels of endothelial and neuronal nitric oxide synthase in the tissues was demonstrated in the same experiment, suggesting this as one of the mechanisms of the acupuncture effect on arteriolar wall nitric oxide level and on experimentally induced renovascular hypertension.

Comment: A short-term experimental scenario of the positive effect of

acupuncture on hypertension as distinct from the clinical trial which showed a negative effect. Please note that there might not be any significant structural changes in the blood vessels of these hamsters two weeks from the induced renovascular hypertension.

Alcohol and Substance Abuse

27-192 Roadside drug testing: unanswered questions and future challenges

Lenne MG. *Drug Alcohol Rev*. March 2007. Vol.26. No.2. p.107-8.

Reviewed by Dr Helen Moriarty

Review: Drug-driving now attracts interest of governments and road authorities. Emphasis can be on detection of impaired drivers, or on concentrations of target drugs in blood or saliva. The scientific basis for each approach is still being developed – in particular cut-off levels for safe driving behaviour.

Comment: A good two-page summary of key issues, particularly of current gaps in knowledge about drug-driving and its effect.

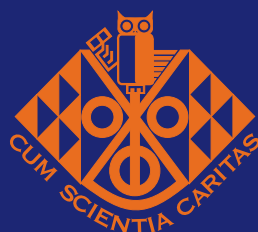
27-193 Pre-operative screening for excessive alcohol consumption among patients scheduled for elective surgery

Shourie S, Conigrave KM, Proude EM, et al. *Drug Alcohol Rev*. March 2007. Vol.26. No.2. p.119-25.

Reviewed by Dr Helen Moriarty

Review: The screening done at pre-assessment clinics to detect excessive alcohol consumption in pre-op patients in non-standardised, done in-

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consistently, often on selective patients only, and frequently is duplicated by several different health professionals. Detection of a problem is frequently too close to surgery date to intervene for a better surgical outcome for that patient.

Comment: This was a Sydney hospital-based study, but the finding could apply to NZ too. We can do better, by screening at the point of referral to a surgeon.

27-194 A pilot study using the internet to study patterns of party drug use: processes, findings and limitations

Miller PG, Johnston J, McElwee PR, et al. *Drug Alcohol Rev.* March 2007. Vol.26. No.2. p.169-74.

Reviewed by Dr Helen Moriarty

Review: Party drug use is on the increase in Australia too. Four hundred and sixty participants completed an Internet survey in 30 days. Recruitment was by advertising the web survey on drug websites, music and nightlife websites and street press. Poly-drug use is the norm in this setting, but BZP did not feature on the list of main drugs used by participants. A survey of this kind is uncontrolled and relies on self-report. Its value to NZ doctors lies in highlighting the differences between the Australian party scene and our own home-grown situation.

27-195 Poppy seed tea and opiate abuse in New Zealand

Braye K, Harwood T, Inder R, et al. *Drug Alcohol Rev.* March 2007. Vol.26. No.2. p.215-9.

Reviewed by Dr Helen Moriarty

Review: A small study of 24 new patients presenting at the drug and alcohol clinic in Wellington showed that 46% had used poppy seed tea as a source of opiates. This is a readily available and cheap opiate source, but with side-effects of bitter taste and a disposal problem of bulky soaked seeds of 0.5-1kg at a time.

Comment: Such a small sample of patients cannot provide results of significance, but does help as a timely

reminder that patients will go to considerable lengths to feed an opiate habit in NZ where heroin supply is limited.

27-196 Type of alcohol consumed, changes in intake over time and mortality: the Leisure World Cohort Study

Paganini-Hill A, Kavas CH, Corrada MM. *Age Ageing.* March 2007. Vol.36. No.2. p.203-9.

Reviewed by Dr Fiona Corbin

Review: Describes the effects of varying levels of alcohol consumption on mortality in older adults, observed in a large well-designed prospective population-based cohort study with 23 years of follow-up.

Comment: This article was my 'pick of the bunch' for this particular issue of *Age & Ageing*. Assessed from the perspectives of technical rigour, real world applicability and interest, this paper is a great read.

Cardiovascular System

27-197 Low birth weight, a risk factor for cardiovascular diseases in later life, is already associated with elevated fetal glycosylated hemoglobin at birth

Pfab T, Slowinski T, Godes M, et al. *Circulation.* 17 October 2006. Vol.114. No.16. p.1687-92.

Reviewed by Dr Jim Vause

Review: German researchers quantified, at delivery, the total glycosylated haemoglobin (TGH) in 1295 mother/child pairs and related this to infant birthweight. They found after correcting for gestational age at delivery, sex (child's), maternal body mass index, and smoking during pregnancy, an inverse association between TGH of a newborn and its birth weight. They concluded that this might be due to increased insulin resistance in newborns with lower birth weight.

Comment: More support for in utero factors impacting on later life diseases through linking pathophysiological mechanisms with prenatal

growth and postnatal sensitivity to insulin.

27-198 Long-term survival in patients presenting with type B acute aortic dissection: Insights from the International Registry of Acute Aortic Dissection

Tsai TT, Fattori R, Trimarchi S, et al. *Circulation.* 8 November 2006. Vol.114. No.21. p.2226-31.

Reviewed by Dr Jim Vause

Review: Researchers in Europe and North America examined the outcomes of 242 consecutive patients discharged alive with acute type B aortic dissection and found the three year survival for patients treated medically, surgically, or with endovascular therapy was 77.6%, 82.8%, and 76.2%, respectively. Predictors of follow-up mortality were being female, a history of prior aortic aneurysm, a history of atherosclerosis, in-hospital renal failure, pleural effusion on chest radiograph, and in-hospital hypotension/shock.

Comment: One in four mortality at three years for type B acute aortic dissection is not great news, no matter what the intervention.

27-199 Sildenafil improves exercise hemodynamics and oxygen uptake in patients with systolic heart failure

Lewis GD, Lachmann J, Camuso J, et al. *Circulation.* 2/9 January 2007. Vol.115. No.1. p.59-66.

Reviewed by Dr Jim Vause

Review: Researchers in Boston, USA conducted a trial of 13 heart failure patients after they were assessed for right heart haemodynamics, gas exchange, first-pass radionuclide ventriculography at rest and with cycle ergometry. They were then given 50mg of oral sildenafil and retested. Sildenafil significantly reduced indicators of vascular pressure and resistance, increased resting and exercise cardiac index without altering mean arterial pressure, heart rate, or pulmonary capillary wedge pressure. The benefits were also manifest during exercise.

Comment: Given sildenafil's benefit in pulmonary hypertension, a benefit in systolic heart failure is logical. We now need the studies of more patient orientated outcomes.

27-200 ACE inhibitors effective in CAD without CHF

J Fam Pract. August 2006. Vol.55. No.8. p.665.

Reviewed by Dr Bruce Adlam

Review: This meta-analysis of RCTs by French authors suggest ACE inhibitors decrease overall mortality, cardiovascular mortality, myocardial infarction risk, and stroke risk in patients with coronary artery disease (CAD) but without signs or symptoms of heart failure. The benefit is not pronounced, with only one death prevented in more than 400 patients treated for two years (LOE=1a). (Original article reviewed: Arch Intern Med 2006; 166: 787-96).

Comment: These NNTs are so high because of the relatively small benefit (12%–14% reduction) and because the death rate in these studies was less than 2%. There was no correlation between blood pressure reduction and the outcomes seen in this study.

27-201 Coffee does not increase risk of developing CAD

J Fam Pract. September 2006. Vol.55. No.9. p.757-8.

