

Journal Review Service

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

Journals reviewed in this issue

Aust N Z J Med *
Br Homeopath J *
Br J Fam Plann*
Br J Gen Pract*
Br J Sports Me*
Can Fam Physician Med Fam Can*
J Fam Pract*
JAMA*
Meridians
Pacific Journal of Oriental Medicine
Physician and Sportsmedicine*
Postgrad Med*
Prim Care*
Sci Am*
Venereology*

*Journals indexed in Index Medicus

Abnormalities

21-320 Impact of folic acid fortification of the US food supply on the occurrence of neural tube defects.

Honein MA, Paulozzi LJ, Mathews TJ, et al.
JAMA. 20 June 2001. Vol.285. No.23. p.2981-6.
Reviewed by Dr Len Brake

Review: Daily consumption of 400 µg of folic acid before conception and during early pregnancy dramatically reduces the occurrence of neural tube defects. This study evaluated the rates of spina bifida and anencephaly before and after the mandatory fortification of grain products. Bread to you and me. (see 21-321 for editorial comment). Patient Page attached.
Comment: There was a 19% decrease of NTDs on birth certificates over this time. This paper looks at the reasons for this good but not great improvement.

21-321 Food fortification to prevent neural tube defects: Is it working?

Mills JL, England L. JAMA. 20 June 2001.
Vol.285. No.23. p.3022-3.
Reviewed by Dr Len Brake
Review: See 21-320.

Acupuncture

21-322 Needling: Ideas from the classics.

Thompson J. Pacific Journal of Oriental Medicine. June 2001. No.18. p.5-8.
Reviewed by Dr Joan Campbell

Review: This paper reviews some of the classical descriptions of needling. The role and intention of the therapist, the awareness of the needle, its usage and the types of sensations elicited and experienced are all discussed. "The essentials of needling are easy to explain but difficult to master in practice. The mediocre practitioner abides by the form, but the superior practitioner abides by the spirit" Jia Yi Jing, Bk5, Chpt 4 in Yang & Chance, 1994, p. 290.

Comment: The more I teach acupuncture and the more I observe students needling, the more convinced I am that the success or failure of acupuncture treatment lies in the skills (both diagnostic and needling) of the practitioner.

21-323 Treating back pain with the Kiiko Matsumoto technique.

Magidoff A. Pacific Journal of Oriental Medicine. June 2001. No.18. p.10-4.
Reviewed by Dr Joan Campbell

Review: The Matsumoto comprehensive system of treating the whole body, is heavily based on the work of Master Kiyoshi Nagana. In order

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About JRS

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The JRS is a guide to current reading in General Practice. Each article reviewed in the JRS has been selected by the reviewer because, in some aspect, it is considered worth reading by general practitioners.

The majority of reviewers are themselves general practitioners. A review in the JRS should not be considered a substitute for reading the original article.

The JRS seeks to extend the range of journals reviewed and always welcomes new reviewers.

The Goodfellow Unit, Faculty of Medicine and Health Sciences, The University of Auckland, would especially like to thank the reviewers and their staff for the time they generously give to the JRS. We would also like to thank the Philson Library (who supply the reprint service), the RNZCGP, and the other sponsors of the JRS.

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to treat a person presenting with back pain, you always treat the person's underlying and internal conditions first to eliminate the body's energetic record of previous injury or illness, then you treat the injured site using remote points (not local ones) using the site of pain as the reflex by which you judge success of treatment.

Comment: For those who are fans of Kiiko this is a useful clinical article that has a treatment approach. It augments the type of treatments used by Kiiko in Hana diagnostics.

21-324 The man with 5 zang and 5 fu: a case study.

Eddleston C. Pacific Journal of Oriental Medicine. June 2001. No.18. p.51-8.

Reviewed by Dr Joan Campbell

Review: A complex medical case treated within an integrated Western and Eastern approach by a NZ general practitioner and student, traditional Chinese acupuncture practitioner. The client had previously had his small intestine removed for mesenteric vein occlusion and at that time was found to have a protein C deficiency with a propensity for blood clotting.

Comment: This case highlights the importance of practitioners from different modalities, working together for the same aim. There are still some Western medical practitioners who ignore the large amount of scientific evidence now available, and others who want evidence based double blind trials. These are complex issues to debate in themselves. Nevertheless there are many people who would benefit from the innate wisdom of acupuncture (clients and therapists alike!)

21-325 Winter's work - Tending our yin.

Kolchin M. Meridians. Winter 2001. Vol.8. No.1. p.14-8.

Reviewed by Dr Joan Campbell

Review: Five phase/element theory teaches us to use the cycle of the seasons in the treatment of our clients. This paper uses clinical and personal examples to explore the deep "yin" resources of our water/winter energy - our wisdom and inner strength - and integrate them into our everyday lives.

Comment: Five phase/element theory is a multilayered philosophy which encompasses the physical, the physiological, the emotional and the spiritual. Philosophically and psychologically it is about our "being" and what it means to be working with the concept of winter as we nourish and replenish our yin.

Alcohol and Substance Abuse

21-326 Recreational use of amyl nitrite.

Slavin S. Venereology. 2001. Vol.14. No.2. p.81-2.

Reviewed by Dr Helen Moriarty

Review: An overview of this 'new' recreational drug. It has become part of the dance club scene in Australia. It is a liquid that is inhaled either directly or from a dipped rag or cigarette. Apart from the explosive consequences of lighting a dipped cigarette, death or serious injury seems uncommon. Its greatest risk is as a date rape drug (it relaxes and disinhibits) and as a gay scene aphrodisiac (relaxes anal sphincters) which both carry risks of unprotected

sex. It is also used to introduce LSD or ecstasy.

Comment: Doctors should ask young people and gay patients about their party drug use.

Asthma

21-327 Therapeutic options for persistent asthma.

Holgate ST. JAMA. 23/30 May 2001. Vol.285. No.10. p.2637-9.

Reviewed by Dr Len Brake

Review: With the advent of the long acting β_2 -agonists (with associated direct to patients TV ads) and improvements in inhaled steroids this is a timely editorial. It is based on reports of trials in the same journal relating to the groups of drugs. (see 21-328 and 21-329)

Comment: If I might summarise the summary - only use long acting β_2 -agonists for control in difficult cases when you are sure the anti-inflammatory dose of corticosteroid is adequate.

21-328 Inhaled corticosteroid reduction and elimination in patients with persistent asthma receiving salmeterol: A randomized controlled trial.

Lemanske RF, Sorkness CA, Mauger EA, et al. JAMA. 23/30 May 2001. Vol.285. No.20. p.2594-603.

Reviewed by Dr Len Brake

Review: See 21-327.

21-329 Long-acting β_2 -agonist monotherapy vs continued therapy with inhaled corticosteroids in patients with persistent asthma: A randomized controlled trial.

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Lazarus SC, Boushey HA, Fahy JV, et al. JAMA. 23/30 May 2001. Vol.285. No.20. p.2583-93.

Reviewed by Dr Len Brake

Review: See 21-327.

Cardiovascular System

21-330 Lipid-lowering update 2001: Aggressive new goals.

Fenske TK. Can Fam Physician Med Fam Can. February 2001. Vol.47. p.303-9.

Reviewed by Dr Mike Lyons

Review: Outlines the established role of lipid lowering drugs in primary and secondary reduction of cardiac events. New emphasis on diabetes and peripheral vascular disease as independent risks.

Comment: No startling revelations - except perhaps the role of fibrinolytic acid therapy in patients with isolated low HDL.

21-331 Blood pressure control in treated hypertensive patients: clinical performance of general practitioners.

Frijling BD, Spies TH, Lobo CM, et al. Br J Gen Pract. January 2001. Vol.51. No.462. p.9-14.

Reviewed by Dr Rob Henderson

Review: The study involved 132 Dutch general practices and examined 3526 follow-up visits for hypertension. Over 63% of the hypertensive patients had a diastolic pressure over 90 mmHg, which is above the level recommended by guidelines. Doctors appeared to aim for a diastolic of below 100 mmHg rather than the recommended level of 90 mmHg. Non-pharmacological measures of control, such as weight, salt consumption, and alcohol seemed to receive inadequate attention. The authors felt that there was a need for better compliance with the hypertension guidelines.

Comment: The article should be read with the editorial comments on guideline compliance in the previous article (see 21-362 under 'guidelines').

21-332 Albuminuria and risk of cardiovascular events, death, and

heart failure in diabetic and nondiabetic individuals.

Gerstein HC, Mann JFE, Yi Q, et al. JAMA. 25 July 2001. Vol.286. No.4. p.421-6.

Reviewed by Dr Len Brake

Review: Heart attacks, strokes and sudden death were correlated with micro-albuminuria in high risk patients both with and without diabetes mellitus. This is a large cohort study with 5 year follow-up. Results indicate that any degree of micro-albuminuria is a risk factor for CV events in individuals with or without DM. The adjusted hazard of major CVS events increases with increasing albumin-creatinine ratio.

21-333 Cost-effectiveness and accuracy of exercise stress echocardiography in the non-invasive diagnosis of coronary heart disease.

Laufer E, Wahi S, Lim YL. Aust N Z J Med. December 2000. Vol.30. No.6. p.660-7.

Reviewed by Dr Helen Moriarty

Review: New stress testing modalities include thallium SPECT scintigraphy and exercise stress echocardiography. Both have advantages over ECG stress tests in locating the lesion and avoiding technical limitations. 115 patients had an exercise stress echo and SPECT scan and 59 of these had coronary angiography. The stress echo was cheaper, although of similar sensitivity and specificity. Unlike a SPECT scan this test is totally non-invasive.

Cerebrovascular System

21-334 Validation of clinical classification schemes for predicting stroke: Results from the National Registry of Atrial Fibrillation.

Gage BF, Waterman AD, Shannon W. JAMA. 13 June 2001. Vol.285. No.22. p.2864-70.

Reviewed by Dr Len Brake

Review: There has been a dramatic upswing in the use of warfarin and I would not be the only GP who wonders if this treatment with associated monitoring, costs and bother for the patient are worse than the complaint.

This group is attempting to tease out those who are at most risk of stroke and would thereby benefit from warfarin treatment.

Comment: Warning: statistical minefield.

Communicable Diseases, Infections and Parasites

21-335 Effect of short-course, high-dose amoxicillin therapy on resistant pneumococcal carriage: A randomized trial.

Schrag SJ, Pena D, Fernandez J, et al. JAMA. 4 July 2001. Vol.286. No.1. p.49-56.

Reviewed by Dr Len Brake

Review: This study tackles the issue of antibiotic-resistant bacteria with modification of the treatment regime. Last year a group of children were randomly given a long normal dose of amoxycillin or a short higher dose in treatment of bacterial URT. Effects of the medication were assessed both clinically and on the streptococcus pneumoniae in the nasopharynx. **Comment:** The good news was that the short sharp shock dosage minimised the drug resistant pneumococci. There may be hope yet.

21-336 Emerging therapies for hepatitis C virus (HCV) infection: the importance of HCV genotype.

McCaughan GW, Strasser SI. Aust N Z J Med. December 2000. Vol.30. No.6. p.644-5.

Reviewed by Dr Helen Moriarty

Review: An invited commentary that covers the current state of treatments for HCV. Interferon alone gives a 5-15% chance of sustained response (neg PCR at 6 months). Genotype and viral load and cirrhosis also influence response rates. Sustained response reduces risk of liver failure and cancer. Genotypes 2 and 3 respond well to interferon and ribavirin. Type 1 does not. Patients with mild hepatitis may have a low viral load and therefore better chance of sustained response, unless carrying Type 1. Higher doses or more frequent doses or modified interferon

(pegylated) are being investigated to improve response rates. Selecting patients who are most likely to have sustained response will make resource utilisation most efficient.

Contraception and Family Planning

21-337 First prescription of combined oral contraception: recommendations for clinical practice.

Faculty of Family Planning and Reproductive Health Care, Royal College of Obstetricians and Gynaecologists. Br J Fam Plann. January 2000. Vol.26. No.1. p.27-38.

Reviewed by Dr Sue Bagshaw

Review: This is an evidence based review of the COC including side effects, risks, prescribing and monitoring.

Comment: A must read for anyone prescribing the COC.

21-338 Depo Provera discussion paper on clinical care, effectiveness and side effects.

Bigrigg A, Evans M, Gbolade BA, et al. Br J Fam Plann. January 2000. Vol.26. No.1. p.52-3.