Reviewed by Dr Bruce Adlam

Review: There is no evidence that coffee consumption increases the likelihood that someone will develop heart disease (Level of evidence = 2b). This prospective cohort study from the Health Professionals Follow-up Study (N=44 005) and the Nurses' Health Study (N=84 488) showed no association was found between CAD and consumption of coffee, decaf, or tea. (Original article reviewed: Circulation 2006; 113: 2045-53).

Cerebrovascular System

27-202 Warfarin prevents more strokes than clopidogrel and aspirin in afib

J Fam Pract. September 2006. Vol.55. No.9. p.753.

Reviewed by Dr Bruce Adlam

Review: Warfarin is superior to the combination of clopidogrel (Plavix) plus aspirin in preventing strokes and systemic emboli in high risk patients with atrial fibrillation (Level of evidence = 2b). The study was terminated early because of the clear superiority of oral anticoagulation. After 1.3 years of follow-up, bad outcomes occurred in 4.9% of patients taking oral anticoagulation compared with 7.0% in those treated with clopidogrel plus aspirin (NNT = 48). The rate of major bleeding complications was comparable in patients taking clopidogrel plus aspirin (2.42% per year) and patients taking warfarin (2.21% per year). However, the rate of minor bleeding was lower in patients treated with warfarin (11.4% vs 13.6%). (Original article reviewed: Lancet 2006; 367: 1903-12).

27-203 A randomised controlled trial of warfarin versus aspirin for stroke prevention in octogenarians with atrial fibrillation (WASPO)

Rash A, Downes T, Portner R, et al. Age Ageing. March 2007. Vol.36. No.2. p.151-6.

Reviewed by Dr Fiona Corbin

Review: The study and an accompanying editorial in the same issue (p.117–119) consider use of warfarin versus aspirin in octogenarians in primary prophylaxis for atrial fibrillation. The study on which the article is based is a randomised, open-labelled prospective design. It is a very small, underpowered study (n=75) with a short follow-up of only 12 months and multiple exclusion criteria, effectively reducing the generalisability of the findings to a real world general practice environment.

Comment: This is an accessible article. Unfortunately the underlying study has some obvious deficits. I would wait for the results and report on the Birmingham atrial fibrillation treatment of the aged (BAFTA) study; a primary-care based, pragmatic randomised controlled trial where older people (aged 75 years or over)

with AF are randomised to receive either warfarin or aspirin.

Communicable Diseases, Infections and Parasites

27-204 How should we manage a patient with a positive PPD skin test and prior BCG vaccination

Rowland K, Guthmann R, Jamieson B. J Fam Pract. August 2006. Vol.55. No.8. p.718-20.

Reviewed by Dr Bruce Adlam

Review: Evidence-based answer: The variable reaction after BCG vaccination, along with the desire to detect all cases of TB, has led to recommendations that all patients with a positive PPD test be treated as true positives. These patients should undergo chest radiography and appropriate treatment, regardless of history of BCG vaccine (strength of recommendation = B). An induration of greater than 14mm is unlikely to be due to prior BCG vaccination (strength of recommendation = A). An alternative test is the QuantiFERON-TB Gold test. This is a new interferon-gamma assay, though expensive, has no cross-reactivity with BCG. Lab+ in Auckland currently have some validation of this test underway.

Comment: Interesting paper in light of the Palmerston North outbreak in 2006.

27-205 Two students, two tropical beaches, two injured feet

Golding J. J Fam Pract. September 2006. Vol.55. No.9. p.773-4.

Reviewed by Dr Bruce Adlam

Review: This is photo round item but quite interesting as students return from their OE. Cutaneous larva migrans (CLM, sometimes called the 'creeping eruption') occurs when the third-stage larvae of dog (or cat) hookworm invade the skin and fail to penetrate the epidermal basement layer. The disease is found most commonly in tropical and subtropical climates. Animals defecate on warm, moist sand and the nematode eggs hatch. The larvae quickly invade bare skin in contact with the sand.

Many patients report a stinging sensation, which they may misinterpret as a puncture or insect bite. The typical lesion is usually a straightforward diagnosis (once the observer is familiar with the infection), but differential diagnosis includes tinea corporis, granuloma annulare, erythema migrans (Lyme disease), and stings by marine invertebrates. In very rare cases, larvae may migrate to the lungs, causing pneumonitis. The various treatments include ivermectin, albendazole, and thiabendazole. Thiabendazole 10% cream may be effective.

Contraception and Family Planning

27-206 What are contraindications to IUDs?

Paladine HL, Blenning CE, Judkins DZ. *J Fam Pract.* August 2006. Vol.55. No.8. p.726, 728-9.

Reviewed by Dr Bruce Adlam

Review: Evidence-based answer: Based on limited evidence, use of intrauterine devices (IUDs) is not contraindicated for women with HIV/AIDS (strength of recommendation = C), multiple sexual partners (SOR: C), previous actinomyces colonization (SOR: C), most types of fibroids (SOR: C), or previous ectopic pregnancy (SOR: C). The risk to IUD users of pelvic inflammatory disease (PID) is similar to women using no contraception (SOR: B). Nulliparous women may experience increased insertion discomfort and higher rates of expulsion (SOR: B). IUD use of <3.5 years is not associated with decreased fertility (SOR: B).

Comment: I found it surprising that 25% of contraceptive users in Europe choose an IUD. This compares with only 1% in the US. A useful article.

Dermatology

27-207 Don't use minocycline as first line oral antibiotic in acne

McManus P, Iheanacho I. *BMJ.* 20 January 2007. Vol.334. No.7585. p.154.

Reviewed by Dr Len Brake

Review: The Change Page 'aims to alert clinicians to the immediate need for a change in practice to make it consistent with current evidence.' The introduction concludes: 'Compelling and robust evidence must underpin the proposal for change.' Minocycline was marketed very convincingly to GPs as being the drug of choice for acne, but it is no more effective than other oral tetracyclines in treating acne. In fact the risk of rare but serious unwanted effects makes it less suitable. Minocycline is also more expensive than most other tetracyclines.

27-208 Is minocycline overused in acne?

Anonymous. *Drug Ther Bull.* August 2006. Vol.44. No.8. p.60-2.

Reviewed by Dr Fiona Corbin

Review: Examines the rationale and evidence underpinning the purported superiority of minocycline over other tetracyclines in the treatment of acne. The authors state in conclusion that they could find no convincing evidence to support such a preference.

Comment: I enjoyed this article. The Lederle 'Rep.' was one of first industry representatives I ever became acquainted with. I remember someone saying 'he made his money on the back of the launch of Mino Tabs® onto the New Zealand market'!

Diabetes

27-209 Incident diabetes in clinical trails of antihypertensive drugs: a network meta-analysis

Elliott WJ, Meyer PM. *Lancet.* 20 January 2007. Vol.369. No.9557. p.201-7.

Reviewed by Dr Tony Hanne

Review: Network meta-analysis is a relatively new statistical tool for drawing solid conclusions from a range of trials which were different in design and purpose. This study demonstrates very significant differences in the risk of developing diabetes according to which antihypertensive agents are used. Angiotensin receptor blockers (ARBs) are better

than angiotensin converting enzyme inhibitors (ACEs) which are protective. Calcium channel blockers (CCBs) are neutral. Beta blockers are worse and diuretics are worst of all.

Comment: This study did not attempt to demonstrate a difference in mortality but it may well explain other similar studies of outcomes of anti-hypertensive treatment in which hypertension was equally well controlled but ARBs and ACEs had lower mortality. It might also help to prod health authorities to make ARBs easier to prescribe.

27-210 Trends in diabetes prevalence, incidence, and mortality in Ontario, Canada 1995-2005: a population-based study

Lipscombe LL, Hux JE. *Lancet.* 3 - 9 March 2007. Vol.369. No.9563. p.750-6.

Reviewed by Dr Tony Hanne

Review: The incidence of diabetes in Ontario has increased over the 10 year period from 5.2% to 8.8% which already substantially exceeds the WHO prediction of a 39% increase over 30 years. The possible reasons are explored. A better outcome of modern treatment means that diabetics are living longer. Tighter thresholds introduced in 1998 would increase rates. Immigration into Canada from south Asia where there is a higher ethnic susceptibility would raise levels of diabetes. All of these factors were found to have only a modest effect. The rising rate of obesity remains the main suspect.

Comment: An additional factor may be a more aggressive population diabetes screening policy not limited to the traditionally at risk groups. Nevertheless these are gloomy findings which are almost certainly relevant to NZ (Editorial attached).

27-211 Statins for primary prevention in type 2 diabetes

Anonymous. *Drug Ther Bull.* August 2006. Vol.44. No.8. p.57-60.

Reviewed by Dr Fiona Corbin

Review: The article starts by reviewing randomised controlled trial evi-

dence for the efficacy of statin therapy in primary prevention of cardiovascular disease. The evidence review considers trials conducted exclusively in patients with diabetes as well as studies reporting a subgroup analysis of statin use in patients with diabetes and also meta-analyses of these and other data. The authors then critique and compare application of this evidence in various guidelines from both the UK and the USA. The authors suggest in the conclusion that, based on published evidence, the decision to offer statin therapy to patients with diabetes for primary prevention should be stratified according to specific patient factors – nothing new there!

Comment: This is a great general and accessible review of some of the landmark primary prevention cardiovascular outcome trials including The Heart Protection Study and 'ALLHAT'. It also contains recommendations for monitoring statin use and presents trial results in terms of Numbers Needed to Treat (NNT) – useful for risk-benefit assessments in practice.

Ear, Nose and Throat

27-212 Efficacy of speech pathology management for chronic cough: a randomised placebo controlled trial of treatment efficacy

Vertigan AE, Theodoros DG, Gibson PG, et al. *Thorax*. December 2006. Vol.61. No.12. p.1065-9.

Reviewed by Dr Jim Vause

Review: To determine the efficacy of a speech pathology intervention programme for chronic cough, Australian researchers performed a single blind, randomised, placebo controlled trial of 87 patients with chronic cough that had persisted despite medical treatment. They found that the treatment group had a significant reduction in cough, breathing, voice and upper airway symptom scores. The placebo group also experienced improvement but significantly less.

Clinical judgment of outcome indicated successful ratings in 88% of participants in the treatment group compared with 14% in the placebo group.

Comment: Good selection of patients for this intervention would be necessary.

Emergency Medicine

27-213 Cardiopulmonary resuscitation by bystanders with chest compression only (SOS-KANTO): an observational study

SOS-KANTO study group. *Lancet*. 17 – 23 March 2007. Vol.369. No.9565. p.920-6.

Reviewed by Dr Tony Hanne

Review: We have traditionally taught CPR to the lay public as a one-size-fits-all approach in which pulmonary ventilation and chest compression are performed alternately. As a response to cardiac arrest, away from emergency services with the capacity for defibrillation, it has had a very poor outcome. This study of over 4000 cardiac arrests, which were bystander observed, looks at the outcomes of traditional CPR, cardiac compression only and doing nothing. Doing something was twice as good as doing nothing but surprisingly cardiac compression was also twice as beneficial as CPR. The logic behind this is discussed (See also editorial 27-214).

Comment: The importance of a provisional diagnosis in choosing appropriate treatment is fundamental to good medicine. Drowning requires pulmonary ventilation. Car-

diac arrest in the street needs chest compression. Combining the two together makes the required measure less effective. We should have worked this out before.

27-214 Cardiac arrest–guideline changes urgently needed

Ewy GA. *Lancet*. 17 – 23 March 2007.

Vol.369. No.9565. p.882-4.

Reviewed by Dr Tony Hanne

Review: The editorial (see 27-213).

Gastroenterology

27-215 Dyspepsia and helicobacter pylori

Shah R. *BMJ*. 6 January 2007. Vol.334.

No.7583. p.41-43.

Reviewed by Dr Len Brake

Review: This is a superb review. I was reminded of a patient with clinically obvious gastric bleeding after a single day's worth of diclofenac. *'I've been vomiting blood,'* she said. I started to ask details of this symptom when she said, *'Ooh here comes another...'*, rushed to the sink, thankfully within close range, and let forth. We witnessed a bright red geyser overwhelming the plughole temporarily. A substantial transfusion was required for this otherwise well woman. The diclofenac had been prescribed for a twisted ankle. But I digress. This paper highlights snippets such as 10–20% people who use NSAIDs will develop peptic ulcer disease that can be detected with endoscopy. The mortality from endoscopy is one death per 10 000 procedures. There are excellent practical management tips.

Comment: All in all, a valuable addition to the practice literature.

27-216 What is the most beneficial diet for patients with diverticulosis?

Eglash E, Lane CH. *J Fam Pract*. September

2006. Vol.55. No.9. p.813-5.

Reviewed by Dr Bruce Adlam

Review: Evidence-based answer: A diet high in fibre (particularly fruit and vegetable fibre) and low in fat and red meat may help to decrease the risk



of symptomatic diverticular disease (strength of recommendation: C). For people with diverticular disease, a diet high in fibre might decrease the risk of complications (SOR: C).

Comment: No studies have evaluated the effect of nut and seed avoidance.

Genetics

27-217 The power of riboswitches

Barrick JE, Breaker RR. *Sci Am*. January 2007. Vol.296. No.1. p.36-43.

Reviewed by Dr Ron Vautier

Review: Newly discovered riboswitches are a group of messenger RNA molecules that not only transcribe from the DNA to the ribosomes the sequences for protein construction, but also regulate, according to the cell's needs, whether or not the particular gene expressions will occur. Several pretty mechanisms are illustrated. There appears to be great potential for a new class of powerful antimicrobial agents.

Comment: Read this if you like biochemistry, or learning new stuff.

Geriatrics

27-218 Multifactorial and functional mobility assessment tools for fall risk among older adults in community, home-support, long-term and acute care settings

Scott V, Votova K, Scanlan A, et al. *Age Ageing*. March 2007. Vol.36. No.2. p.130-9.

Reviewed by Dr Fiona Corbin

Review: Describes a systematic review of published studies that test the validity and reliability of fall risk assessment tools. Data relating to the various tools identified are categorised according to the type of tool, i.e. multifactorial assessment tool or functional mobility assessment, and by specific context in which the tool was tested, i.e. community, home-support, long-term and acute care. The authors find in conclusion that there is very little evidence to support the use of any particular fall risk assessment tool across differ-

ent settings and sub-populations within settings.

Comment: This is a methodologically rigorous systematic review and would be a key reference for anyone involved in setting up or evaluating a fall reduction programme in general practice.

27-219 Vitamin B12 deficiency in the aged: a population-based study

Loikas S, Koskinen P, Irjala K, et al. *Age Ageing*. March 2007. Vol.36. No.2. p.177-83.