Reviewed by Dr Sue Bagshaw

Review: This paper was initially published in 1999; 25: 69-76. This is the Erratum, which clears up the errors in the first paper about the timing of giving Depo Provera.

Comment: If you got the paper in 1999 you must get this to add to it. (see 20-096 for the original paper. You can request a copy of the 1999 paper by quoting this number).

21-339 A survey of GP views on intra-uterine contraception.

Gupta S, Miller JE. Br J Fam Plann. April 2000. Vol.26. No.2. p.81-4.

Reviewed by Dr Sue Bagshaw

Review: This was a postal survey, designed to find out how many GPs fit IUDs and what their knowledge and attitudes were regarding them, carried out in Stockport and Manchester. Unfortunately there was only a 35% response rate. Of those that responded 34% didn't fit IUDs at all and only 10% fitted >30 annually.

There were some gaps in knowledge and attitude seemed to affect rate of fitting more than knowledge.

Comment: This is worth a read if you are thinking about why more patients in your practice don't use the IUD.

21-340 Women's knowledge of, and attitudes to, contraceptive effectiveness and adverse health effects.

Edwards JE, Oldman A, Smith L, et al. Br J Fam Plann. April 2000. Vol.26. No.2. p.73-80.

Reviewed by Dr Sue Bagshaw

Review: Focus group interviews were used to gain information from 45 women in the Oxford area about their knowledge and attitudes to the risk and side effects of hormonal contraceptives. They found that women tended to underestimate effectiveness and overestimate risk. Bleeding patterns and weight were the side effects which most determined continuation rates.

Comment: This is worth reading to have some background to how women are thinking when explaining contraceptive risks and benefits. It would be interesting to see if NZ women have similar attitudes.

21-341 Guidance April 2000 Emergency contraception: Recommendations for clinical practice.

Faculty of Family Planning and Reproductive Health Care, Royal College of Obstetricians and Gynaecologists. Br J Fam Plann. April 2000. Vol.26. No.2. p.93-6.

Reviewed by Dr Sue Bagshaw

Review: An overview of emergency contraception, including methods, efficacy, and practical management.

Comment: Substitute Postinor for Levonelle and all will be well. A must read for those involved in providing emergency contraception.

21-342 Interactions with hormonal contraception.

Elliman A. Br J Fam Plann. April 2000. Vol.26. No.2. p.109-11.

Reviewed by Dr Sue Bagshaw

Review: This is the first in a series of FACT sheets (Faculty aid to continuing professional development topic). There is a self-assessment tool in-

cluded. It can be used as self directed learning or part of a discussion topic for peer groups.

Comment: Great summary of interactions and you can check how accurately you read it!

21-343 Repeated use of hormonal emergency contraception by younger women in the UK.

Rowlands S, Devalia H, Lawrenson R, et al. Br J Fam Plann. July 2000. Vol.26. No.3. p.138-43.

Reviewed by Dr Sue Bagshaw

Review: This study reviewed the General Practice Research Database for women between 14 and 29 between 1993 and 1997. Patient files were studied for evidence of emergency contraception and regular contraception. This involved 95,007 women of whom 15,105 (16%) had received emergency contraception (average 5% per annum). Only 4% of users had received emergency contraception more than twice in one year. More than 70% had used regular contraception within one year.

Comment: This is a good study to refute the claim that emergency contraception is used irresponsibly and is in fact often used as an opportunity for starting on more regular contraception.

21-344 Clinical performance of the levonorgestrel intra-uterine system in routine use by the UK Family Planning and Reproductive Health Research Network: 12-month report.

Cox M, Blacksell S. Br J Fam Plann. July 2000. Vol.26. No.3. p.143-7.

Reviewed by Dr Sue Bagshaw

Review: This was a review of 692 IUS insertions (known as Mirena in NZ), in the UK network. The 12 months cumulative life-table events were: pregnancy 0.6, expulsion 4.5 and continuation rate 70.6. The removal rate was 7.4 and was primarily for bleeding problems but also included other side effects including breast tenderness, bloating, headache and nausea.

Comment: A good audit of IUS use - if you are fitting them, or recommending their use to your patients, you should read this.

Dermatology

21-345 Hair: why it grows, why it stops.

Rusting RL. *Sci Am.* June 2001. Vol.284. No.6. p.54-63.

Reviewed by Dr Ron Vautier

Review: Researchers are discovering the roles of signalling proteins and other molecular mechanisms involved in the recurrent on-off cycling of hair follicles. Existing hair restorers are at best of only marginal benefit, and the compounds in the latest clinical trials are probably not going to be very much better.

Comment: We can be usefully informed, even if we shouldn't get our hopes up too high just yet.

Diagnosis

21-346 Exercise testing in the new millennium.

Froelicher V. *Prim Care.* March 2001. Vol.28. No.1. p.1-4.

Reviewed by Dr M Hewitt

Review: The article discusses the American College of Cardiology and American Heart Association evidence-based guidelines on exercise testing. These are used for diagnosis and prognosis.

Comment: Good introduction.

21-347 The physiology behind exercise testing.

Myers JN. *Prim Care.* March 2001. Vol.28. No.1. p.5-28.

Reviewed by Dr M Hewitt

Review: A good description of the basic physiology and understanding necessary to interpret an exercise test. The response of the person tested can depend on age and gender and cardiopulmonary factors. These are discussed.

Comment: A good basic review of something one has long forgotten.

21-348 Performing the exercise test.

White RD, Evans CH. *Prim Care.* March 2001. Vol.28. No.1. p.29-53.

Reviewed by Dr M Hewitt

Review: The article defines, discusses and describes the current indications,

contraindications and considerations for exercise testing. The procedure is detailed with emphasis on the responsibility of the doctor conducting the test.

Comment: How to do it.

21-349 Exercise testing in special populations: Athletes, women, and the elderly.

Marolf GA, Kuhn A, White RD. *Prim Care.* March 2001. Vol.28. No.1. p.55-72.

Reviewed by Dr M Hewitt

Review: More and more considerations are needed in the interpretation of the exercise test for different groups. This article focuses on those most likely to want the procedure performed. Assessment of the findings will vary according to the characteristics and needs of the populations being tested.

Comment: Different strokes for different folks.

21-350 A basic approach to the interpretation of the exercise test.

Evans CH, Harris G, Menold V, et al. *Prim Care.* March 2001. Vol.28. No.1. p.73-98.