Reviewed by Dr Fiona Corbin

Review: Describes a cross-sectional cohort study in a Finnish population, to determine if elderly patients especially at risk of vitamin B12 deficiency can be identified via assessment of specific risk factors or clinical correlates.

Comment: The study described in this paper seems like a bit of a data dredging exercise. It didn't enhance my knowledge and understanding of the topic.

Gynaecology

27-220 Endometriosis

Farquhar C. *BMJ*. 3 February 2007. Vol.334. No.7587. p.249-53.

Reviewed by Dr Len Brake

Review: To summarise this excellent clinical review, Dr Farquhar says: Endometriosis should be suspected in any woman of reproductive age who presents with dysmenorrhoea or chronic pelvic pain. And who could argue with that. This is the type of review which spells the end of medical textbooks.

Comment: Superb.

27-221 Metronidazole gel prevent recurrences of bacterial vaginosis

J Fam Pract. August 2006. Vol.55. No.8. p.661.

Reviewed by Dr Bruce Adlam

Review: Metronidazole gel used twice weekly reduces recurrences of bacterial vaginosis. However, the benefit was largely offset by an increase in vaginal candidiasis and pain complaints (Level of evidence =2b). Num-

bers needed to treat to cause harm = 5 for both candidiasis or pain. (Original article reviewed: *Am J Obstet Gynecol* 2006; 194: 1283-9).

Comment: Metronidazole gel is available in New Zealand but I am unable to find one that has a vaginal preparation.

27-222 Clonidine, gabapentin, and some SSRIs effective for hot flashes

J Fam Pract. August 2006. Vol.55. No.8. p.662.

Reviewed by Dr Bruce Adlam

Review: Clinical Question: Which nonhormonal therapies are effective in the management of menopausal hot flashes? This meta-analysis of RCTs supports the nonhormonal treatment of menopausal hot flashes with paroxetine (Paxil), clonidine (Catapres), gabapentin (Neurontin), and soy isoflavone extract. The overall effect size of all nonhormonal treatments is less than that of oestrogen. Treatment should be individualised according to symptom severity and risk profiles. (Level of evidence =1a-) (Original article reviewed: *JAMA* 2006; 295: 2057-71).

Comment: Red clover isoflavones were looked at but only one in six studies reported reduced hot-flash frequency compared with placebo.

27-223 Approach to diagnosis and management of abnormal uterine bleeding

Telner DE, Jakubovicz D. *Can Fam Physician Med Fam Can*. January 2007. Vol.53. p.58-64.

Reviewed by Dr Mike Lyons

Review: Broadly divides menorrhagia into ovulatory, anovulatory and anatomic. The family physician authors continue on to outline in logical fashion the characteristics, investigations and treatments of each subset. Three case histories correspond to the subsets. Some of the drug names differ to NZ ones but the lessons and principles are sound. Sixty per cent of postmenopausal bleeding is due to atrophic vaginitis.

Comment: Easily digested article. The authors may have an expertise in the field as gauged by their bold asser-

tion – ‘*Endometrial biopsy is a simple office procedure that can be done by family physicians.*’ Yeah right!

Law and Medicine

27-224 On the witness stand: learning the courtroom tango

Dalby JT. Can Fam Physician Med Fam Can. January 2007. Vol.53. p.65-70.

Reviewed by Dr Mike Lyons

Review: The author draws on his personal experience from over 750 trial appearances in passing on practical tips and suggestions to lessen the anxiety engendered by a summons to court as an expert witness. Advises us to anticipate courtroom culture, prepare adequately and discuss the case with the lawyer prior to court attendance. Imparts sound ideas in anticipating cross examination and tips for dealing with aggressive lawyers.

Comment: Succinct article sprinkled with pearls. Concentrates on dynamism and trustworthiness. Quotes Cicero ‘*The aim of forensic oratory is to teach, to delight, to move*’ and cautions that for us novice experts the first goal – to teach – is the ONLY goal. Thank God for small mercies.

Musculoskeletal System

27-225 Laxity testing of the shoulder: a review

Bahk M, Keyurapan K, Tasaki A, et al. Am J Sports Med. January 2007. Vol.35. No.1. p.131-44.

Reviewed by Dr Celeste Geertsema

Review: This article reviews methods for evaluating laxity in the shoulder. Laxity is considered to be normal asymptomatic glenohumeral movement, whereas instability is painful, unwanted glenohumeral movement. Biomechanics are discussed, including static and dynamic stabilisers of the shoulder. Individual shoulder tests reviewed include anterior and posterior drawer tests, load and shift tests, sulcus sign, Gagey hyperabduction test and test-

ing under anaesthesia. Classification systems for laxity are considered, but remains poorly correlated to clinical experience. Whilst these tests enable an examiner to evaluate laxity, it does not necessarily correlate with clinically significant instability. The authors suggest that a positive laxity test have clinical significance only when it actually reproduces the patient’s symptoms and that apprehension is a more reliable symptom than pain.

Comment: This article is a good review of not only the relevant laxity tests, but also their value in diagnosing instability of the shoulder.

27-226 Clinical update: low back pain

Balague F, Mannion AF, Pellise F, et al. Lancet. 3 – 9 March 2007. Vol.369. No.9563. p.726-8.

Reviewed by Dr Tony Hanne

Review: About 90% of acute low back pain is benign and self limiting, recovering within three months regardless of treatment. The main danger is in over investigation and unnecessary treatment. The remaining 10% need to be identified early and treated appropriately. Listening to the patient’s symptoms and concerns, explaining and reassuring clearly, and keeping the patient active and at work if possible, are all important in a good outcome. MRI is the most useful form of imaging in low back pain but is needed in only a small number of cases based on specific signs rather than patient or clinician anxiety.

Comment: Out of 40 treatments reviewed, only analgesia, exercise, education and physical and psychological rehabilitation were found to be effective in chronic low back pain. These guidelines could threaten a vast, booming industry! (Comment attached).

Nephrology

27-227 The patient, the drug and the kidney

Anonymous. Drug Ther Bull. December 2006. Vol.44. No.12. p.89-95.

Reviewed by Dr Fiona Corbin

Review: This paper considers drug therapy in the context of impaired renal function. There are excellent and concise sections covering principles of prescribing in renal impairment, as well as practical recommendations for using commonly prescribed, renally excreted drugs in patients with renal impairment.

Comment: This is a really handy summary of common medicine-use scenarios in the context of renal impairment and worth a read.

Neurology

27-228 A randomized clinical trial of coenzyme Q10 and GPI-1485 in early Parkinson disease

The NINDS NET-PD Investigators. Neurology. 2 January 2007. Vol.68. No.1. p.20-8.

Reviewed by Dr Jim Vause

Review: A randomised, double-blind, calibrated futility clinical trial of coenzyme Q10 and GPI-1485 in Parkinson disease (PD) showed that the primary outcome measure (change in total Unified Parkinson’s Disease Rating Scale scores over one year) did not meet the prespecified criteria for futility for either agent. **Comment:** This result might well reflect the problem of studying drug efficacy over this time interval. However, it seems, if Q10 works, it is not very effective.

27-229 Mirrors in the mind

Rizzolatti G, Fogassi L, Gallese V. Sci Am. November 2006. Vol.295. No.5. p.30-7.

Reviewed by Dr Ron Vautier

Review: Certain neurons in the motor cortex are active not only when an individual performs certain actions but also when the individual observes others performing the same movements. Such ‘mirror neurons’ thus seem to provide a direct internal experience, and understanding, of another person’s act, intention or emotion. This article discusses some of the animal and human evidence

for this, and its significance to learning and other aspects of our social existence.