Reviewed by Dr M Hewitt

Review: All the parameters of heart rate, blood pressure, symptoms and arrhythmias or dysrhythmias are incorporated in the analysis.

Comment: I like the "basic" part of this approach.

21-351 Some common abnormal responses to exercise testing: What to do when you see them.

Evans CH, Froelicher VF. *Prim Care.* March 2001. Vol.28. No.1. p.219-31.

Reviewed by Dr M Hewitt

Review: The article looks at the common abnormalities found on exercise testing. These include simple and complex arrhythmias, ST changes and hypotension.

Comment: Scary stuff! When you have resuscitation equipment on hand, be prepared for some surprises.

21-352 Does this patient have clubbing?

Myers KA, Farquhar DRE. *JAMA.* 18 July 2001.

Vol.286. No.3. p.341-7.

Reviewed by Dr Len Brake

Review: Recognised since the time of Hippocrates this old medical school favourite has an air of the mystical about it. Even experienced clinicians still debate as to the presence of clubbing as they both stare at the same fingers. How hard can it be to diagnose? Is the finding relevant or helpful?

Comment: This study recommends 'use of profile angle and phalangeal depth ratio as quantitative indices'.

21-353 Expanded applications of CT: Helical scanning in five common acute conditions.

Nipper ML, Jacobson LK. *Postgrad Med.* June 2001. Vol.109. No.6. p.68-77.

Reviewed by Dr Chris Milne

Review: The latest generation of CT scanners enables helical (spiral) scanning. These machines have proven very useful in the diagnosis of pulmonary embolism, deep venous thrombosis, renal stones, small bowel obstruction and appendicitis.

Comment: Although it has yet to become a mainstream application of CT scanning in New Zealand, this is the way of the future. Remember, you read it first in the Journal Review Service!

21-354 Nonneurologic indications for MRI: Technological advances have broadened applications.

Schnitker JB, Light DW. *Postgrad Med.* June 2001. Vol.109. No.6. p.81-9.

Reviewed by Dr Chris Milne

Review: MRI is now being used to diagnose important conditions (e.g. non-invasive assessment of vascular abnormalities, distinguishing between an adrenal adenoma and a metastatic lesion). MRI can diagnose atypical presentations of hepatic or biliary pathology. The use of MRI in musculoskeletal medicine is well advanced, in evaluation of internal derangement of the knee, and rotator cuff tear. MRI can show bone bruises following trauma, that may not be documented by other imaging.

Comment: Useful update for the GP.

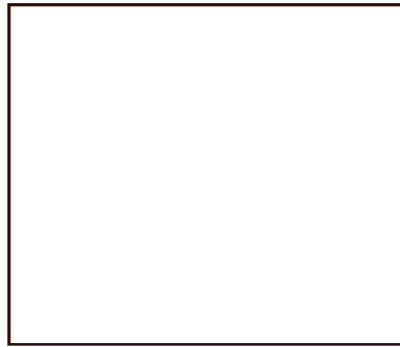
21-355 What is a reasonable initial approach to the patient with fatigue?

Ebell MH. J Fam Pract. January 2001. Vol.50. No.1. p.16-7.

Reviewed by Dr Bruce Adlam

Review: History, physical exam, and Beck Depression Inventory. Clinical impression of depression by primary care providers has not been evaluated. If you are going to investigate then CBC, HBA1c, and TSH, especially in older patients. Grade of recommendation C based on case series and expert opinion.

Comment: Of 100 patients presenting in primary care with fatigue 25 will be depressed; 25 will have another psychiatric diagnosis (i.e. anxiety or dysthymia); 15 will have an infection such as infectious mononucleosis, CMV, or hepatitis; 15 will have other physiological cause such as anaemia, diabetes or hypothyroidism; and 20 will remain undiagnosed. In this latter group it is worthwhile considering sleep deprivation, lack of exercise, or life out of balance.



Fatigue: to treat or not to treat?
(photo courtesy NZ Doctor)

mally see in the study period. This suggested that the recruitment was in fact much lower than 44%. The low recruitment rates casts doubt on these studies and suggests that only children with mild or moderate symptoms were entered into the trials. The findings of the studies may only apply to those with mild to moderate symptoms and could explain why these trials showed that antibiotics were not helpful for otitis media.

Comment: This is a sobering article. It demonstrates how one needs to be very critical, even of articles published in reputable journals!

Ear, Nose and Throat

21-356 Treatment of acute otitis media: are children entered into clinical trials representative?

Bain J. Br J Gen Pract. February 2001. Vol.51. No.463. p.132-3.

Reviewed by Dr Rob Henderson

Review: The study involved a meta-analysis of randomised control studies of the treatment of acute otitis media. On investigation of the eight trials on the subject, it was found that recruitment of cases by GPs was low, probably less than 44%. General practitioners had excluded many cases of otitis media from the studies - some practitioners excluded cases if they had bulging ear drums and others because the GP felt antibiotics were clinically indicated. The average number of cases entered per doctor was four, which was considerably fewer than the average number of cases a GP would nor-

porting. There was no difference in response between the two states.

Family Practice

21-358 The association between daytime attendance and out-of-hours frequent attendance among adult patients in general practice.

Vedsted P, Sorensen HT, Nielsen JN, et al. Br J Gen Pract. February 2001. Vol.51. No.463. p.121-4.

Reviewed by Dr Rob Henderson

Review: There have been numerous studies that have examined frequent attenders during regular hours or frequent attenders out-of-hours. None of the studies, however, determined whether the frequent attenders were the same people in both groups. The authors examined their frequent attenders in regular consulting times and out-of-hours. They found that the two groups of frequent attenders were comprised of largely the same people.

Comment: The study establishes its aim and there is not much to be gained from reading the article apart from the study methods.

Gastroenterology

21-359 Long-term outcome of medical and surgical therapies for gastroesophageal reflux disease: Follow-up of a randomized controlled trial.

Spechler SJ, Lee E, Ahnen D, et al. JAMA. 9 May 2001. Vol.285. No.18. p.2331-8.

Reviewed by Dr Len Brake

Review: A ten year follow-up of 250 patients comparing surgery and anti-reflux medications on outcome. The study showed less use of anti-reflux medication in the post surgery group. The death rate was higher in the surgery group though.

Comment: The suggestion is not to recommend the surgery in the hope of zero use of medications. Outcome relating to cancer and strictures is unchanged. (see also 21-360 - patient page attached)

Emergency Medicine

21-357 Mandatory reporting of domestic violence injuries to the police: what do emergency department patients think?

Rodriguez MA, McLoughlin E, Nah G, et al. JAMA. 1 August 2001. Vol.286. No.5. p.580-3.

Reviewed by Dr Len Brake

Review: There is debate on the risks and benefits of mandatory reporting of domestic violence. This study looked at the attitudes of female emergency department patients to this question both in a state with a mandatory reporting law and a state without this law. Of 1 200 respondents 12% reported physical or sexual abuse by a partner in the previous year. Of the abused women 55% supported mandatory reporting. Among non-abused women 70% supported mandatory re-

21-360 Surgical therapy for reflux disease.

Kahrilas PJ. JAMA. 9 May 2001. Vol.285. No.18. p.2376-8.

Reviewed by Dr Len Brake

Review: See 21-359.

21-361 Preventing gastrointestinal complications of NSAIDs: Risk factors, recent advances, and latest strategies.

Graumlich JF. Postgrad Med. May 2001. Vol.109. No.5. p.117-28.

Reviewed by Dr Chris Milne

Review: Gastrointestinal complications of NSAIDs are the 15th commonest cause of death in the USA - 16 500 deaths annually in that country. Strategies to reduce mortality include: (1) choosing a low risk NSAID - e.g. ibuprofen or diclofenac, (2) co-prescription with omeprazole or misoprostol, (3) in selected cases, use of cyclooxygenase-2 (COX-2) inhibitors (the pharmacoeconomic analysis of this strategy is still being conducted).

Comment: Useful reference about an important clinical problem.

Guidelines
21-362 Is it time to review the idea of compliance with guidelines?

Baker R. Br J Gen Pract. January 2001. Vol.51. No.462. p.7.

Reviewed by Dr Rob Henderson

Review: Guidelines were intended as aids for doctors to assist their clinical decision making, not as protocols to be strictly adhered to. The idea of compliance suggests that guidelines should to be rigorously adhered to and doctors who do not comply are not providing the best patient care. Baker argues that guidelines have a narrow focus and he cites many reasons why following guidelines may not represent the best practice. It is time, the authors claim, to clarify the contradictions about compliance with guidelines. (see 21-331 under 'cardiovascular system')

Comment: A good article to read if you have ever found guidelines frustrating.

Gynecology
21-363 Female genital mutilation; its implications for reproductive health. An overview.

Ng F. Br J Fam Plann. January 2000. Vol.26. No.1. p.47-51.

Reviewed by Dr Sue Bagshaw

Review: The article describes FGM, its medical consequences, its cultural context and strategies for combatting/preventing it.

Comment: This is an excellent overview, which gives a good context for FGM.

21-364 A review of bone mineral density scans referred by a community-based menopause clinic in 1997.

Miles A, Weaver K, Glasier A. Br J Fam Plann. July 2000. Vol.26. No.3. p.136-8.

Reviewed by Dr Sue Bagshaw

Review: This was a review of 228 referrals for BMD scanning. Women were categorised according to the reasons for referral. Those who were referred without known risk factors for osteoporosis, but who were trying to make decisions about HRT use, had a lower incidence of osteoporosis or osteopenia, than the group who had risk factors, but still had a 10% and 40% incidence respectively.

Comment: A thought provoking study on whom to refer for a BMD scan.

Health Services
21-365 Defining the appropriate use of community hospital beds.

Donald IP, Jay T, Linsell J, et al. Br J Gen Pract. February 2001. Vol.51. No.463. p.95-100.

Reviewed by Dr Rob Henderson

Review: Increasing attention is being focused on the efficient management of community hospitals. Community hospitals can provide appropriate care of patients needing less intensive

monitoring. Such conditions include rehabilitation, terminal care and minor illnesses in people with disabilities. The cost of providing care in community hospitals is considerably lower than in district hospitals. The authors describe and evaluate their instrument to audit appropriateness of admissions to and length of stay in community hospitals. The authors conclude that this instrument could assist in the evaluation of efficient use of community hospitals.

Comment: A complex subject but it does show the possibilities of efficient use of community hospitals.

21-366 Community hospitals for the new millennium.

Seamark D, Moore B, Tucker H, et al. Br J Gen Pract. February 2001. Vol.51. No.463. p.125-7.

Reviewed by Dr Rob Henderson

Review: Contrary to popular belief, community (cottage) hospitals in the United Kingdom have not decreased in number over the last 25 years. Some 471 community hospitals, with 8 457 GP-led beds and 10 122 consultant-led beds continue to provide a valuable service in the community. Twenty percent of general practitioners have access to beds in a community hospital. A wide range of diagnostic, rehabilitative, and outpatient services were provided in these hospitals. Community hospitals will probably play an important part in a primary care led health service.

Comment: How many similar rural hospitals have been closed in New Zealand?

21-367 Estimating hospital deaths due to medical errors: preventability is in the eye of the reviewer.

Hayward RA, Hofer TP. JAMA. 25 July 2001. Vol.286. No.4. p.415-20.

Reviewed by Dr Len Brake

Review: Studies have suggested that the number of deaths from medical error in US hospitals is extremely high. This study attempts to examine the reliability of these reports,

with a retrospective implicit review of the medical record. There is a major difference between the previously reported figures and after the figures were 'adjusted' for skewness and variability of reviewers' ratings.

Comment: Whatever the final figures, the study highlights the limitations in assessing the means of identifying medical errors. Pertinent to the New Zealand scene.

Hemic and Lymphatic Systems

21-368 Whose blood is it, anyway?

Kline RM. *Sci Am*. April 2001. Vol.284. No.4. p.30-7.

Reviewed by Dr Ron Vautier

Review: In the US the practice of storing umbilical cord blood for possible subsequent therapeutic use in either the donor or someone else has become widespread. This article sets out why cord blood is such a good source of transplant tissue, what the current and possible future uses are, and what are some of the ethical quandaries.

Comment: It would appear reasonable to expect that GPs would all have at least a little knowledge and understanding in this area, and this article can certainly fill any such gap.

Homeopathy

21-369 The long-term effects of homeopathic treatment of chronic headaches: one year follow-up and single case time series analysis.

Walach H, Lowes T, Mussbach D, et al. *Br Homeopath J*. April 2001. Vol.90. No.2. p.63-72.