Comment: Interesting new information of benefit in increasing an understanding of what makes us tick.

27-230 Broken mirrors: A theory of autism

Ramachandran VS, Oberman, LM. *Sci Am*. November 2006. Vol.295. No.5. p.38-45.

Reviewed by Dr Ron Vautier

Review: Studies of people with autism show a lack of normal mirror neuron activity in several regions of the brain, suggesting that this dysfunction may explain some of the manifestations of this condition such as isolation and lack of empathy. A complementary hypothesis, the 'salience landscape theory', could account for secondary symptoms such as hypersensitivity.

Comment: Autism should be less puzzling after reading this, and we see also possibilities for better treatments for the condition.

27-231 Seeking the neural code

Nicolelis MA, Riberio S. *Sci Am*. December 2006. Vol.295. No.6. p.48-55.

Reviewed by Dr Ron Vautier

Review: By placing electrodes in many neurons at a time it is established that information in sensory pathways is encoded in the spatio-temporal activity patterns of entire neural assemblies.

Comment: Read this if you are curious about how your brain works, and perhaps like me you will feel you now have a hint. Which is better than a complete mystery.

Nutritional and Metabolic Diseases

27-232 Drug treatments for obesity: orlistat, sibutramine, and rimonabant

Padwal RS, Majumdar SR. *Lancet*. 6 January 2007. Vol.369. No.9555. p.71-7.

Reviewed by Dr Tony Hanne

Review: Of the currently available drugs only Orlistat and Sibutramine

combine relative efficacy with reasonable safety but the different actions and side effects of each should be understood in making choices. Rimonabant is the first of a new generation of agents which block cannabis receptors and will be promoted soon. It is also moderately effective but presents its own hazards. The article reviews evidence for whom to treat and realistic and worthwhile goals to set.

Comment: It is a sad commentary on the beginning of the 21st century that there are now over one billion overweight people, for the first time slightly exceeding the number of underweight, hungry individuals. The evils of urbanisation are mainly responsible for the obesity epidemic. The mainstay of treatment is still in lifestyle change.

27-233 Trends in pre-pregnancy obesity in nine states, 1993-2003

Kim SY, Dietz PM, Morrow B, et al. *Obesity*. April 2007. Vol.15. No.4. p.986-93.

Reviewed by Dr Anne-Thea McGill

Review: This study sampled > 66 000 (>18% of all live births) women after delivery and was representative of each nine states in the US. Although the BMI was self reported, the authors did correct for incomplete data, and comment. The results showed pre-pregnancy obesity increased 69.3% during the study period, from 13.0% in 1993 to 1994 to 22.0% in 2002 to 2003. Subgroups of women with the highest prevalence of obesity in 2002 to 2003 were those in their 20s, who were black, had other children, less educated or non-smokers. However, all subgroups of women examined experienced at least a 43% increase in pre-pregnancy obesity over this time period.

Comment: This study is a wake up call, reminding us the prevalence of obesity is also common in this subpopulation, probably extrapolating to other Westernised populations. Not only does this increase the well known obstetric complications, other studies show chronic effects on the offspring.

Obstetrics

27-234 Maternal mortality and severe morbidity associated with low-risk planned cesarean delivery versus planned vaginal delivery at term

Liu S, Liston RM, Joseph KS, et al. *CMAJ*. 13 February 2007. Vol.176. No.4. p.455-60.

Reviewed by Dr Jim Vause

Review: In Canada, perinatal surveillance has identified that the planned caesarean group (compared with planned vaginal delivery) had increased postpartum risks of cardiac arrest, wound haematoma, hysterectomy, major puerperal infection, anaesthetic complications, venous thromboembolism and haemorrhage requiring hysterectomy. These patients stayed in hospital longer but had a lower risk of haemorrhage requiring blood transfusion.

Comment: While the absolute risk increase of severe maternal morbidity rates were low, nevertheless it makes the concept of low risk caesareans an oxymoron when compared with planned vaginal delivery (see also commentary 27-235).

27-235 Is planned cesarean childbirth a safe alternative?

Armson BA. *CMAJ*. 13 February 2007. Vol.176. No.4. p.475-6.

Reviewed by Dr Jim Vause

Review: The commentary (see 27-234).

27-236 Hypothyroidism in the pregnant woman

Anonymous. *Drug Ther Bull*. July 2006. Vol.44. No.7. p.53-6.

Reviewed by Dr Fiona Corbin

Review: As described by the title this is a review of hypothyroidism in pregnancy. The article describes normal thyroid function in mother and foetus during pregnancy, then goes on to describe hypothyroidism in pregnancy. The author(s) review available evidence of the effect of hypothyroidism on pregnancy outcome as well as evidence of the effect on foetal brain development. The second part of the article considers clinical implications of hypothyroidism

in pregnancy including recommendations for monitoring and management, again this is based on evidence which is described in the article. There is a final section about case finding and screening.

Comment: This is an interesting and pithy review of a clinical situation which could be expected to occur occasionally in an 'average' general practice.

Occupational Health

27-237 Pilot age and expertise predict flight simulator performance A 3-year long longitudinal study

Taylor JL, Kennedy Q, Noda A, et al. *Neurology*. 27 February 2007. Vol.68. No.9. p.648-54.

Reviewed by Dr Jim Vause

Review: Stanford, California researchers studied the performance of 118 general aviation pilots aged 40 to 69 years in flight performance of executing air-traffic controller communications; traffic avoidance; scanning cockpit instruments; executing an approach to landing; and a flight summary score. They found that more expert pilots had better flight summary scores at baseline and showed less decline over time. Secondary analyses revealed that expertise effects were most evident in the accuracy of executing aviation communications, the measure on which performance declined most sharply over time. Regarding age, even though older pilots initially performed worse than younger pilots, over time older pilots showed less decline in flight summary scores than younger pilots. Secondary analyses revealed that the oldest pilots did well over time because their traffic avoidance performance improved more versus younger pilots.

Comment: This will be translatable to vehicle driving and is consistent with the adage that old pilots are not bold pilots (see editorial 27-238).

27-238 Fly the graying skies: A question of competency vs age

Sirven JI, Morrow DG. *Neurology*. 27 February 2007. Vol.68. No.9. p.630-1.

Reviewed by Dr Jim Vause

Review: The editorial (see 27-237).

Oncology

27-239 Evolved for cancer?

Zimmer C. *Sci Am*. January 2007. Vol.296. No.1. p.52-9.

Reviewed by Dr Ron Vautier

Review: Natural selection has provided some defenses against cancer, but these tend to just delay its onset to late in life. On the other hand evolutionary forces seem to have favoured some genes that contribute to cancer's development. Such insights should inspire new strategies for dealing with cancer.

Comment: This article offers some intriguing insights in a fairly easily and quickly digested form.

27-240 Clinical features of colorectal cancer before emergency presentation: a population-based case-control study

Cleary J, Peters TJ, Sharp D, et al. *Fam Pract*. February 2007. Vol.24. No.1. p.3-6.

Reviewed by Dr Jim Vause

Review: In a population-based case-control study of 349 patients with colorectal cancer, researchers in Bristol, UK found eight features of colorectal cancer that were associated with 62 emergency presentations of colorectal cancer. Sixty-three per cent of patients had reported at least one symptom to their doctors, a minimum of 30 days before the diagnosis with three key features: abdominal pain, loss of weight and diarrhoea.

Comment: Confirmation of the importance of altered bowel symptoms for Ca bowel, but the sensitivity of these symptoms remains low given their prevalence in general practice presentations.