Reviewed by Dr Jackie Hilton

Review: This study used a different methodology to try to pinpoint why homeopathy appears so successful in clinical practice but its effects are difficult to show in clinical trials. Following a 12 week double blind study of chronic headaches, 18 of the patients were observed for a further 9 months. During this time both doc-

tor and patient were aware of the remedy being prescribed and there was no placebo control.

Comment: No additional benefit from homeopathic treatment was found after 1 year compared with after 12 weeks, when 30% of patients had less symptoms. Interestingly patients who stopped all treatments had the least symptoms after one year. Perhaps part of the success of homeopathy is due to the avoidance of harmful medications?

21-370 On the scientific status of homeopathy.

Chibeni SS. *Br Homeopath J*. April 2001.

Vol.90. No.2. p.92-8.

Reviewed by Dr Mimi Irwin

Review: This paper explores the philosophy of science and how it can be applied to homeopathy. Phenomenological theories describe phenomena and allow predictions to be made based on experience only. These theories do not explain events. That task is for constructive theories which may not be restricted to observations. Constructive theories explain events but are not stable.

Comment: The author finally states that homeopathy has some features of a genuine science. This is a well written and interesting paper.

Immunology and Allergy

21-371 Is this patient allergic to penicillin?: An evidence-based analysis of the likelihood of penicillin allergy.

Salkind AR, Cuddy PG, Foxworth JW. *JAMA*. 16 May 2001. Vol.285. No.19. p.2498-505.

Reviewed by Dr Len Brake

Review: Self reported penicillin allergies are often dramatically inscribed on a patient's notes when a rash appears following a dose of amoxycillin in babyhood. The command excludes the use of penicillin forever. This is a Medline search looking for true allergies vs. patient reports. Only 10-20% of those reporting allergies to penicillin are truly

so. The article outlines the need for detailed history and suggests when skin tests are appropriate.

Information Systems

21-372 Finding the right information at the right time: Part 1: Drugs, reference books, clinical practice guidelines.

Cauchon M, Leduc Y. *Can Fam Physician Med Fam Can*. February 2001. Vol.47. p.337-8.

Reviewed by Dr Mike Lyons

Review: See part 2 review in March issue. (see 21-373).

21-373 Finding the right information at the right time: Part 2: MEDLINE, medical journals, and websites.

Leduc Y, Cauchon M. *Can Fam Physician Med Fam Can*. March 2001. Vol.47. p.567-9.

Reviewed by Dr Mike Lyons

Review: After a brief introduction both articles list Internet germane addresses. (see 21-372)

Comment: Helpful lists to file in your database - if not already full. A caution in the introduction states the websites have not been researched systemically, but have been closely examined for their relevance, validity and especially their usefulness for daily practice (in Canada).

Musculoskeletal System

21-374 Are antidepressants effective in the treatment of fibromyalgia, and is this effect independent of depression?

Slawson JG, Meurer LN. *J Fam Pract*. January 2001. Vol.50. No.1. p.14.

Reviewed by Dr Bruce Adlam

Review: Yes, at least in the short term and clinicians can expect 1 in 4 to improve but uncertain if this is independent of depression. They reduce pain, fatigue and disturbed sleep but not trigger point tenderness. (Original article reviewed: *J Gen Intern Med*, 2000; 15: 659-66)

Comment: There is more evidence around amitriptyline (25-50mg) but SSRIs may be just as effective.

Neurology

21-375 Delivery systems for acute migraine medications.

Worthington I. *Can Fam Physician Med Fam Can.* February 2001. Vol.47. p.322-9.

Reviewed by Dr Mike Lyons

Review: The author is coordinator of the hospital drug information service in the Pharmacy Department in a Toronto hospital. This flavours the delivery of specific information on the drugs mentioned. Timely reminder to review acute migraine management.

Comment: North America bias with drugs available that we do not have in New Zealand. South African GPs express the same frustration with lack of intranasal Sumatriptan and DHE and any form of Butorphanol. Perhaps Pharmac should read this article.

21-376 Is the combination of ibuprofen and caffeine effective for the treatment of a tension-type headache?

Sparano N. *J Fam Pract.* January 2001. Vol.50. No.1. p.10.

Reviewed by Dr Bruce Adlam

Review: This randomised double blind trial suggests not only faster relief (though not different from caffeine alone) but 80% experienced meaningful improvement compared with 67%, 61%, 56% receiving ibuprofen alone, caffeine alone, or placebo. (Original article reviewed: *Clin Pharmacol Ther*, 2000; 68: 312-9)

Occupational Health

21-377 Chronic occupational repetitive strain injury.

O'Neil BA, Forsythe ME, Stanish WD. *Can Fam Physician Med Fam Can.* February 2001. Vol.47. p.311-6.

Reviewed by Dr Mike Lyons

Review: The objective states "to review common repetitive strain injuries in the workplace, emphasising diagnosis, treatment, and etiology of these conditions". Lumps De Quervain's tenosynovitis, tennis and golf elbow, rotator cuff tendonitis, carpal, cubital and Guyon tunnel syndromes under the RSI umbrella.

Comment: Reasonable emphasis on the above specific conditions. However, has not helped me with my "softer RSI" ACC difficult patients. ACC would love the statement "magnetic resonance imaging is best reserved for most RSIs"!

Oncology

21-378 Early detection for lung cancer: new tools for casefinding.

Lam S, Lam B, Petty TL. *Can Fam Physician Med Fam Can.* March 2001. Vol.47. p.537-44.

Reviewed by Dr Mike Lyons

Review: A rethink on the nihilist approach to screening for Ca Lung. States the guidelines followed in Canada that CXR and sputum assessment not be used for screening applies only to asymptomatic patients only and are based on inadequate 1970s studies. CXR and sputum cytology are indicated in symptomatic current or former smokers over 45 years who smoked 30 pack-years with FEV1/FVC of less than 70% or FEV1 less than 70%. Debate re frequency of assessment. Outlines new sputum cytology testing and fluorescence bronchoscopy as well as low dose spiral computed tomography.

Comment: I have not heard these views at my CME sessions. Another reason to familiarise myself with our spirometer. Apparently these services have been funded by Japan's public health system for the past 20 years.

Orthopedics

21-379 Pectoralis major tears:

comparison of surgical and conservative treatment.