27-241 Ovarian cancer risk in relation to medical visits, pelvic examinations and type of health care provider

Abenham HA, Titus-Ernstoff L, Cramer DW. *Can Fam Physician Med Fam Can*. 27 March

2007. Vol.176. No.7. p.941-7.

Reviewed by Dr Jim Vause

Review: To examine the relationship between health care use and the risk of ovarian cancer, researchers in Boston used a case-control study (of women with and without ovarian cancer) comparing the frequency of medical visits and pelvic examinations and the type of health care provider visited during a 5-year period. They found an increased risk of ovarian cancer among women who, during the 5-year study period, did not have a medical visit or pelvic examination or who had no regular health care provider. This increase in risk was most pronounced among women who were postmenopausal. The researchers concluded that although the exact mechanism underlying the association between medical visits, pelvic examinations and type of health care provider and ovarian cancer is unknown, women should be encouraged to maintain regular medical care.

Comment: Some interesting possible conclusions. Perhaps regular check-ups don't prevent or detect cancer, but somehow prevent its development (see also commentary 27-242).

27-242 Health care use and risk of ovarian cancer: Is there a link?

Fung-Kee-Fung M, Brouwers M, Oliver TK, et al. *CMAJ*. 27 March 2007. Vol.176. No.7. p.949-50.

Reviewed by Dr Jim Vause

Review: The commentary (see 27-241).

27-243 Population screening for colorectal cancer

Anonymous. *Drug Ther Bull*. September 2006. Vol.44. No.9. p.65-8.

Reviewed by Dr Fiona Corbin

Review: Reviews the landmark trial evidence for various colorectal cancer screening modalities. It then discusses the UK Colorectal Cancer Screening Pilot and details the subsequent faecal occult blood screening programme due to be rolled-out across the UK over the coming three years. The authors highlight concerns that design of the screening pro-

gramme in England deviates from that suggested by the major population screening trials

Comment: This article affords the reader a UK perspective on colorectal cancer screening to compare with the New Zealand environment.

Orthopaedics

27-244 What is the most effective management of acute fractures of the base of the fifth metatarsal?

Vu D, McDiarmid T, Brown M. J Fam Pract. August 2006. Vol.55. No.8. p.713-17.

Reviewed by Dr Bruce Adlam

Review: Evidence-based answer: For acute Jones' fractures in recreationally active patients, early intramedullary screw fixation results in lower failure rates and shorter times to both clinical union and return to sports than non-weightbearing short leg casting (strength of recommendation = A). Non-weightbearing short leg casting achieves union in 56% to 100% of patients but can require prolonged casting (SOR: B). Stress fractures were not included in this review. For avulsion fractures of the fifth metatarsal tuberosity, a soft Jones-dressing allows earlier return to pre-injury levels of activity than rigid short leg casting (SOR: B).

Palliative Care

27-245 Whither general practice palliative care?

Mitchell GK. Aust Fam Physician. October 2006. Vol.35. No.10. p.757.

Reviewed by Dr Peter Woolford

Review: Geoffrey Mitchell is an associate professor of general practice at the Queensland Medical School. He is also a Fellow of the Chapter of Palliative Medicine. In this editorial he argues succinctly and cogently that we in general practice must not let palliative care slip away while recognising the pressures we face. *'Palliative patients and carers value GP care and can feel betrayed when their GP does not perform when the need is greatest.'*

Comment: *'Walking with a patient known for many years is a privilege. We must not let the opportunity slip. If standards in this area fall, specialist services will have to by default pick them up, and everyone will be the poorer for the passing of general practice palliative care.'* (see also 27-246, 27-247 and 27-248)

27-246 Pain management in palliative care An update

Auret K, Pickstock S. Aust Fam Physician. October 2006. Vol.35. No.10. p.762-5.

Reviewed by Dr Peter Woolford

Review: Good easy to read case study based paper giving an overview of pain management.

Comment: (See also 27-245, 27-247 and 27-248).

27-247 Palliating symptoms other than pain

Fischer F. Aust Fam Physician. October 2006. Vol.35. No.10. p.766-70.

Reviewed by Dr Peter Woolford

Review: Good easy to read overview of other symptoms encountered in palliative care. Included are brief snippets relating to non malignant terminal conditions. Heart failure, renal failure, motor neuron disease, chronic obstructive airways disease.

Comment: (See also 27-245, 27-246 and 27-248).

27-248 Suffering loss and grief in palliative care

Lobb EA, Clayton JM, Price MA. Aust Fam Physician. October 2006. Vol.35. No.10. p.772-5.

Reviewed by Dr Peter Woolford

Review: Good easy to read overview of the psychological distress involved in palliative care and how it impacts on patients, families and GPs. Follows up with practical ways to open up discussions and to care for patients families and ourselves.

Comment: These four papers (see also 27-245, 27-246 and 27-247) are part of a palliative care focused edition of the Australian Family Physician. They face similar issues around palliative care as we do in New Zealand and also recognise the importance of

the GP in palliative care. These four papers give quite a nice overview of the philosophy of palliative care and three specific major areas.

Patients

27-249 Patient safety and patient error

Buetow S, Elwyn G. Lancet. 13 January 2007. Vol.369. No.9556. p.158-61.

Reviewed by Dr Tony Hanne

Review: The topic of medical error has been a major issue in recent years with much research and energy, as well as legislation and media publicity, being devoted to its causes and cure. This refreshingly original article explores the equally important but almost totally neglected flip side of the coin. Stephen Buetow from Auckland breaks patient error into two groups, errors of planning, when the patient does not buy into the supposedly agreed course of action, and errors of execution, when he or she opts out of the plan subsequently, unknown to the doctor.

Comment: Serious error in many human activities including medical care is usually the result of a number of system errors as well as personal failure. The patient's part in this should be understood and anticipated as far as possible to minimise its impact.

Prescribing

27-250 Colchicine overdose: the devil is in the detail

Jayaprakash V, Ansell G, Galler D. N Z Med J. 26 January 2007. Vol.120. No.1248. p.1-8.

Reviewed by Dr Len Brake

Review: *'The near fatal consequence of a significant overdose is commonly under-appreciated.'* This Middlemore paper highlights the issue that most of the nine patients took their overdoses accidentally perhaps in a desperate attempt to relieve the severe pain of gout. All but one of them died. The drug has a narrow therapeutic range, indeed it was universally prescribed with the instructions 'sig:

Take 1–2 tabs two hrly until pain eases or diarrhoea occurs! i.e until you get better or until you become toxic. The authors discuss options to better manage the prescribing of colchicine.

27-251 Prevalence and predictors of polypharmacy among older primary care patients in Germany

Junius-Walker U, Theile G, Hummers-Pradier E. *Fam Pract.* February 2007. Vol.24. No.1. p.14-9.

Reviewed by Dr Jim Vause

Review: German researchers determined the predictors (patient- and doctor-related) of polypharmacy in 67 general practices in two different regions of Germany; 466 older patients (70+ years) were recruited. They found that an average of 3.7 prescribed medicines and an additional 1.4 OTC drugs were used per person with 26.7% using five and more chronically prescribed drugs. Five factors best predicted polypharmacy: breathlessness, hypertension, dependency on instrumental activities of daily living, low subjective health and medication disagreement between doctors and patients.

Comment: Excluding hypertension and breathlessness, these other factors are largely process related and therefore more open to influence by GPs, especially medication disagreement which will also align with poor compliance.

Psychiatry and Psychology

27-252 Generalised anxiety disorder

Tyrer P, Baldwin D. *Lancet.* 16 December 2006. Vol.368. No.9553. p.2156-66.

Reviewed by Dr Tony Hanne

Review: As part of the *Lancet* seminar series this is a comprehensive review of the modern definition of anxiety, the common co-morbidities, differential diagnoses and evidence for effective treatments. The problem is long-term, not usually cured, presents numerous pitfalls and should be mostly managed in general practice. Cognitive behavioural therapy if available and affordable, and drug

treatment are about equally effective. The choice seems to depend on patient preference.

Comment: There is a good flow chart and a balanced summary of drug and non-drug treatments with a realistic view of the complex causes and care of this problem which will occupy a significant part of good family practice.

27-253 Risk of death associated with the use of conventional versus atypical antipsychotic drugs among elderly patients

Schneeweiss S, Setoguchi S, Brookhart A et al. *CMAJ.* 27 February 2007. Vol.176. No.5. p.627-32.

Reviewed by Dr Jim Vause

Review: When they compared the 180-day all-cause mortality between residents taking conventional antipsychotic medications and those taking atypical antipsychotic medications, researchers in Canada and the USA found that within the first 180 days of use, 14.1% in the conventional drug group died, compared with 9.6% in the atypical drug group. In comparison with risperidone, haloperidol was associated with the greatest increase in mortality and loxapine the lowest. The greatest increase in mortality occurred among people taking higher doses of conventional antipsychotic medications and during the first 40 days after the start of drug therapy.

Comment: An interesting piece of research to discuss at your local aged care facility.

27-254 Review: antidepressant use increases the risk of suicidal behaviour and ideation in children

Cheung A. *Evid Based Ment Health.* February 2007. Vol.10. No.1. p.20.

Reviewed by Dr Tannis Laidlaw

Review: A meta-analysis on submissions to the US Food and Drug Administration was performed on all placebo controlled RTCs (n=24) of antidepressants in childhood (4500 children). Antidepressants used by children with depression significantly increased the risk of suicidal behav-

iour and ideation compared with placebo. (Original article reviewed: Antidepressant use increases the risk of suicidal behaviour and ideation in children. From: *Suicidality in paediatric patients treated with antidepressant drugs.* Hammad TA, Laughren T, Racoosin J. *Arch Gen Psychiatry* 2006; 63:332-9).

Comment: Cheung, the commentator on this paper, discussed the limitations of this work. For instance, the trials reviewed were comparatively short term and there appeared to be differences between trial participants and those in the general population. Various other studies in the literature counter these results (eg. completed suicides rarely have antidepressants in their bloodstream[1] and a psychotherapy trial also recorded increased suicidality behaviour and ideation[2]. This leads one to remember the old adage about increasing observation of the depressed patient whose mood lifts. Cheung ends with '*...the findings...should serve as a reminder to all clinicians, patients and families that the risks and benefits of using antidepressants must be weighed before initiation of treatment. Furthermore, vigilance is needed in monitoring for the emergence of all adverse events, including suicidality, regardless of the type of treatment.*' [1] Isacson G, Holmgren P, Ahlner J. Selective serotonin reuptake inhibitor antidepressants and the risk of suicide: a controlled forensic database study of 14,857 suicides. *Acta Psychiatr Scand* 2005; 111:286-90. [2] Bridge JA, Salary CB, Birmaher B et al. Emergent suicidality in a clinical psychotherapy trial for adolescent depression. *Am J Psychiatry* 2005; 162:2173-5.)

27-255 Light therapy and fluoxetine similarly effective for improving seasonal affective disorder

Gaynes BN. *Evid Based Ment Health.* February 2007. Vol.10. No.1. p.32.

Reviewed by Dr Tannis Laidlaw

Review: This double blind multi-centre study followed 96 adults with seasonal affective disorder (SAD). They

were assigned to 10 000 lux light treatment (similar to natural light out of doors) plus placebo medication or 100 lux placebo light 'treatment' plus fluoxetine. Eighty-four per cent completed treatment. Both treatments resulted in less depressive symptoms over eight weeks (clinically relevant remission rates: 50% with light, 54% with fluoxetine, $p = \text{ns}$), although fluoxetine produced significantly more side-effects (agitation, sleep disturbance and palpitations) than the light treatment. (Original article reviewed: Light therapy and fluoxetine similarly effective for improving seasonal affective disorder. Lam, RW, Leveitt AJ, Levitan RD et al. *AM J Psychiatry* 2006; 163:805-12.)

Comment: It would have been a more solid design had the researchers included a purely placebo arm (100 lux light and placebo medication) to calculate the placebo effect within the 50–54% response rate. However, Gaynes, the commentator on this paper said: *'These findings will not change current guidelines, but they do provide the highest quality data yet that light therapy and medication therapy appear equivalent first-line treatments for SAD. All other things being equal, light therapy at an adequate dose and fluoxetine at minimally therapeutic dose produce similar benefits.'*

27-256 Intermittent explosive disorder is common, has an early age of onset and is associated with the development of other mental disorders in the US population

Lara DR. *Evid Based Ment Health*. February 2007. Vol.10. No.1. p.32.

Reviewed by Dr Tannis Laidlaw

Review: Intermittent explosive disorder is common, has an early age of onset and is associated with the development of other mental disorders in the US population. Over 9000 participants were surveyed using the CIDI (Composite International Diagnostic Interview, WHO) to assess the prevalence of intermittent explosive disorder in the USA. The 12-month prevalence was 3.9% of adults interviewed

and lifetime prevalence (three or more anger attacks that resulted in serious assault or destruction of property) was 7.3%. Mean age of onset of anger attacks was 13.5 years, and diagnosable IED by the age of 15. 90% of cases had an onset before 20 years. Of those with lifetime diagnoses, 71% had periods of interpersonal violence and 15% with threatening interpersonal violence. Eighty-two per cent had at least one other diagnosable mental disorder. Risk factors were maleness, being young, low education, low income and certain racial backgrounds. (Original article reviewed: The prevalence and correlates of DSM-IV intermittent explosive disorder in the national comorbidity survey replication. Kessler RC, Coccato EF, Fava M et al. *Arch Gen Psychiatry* 2006;63:669-78.)

Comment: Lara, the commentator on this paper said: *'This has important implications as identification and treatment of high anger traits might prevent its burden later in life as anger per se, and by preventing the emergence or attenuating the expression of mental disorders.'*

Public Health

27-257 Consumers' knowledge, perceptions, and responsiveness to direct-to-consumer advertising of prescription medicines

Hoek J, Maubach N. *N Z Med J*. 16 February 2007. Vol.120. No.1249. p.1-10.

Reviewed by Dr Jim Vause

Review: In a mail survey of 1042 New Zealanders (with a 64% response rate), researchers found that respondents with greater health knowledge found DTCA easier to understand and were more likely to have sought further information about an advertised medicine than those with less knowledge. They concluded that these results suggest DTCA may reinforce existing knowledge rather than educate or provide new knowledge and also cast doubt upon claims that DTCA enhances awareness of health issues among groups with lower health knowledge.

Comment: The authors conclusions are damning especially the statement that *'the advertising and pharmaceutical industries' failure to respond to well-documented concerns about DTCA raises serious questions about the power of policy refinements to control advertisers' conduct.'*

Rheumatic Diseases

27-258 Combination therapy for early rheumatoid arthritis

Anonymous. *Drug Ther Bull*. November 2006. Vol.44. No.11. p.81-5.