Hanna CM, Glenny AB, Stanley SN, et al. *Br J Sports Med.* June 2001. Vol.35. No.3. p.202-6.

Reviewed by Dr Chris Milne

Review: Twenty-two pectoralis major tears in 21 patients were studied. Ten were surgically repaired, and 12 were managed non-surgically. In patients who had surgical repair, peak torque returned to 99% of that of the uninjured side. For those managed conservatively, peak torque was only 56% of the uninjured side.

Comment: If you suspect this injury, get the person to an orthopaedic surgeon within a week or two. This is the largest published study of an uncommon injury, and it's good to see this type of research being carried out in New Zealand.

Pharmacology

21-380 Behind enemy lines.

Nicolaou KC, Boddy CNC. *Sci Am.* May. Vol.284. No.5. p.46-53.

Reviewed by Dr Ron Vautier

Review: With a focus particularly on vancomycin, the antibiotic of last resort, this article looks at molecular mechanisms involved in bacterial resistance. Such new insights in genomics and derivative biochemistry are leading to the development of new drugs and better strategies for deploying existing ones.

Comment: Despite such advances, it is abundantly clear that prescribers should continue to exercise restraint.

Physician-Patient Relations

21-381 Do we need a new word for patients?

Nair BR, Treloar CJ, Harris G. *Aust N Z J Med.* December 2000. Vol.30. No.6. p.716-7.

Reviewed by Dr Helen Moriarty

Review: A survey of 400 people in the NSW electoral role asked for preference in title or form of address. 86% preferred the term patient to be used,

8% client, 1% customer and 5% other suggestions. This is consistent with an earlier survey of outpatient's attendees where 83% of men and 88% of women preferred the title 'patient'.
Comment: Evidence-based medicine with implications for our p/c health service delivery? - or were these patients expressing familiarity with a word they have always been accustomed to?

Preventive Medicine and Screening

21-382 What is the most cost-effective screening regimen for colon cancer?

Griffith S, Kane KY. J Fam Pract. January 2001. Vol.50. No.1. p.13.

Reviewed by Dr Bruce Adlam

Review: This hypothetical analysis of over 50s at average risk suggests annual rehydrated faecal occult blood testing plus sigmoidoscopy every 5 years (60% reduction in CRC incidence and 80% reduction in CRC mortality). This is about as cost effective as screening tests for other types of cancer. (Original article reviewed: JAMA, 2000; 284: 1954-61)
Comment: Note: Annual rehydrated faecal occult blood testing alone provides a 38% decrease in CRC incidence and 65% reduction in mortality.

Psychiatry and Psychology

21-383 Neural mechanisms of anhedonia in schizophrenia: A PET study of response to unpleasant and pleasant odors.

Crespo-Facorro B, Paradiso S, Andreasen NC, et al. JAMA. 25 July 2001. Vol.286. No.4. p.427-35.
Reviewed by Dr Len Brake

Review: The neural basis of cognitive impairment in schizophrenia has been fairly well mapped out. The neuroanatomical pathways associated with emotional disturbances though have been in the 'too hard basket'. A tenet of schizophrenia is inability to feel pleasure; this fact and PET studies were used in an attempt to map out emotional pathways. Both

the control group and the schizophrenia group subjectively experienced the unpleasant odours, and just as forecast, the schizophrenia group showed impairment subjectively in experiencing pleasant odours. Patient page attached.

Comment: GPs with a neuro-anatomical interest only need apply.

Public Health

21-384 Genetically modified foods: Are they safe?

Editors. Sci Am. April 2001. Vol.284. No.4. p.39.

Reviewed by Dr Ron Vautier

Review: The concerns are largely focused on the ecological aspects, as there appears to be very little risk to the consumer. This series of articles and interviews provides a comprehensive and balanced look at what is happening, what is possible, and what the consequences could be, as far as can currently be scientifically established. See also 21-385, 21-386, 21-387 and 21-388.

Comment: I give it a strong recommendation.

21-385 Seeds of concern.

Brown K. Sci Am. April 2001. Vol.284. No.4. p.40-5.

Reviewed by Dr Ron Vautier

Review: See 21-384.

21-386 The risks on the table.

Hopkin K. Sci Am. April 2001. Vol.284. No.4. p.46-7.

Reviewed by Dr Ron Vautier

Review: See 21-384.

21-387 Does the world need GM foods? Yes. Interview by Sasha Nemecek.

Horsch RB. Sci Am. April 2001. Vol.284. No.4. p.48-9.

Reviewed by Dr Ron Vautier

Review: See 21-384.

21-388 Does the world need GM foods? No. Interview by Sasha Nemecek.

Mellon M. Sci Am. April 2001. Vol.284. No.4. p.50-1.

Reviewed by Dr Ron Vautier

Review: See 21-384.

Radiology

21-389 Radiology goes filmless: What does this mean for primary care physicians?

Naul LG, Sinclair ST. Postgrad Med. June 2001. Vol.109. No.6. p.107-13.

Reviewed by Dr Chris Milne

Review: Many imaging modalities are now digital, and the images can be accessed by computers. Picture archiving and communication systems are expensive, and this is the main limiting factor on their expansion into community radiology. The authors caution that in a hospital situation, there may be a tendency for less interaction between radiologists and clinicians.

Comment: Having seen this system in action at the Olympic Games Polyclinic in Sydney, I was impressed. For GPs, it has the potential to enhance our interaction with our radiology colleagues.

Research Design and Methodology

21-390 Hypothesis: the research page: odds ratios and relative risks.

Godwin M. Can Fam Physician Med Fam Can. March 2001. Vol.47. p.574-6.

Reviewed by Dr Mike Lyons

Review: This apparently is the first article in a new series on basic statistics. Deals concisely with odds ratio and relative risk concepts.

Comment: Not readily assimilated unless familiar with some of the work of Sackett and co. However, the series may be helpful for busy GPs (who isn't?) who are abstract thinkers.

Respiratory System

21-391 Is surgery effective for reducing symptoms in adults with obstructive sleep apnea?

Gill AR. J Fam Pract. January 2001. Vol.50. No.1. p.17-8.

Reviewed by Dr Bruce Adlam

Review: Despite a very full and in-

clusive literature search there is currently insufficient evidence to recommend surgery. Better evidence exists for CPAP or dental appliances. Grade of recommendation C based on case series and expert opinion.