Reviewed by Dr Fiona Corbin

Review: As the title suggests this article reviews management of early arthritis, particularly the use of combinations of disease-modifying anti-rheumatic drugs (DMARDs). There is a detailed review of clinical evidence for various DMARD-combinations, with information on unwanted effects and recommendations for using combination therapy in practice.

Comment: A useful refresher as well as an update on the topic, as it contains references to more recently introduced DMARD options. Trial results are reported in terms of Numbers Needed to Treat (NNT).

Sexually Transmitted Diseases

27-259 Newer approaches to HIV prevention

Editorial. *Lancet*. 24 February-2 March 2007. Vol.369. No.9562. p.615.

Reviewed by Dr Tony Hanne

Review: In the same issue there are reports of two similar studies from Kenya and Uganda of randomised trials of immediate or delayed circumcision, and the subsequent incidence of new cases of HIV after two years. Both yielded much the same answer. Circumcision reduced the risk of HIV by about 50%. The importance of these results in countries with a high rate of HIV/AIDS and a cultural acceptance of circumcision is discussed. The limitations of a policy based on condoms, and the still unproven

value of vaginally inserted microbicides are also considered.

Comment: This reviewer was impressed on a recent visit to Uganda by the huge roadside posters advocating the ABC of HIV prevention, Abstinence, Be faithful and Condoms and widespread anecdotal evidence they were helping to turn the tide (See also 27-260, 27-261, 27-262, 27-263 and 27-264).

27-260 Male circumcision to cut HIV risk in the general population

Newell M-L, Barnighausen T. *Lancet*. 24 February - 2 March 2007. Vol.369. No.9562. p.617-9.

Reviewed by Dr Tony Hanne

Review: (See 27-259, 27-261, 27-262, 27-263 and 27-264).

27-261 Ronald Gray: collaborating with Ugandan researchers on HIV trials

Boseley S. *Lancet*. 24 February-2 March 2007. Vol.369. No.9562. p.635.

Reviewed by Dr Tony Hanne

Review: (See 27-259, 27-260, 27-262, 27-263 and 27-264).

27-262 Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial

Bailey RC, Moses S, Parker CB, et al. *Lancet*. 24 February - 2 March 2007. Vol.369. No.9562. p.643-56.

Reviewed by Dr Tony Hanne

Review: (See 27-259, 27-260, 27-261, 27-263 and 27-264).

27-263 Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial

Gray RH, Kigozi G, Serwadda D, et al. *Lancet*. 24 February - 2 March 2007. Vol.369. No.9562. p.657-66.

Reviewed by Dr Tony Hanne

Review: (See 27-259, 27-260, 27-261, 27-262 and 27-264).

27-264 Male circumcision and HIV/AIDS: challenges and opportunities

Sawires SR, Dworkin SL, Fiamma A, et al. *Lancet*. 24 February - 2 March 2007. Vol.369. No.9562. p.708-13.

Reviewed by Dr Tony Hanne

Review: (See 27-259, 27-260, 27-261, 27-262 and 27-263).

Smoking

27-265 What predicts a successful smoking cessation attempt?

Ryckman KA, Bercaw DM, Ellis MR, et al. *J Fam Pract*. September 2005. Vol.55. No.9. p.816-9.

Reviewed by Dr Bruce Adlam

Review: Evidence-based answer: Quit date abstinence (strength of recommendation : B), and refraining from tobacco products within the first two weeks after an attempt (strength of recommendation: A) predict long-term abstinence from smoking. Inconsistent studies variously identify being married, a diagnosis of coronary artery disease within the past two years, a higher education level, advanced age, and social status (such as being a homeowner) as factors correlated with successful smoking cessation (strength of recommendation: C, based on prospective cohort studies with conflicting results). Smoking cessation rates increase in a dose- response relationship with minutes per counselling session, number of counselling sessions, and total minutes of counselling time (SOR: A). Among counselling techniques, providing smokers with practical counselling (problem-solving skills), providing social support as part of treatment, helping smokers obtain social support outside of treatment, and use of aversive smoking interventions (eg, rapid smoking) seem to be efficacious (SOR: B, based on limited-quality meta- analyses). **Comment:** Bottom line appears to be to address a patient's smoking in every encounter and at every opportunity.

27-266 Temporal relationship between cigarette smoking and risk of Parkinson disease

Thacker EL, O'Reilly EJ, Weisskopf MG, et al. *Neurology*. 6 March 2007. Vol.68. No.10. p.764-8.

Reviewed by Dr Jim Vause

Review: Confirming previous observations, researchers in Boston and Atlanta found, when studying the Cancer Prevention Study II Nutrition Cohort, that compared with never smokers, former smokers had a relative risk (RR) of 0.78 and current smokers had an RR of 0.27. On average, participants with more years smoked, more cigarettes per day, older age at quitting smoking, and fewer years since quitting smoking had lower PD risk. The cumulative incidence of PD was lowest among participants who quit smoking at later ages.

Comment: It may seem incongruous that smoking has a neuroprotective effect, however, identification of the exact reason could be very useful.

Sports and Exercise Medicine

27-267 Evaluation and treatment of acromioclavicular joint injuries

Mazzocca A, Arciero RA, Bicos J. *Am J Sports Med*. February 2007. Vol.35. No.2. p.316-29.

Reviewed by Dr Celeste Geertsema

Review: This article reviews acute injuries to the acromioclavicular joint. Anatomy and biomechanics, classification of injuries, clinical presentations and treatment are briefly discussed. This is followed by a review of the existing literature on surgical treatment of these injuries. There is general consensus that type I and II injuries need to be treated conservatively and the more severe and unstable type IV, V and VI injuries surgically. However, the treatment of type III injuries remains controversial. The authors suggest that at present, these injuries be treated conservatively for a period of 3 to 6 months, even in elite athletes, before surgical options are considered. Recent advances in surgery support individual reconstruction of coracoclavicular and AC ligaments to regain stability and full, pain free range of motion.

Comment: An excellent review article on the topic. However, the in-depth surgical discussion at the end

would probably be more interesting to those with a particular interest in the surgical aspects of treatment.

Therapeutics

27-268 New drugs from old

Anonymous. *Drug Ther Bull.* October 2006. Vol.44. No.10. p.73-7.

Reviewed by Dr Fiona Corbin

Review: Considers the life cycle of patent medicines from an economic perspective. Several strategies used by the pharmaceutical industry to maximise financial returns on investment in drug development are explored through the use of specific case studies.

Comment: This article would interest New Zealand primary care clinicians. It explores prescribing scenarios that we are mostly shielded from, as a result of the activities of PHARMAC, New Zealand's drug procurement agency. There are also quite a few drug information 'gems' to be gleaned as a side benefit of reading this article.

27-269 Inhaled therapy in elderly COPD patients: time for re-evaluation?

Jarvis S, Ind PW, Shiner RJ. *Age Ageing.* March 2007. Vol.36. No.2. p.213-8.

Reviewed by Dr Fiona Corbin

Review: This article describes a small (n=53) study evaluating inhaler use amongst elderly COPD patients in general practice in England. The researchers use a combination of direct patient questioning and objective measurements in the study.

Comment: Potential confounding factors are not adequately addressed in the study. The authors appear to ignore the impact of the specific drug delivered on patients' perception of clinical benefit received from their inhaled medication. This gives one the impression that this is a 'quick and dirty' piece of research. Never-the-less the article provides food for thought when prescribing and managing inhaled medications in the elderly.

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Cheryl Pearson, Publications Administrator
Royal New Zealand College of General Practitioners
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