Comment: From a primary care perspective one should work on conservative measures (i.e. weight loss, smoking cessation and alcohol avoidance).

Sexually Transmitted Diseases

21-392 Lessons for sexual health programs from the Queensland Well Person's Health Check.

Skov S. *Venereology*. 2001. Vol.14. No.2. p.53-4.

Reviewed by Dr Helen Moriarty

Review: A summary of important messages from another article in the same journal. The "well person check" highlighted 3 key factors for STD services: - (1) Most men and women with gonorrhoeas or Chlamydia did not report symptoms until specifically questioned closely, (2) A high proportion of contacts will be positive for infection, (3) Half of women and a third of men named as contacts will have an infection that the index case did not have.

Comment: This reinforces the importance of screening asymptomatic patients, contact tracing to a high efficiency level and testing contacts at the time of treatments. This has testing and tracing implications for IPA-based services in New Zealand.

21-393 Laboratory testing for Chlamydia trachomatis in New Zealand.

Bennett S, McNicholas A, Garrett N. *Venereology*. 2001. Vol.14. No.2. p.63-7.

Reviewed by Dr Helen Moriarty

Review: Results of a GP survey done in 1997 to test knowledge of STD tests for Chlamydia. 62% of specimens sent to labs for Chlamydia testing are from GPs. However, this survey showed that half of GPs and 30% of student health doctors didn't know what tests were done for Chlamydia.

Comment: We have a problem with prevalence of this STD in NZ. The test methodology is an important consideration when deciding how best to screen and how to interpret results. This survey revealed significant GP learning gaps.

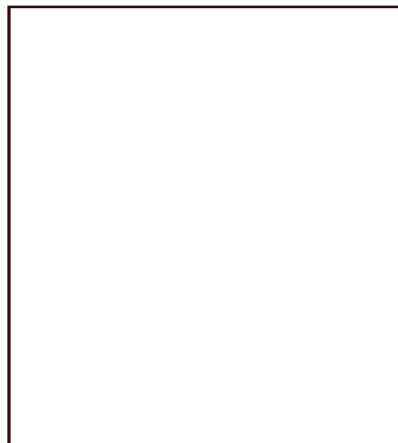
21-394 HIV infection from an international student.

Ewart A, Tucker C, Harrison L. *Venereology*. 2001. Vol.14. No.2. p.83.

Reviewed by Dr Helen Moriarty

Review: This case report traces the unravelling of the source of HIV infection for an Australian woman who presented for antenatal care and was found to be HIV infected when she accepted optional antenatal HIV screening. She had many risky contacts, but the source was an African student, who is now on triple therapy.

Comment: This highlights the importance of offering antenatal HIV screening, and of contact tracing. This story also shows how widespread is unprotected sex in the student population, and how mobile this population can be.



(photo courtesy of NZ Doctor)

Sports and Sports Medicine

21-395 The acute phase response and exercise: court and field sports.

Fallon KE, Fallon SK, Boston T. *Br J Sports Med*. June 2001. Vol.35. No.3. p.170-3.

Reviewed by Dr Chris Milne

Review: Twelve acute phase reactants were measured in members of the

Australian women's soccer team and the Australian Institute of Sport netball team. The most sensitive reactant measured, C reactive protein, did not respond in a manner typical of an acute phase response.

Comment: These elite female team sport players are training relatively hard, yet this training did not appear to produce an acute phase response. Therefore, in club level athletes in these team sports we probably can discount any acute phase response also. Therefore, one does not have to make adjustments of serum ferritin and other markers when interpreting their test results.

21-396 Sideline evaluation of neck pain: When is it time for transport?

Haight RR, Shiple BJ. *Physician and Sportsmedicine*. March 2001. Vol.29. No.3. p.45-62.

Reviewed by Dr Rob Campbell

Review: This article could also be titled "Office evaluation of traumatic neck pain". It uses a case study of an athlete who presented with minimal signs but a significant history. It describes the evaluation of the athlete with neck trauma and persisting symptoms.

Comment: If you are seeing patients in contact sports you should read this paper and consider having a rigid neck brace in your bag and surgery.

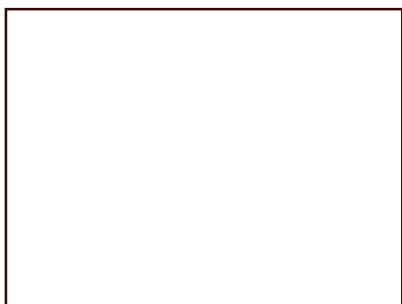
21-397 Cardiovascular risks of exercise: Avoiding sudden death and myocardial infarction.

Thompson PD. *Physician and Sportsmedicine*. April 2001. Vol.29. No.4. p.33-47.

Reviewed by Dr Rob Campbell

Review: This paper discusses the clear increased incidence of MI's during exercise. However, the risk is lower for regular exercises than sedentary people. Recognising prodromal symptoms is very important.

Comment: The green prescription programme may reduce the risk long term but will also increase MI's in at risk patients. Do we have any legal liability? Read this to understand the risks.



Is this the place for herbal medicine?

Surgery

21-398 Herbal medicines and perioperative care.

Ang-Lee MK, Moss J, Yuan C-S. JAMA. 11 July 2001. Vol.286. No.2. p.208-16.

Reviewed by Dr Len Brake

Review: A literature search of massive proportions this one. Nigh on 40 years of the literature was scrutinised for studies, case reports and reviews addressing the safety and pharmacology of eight commonly used herbal medications pertinent to the peri-operative period. Garlic can cause bleeding, ginseng can lead to hypoglycaemia, St Johns Wort can increase the metabolism of drugs used during surgery.

Comment: A good reminder of the potential problems of the 'harmless' herbal remedy.

Urology

21-399 Analgesic use and renal function in men.

Rexrode KM, Buring JE, Glynn RJ, et al. JAMA. 18 July 2001. Vol.286. No.3. p.315-21.

Reviewed by Dr Len Brake

Review: An association between analgesic use and chronic renal disease has been suggested by case control studies. This is a cohort study of 11 000 men from 1982 to 1995 with yearly follow-up. 4% of the men had elevated creatinine levels and this level was similar in the non users and the higher users. Drugs assessed were NSAIDs, aspirin and paracetamol.

Comment: There was no support in this study for renal function damage from moderate analgesic use.