Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed in this Issue

Am J Gastroenterol*
Am J Sports Med*
Ann Intern Med*
Aust Fam Physician*
BMJ*
Br J Sports Med*
Can Fam Physician*
Complement Ther Med*
Drug Alcohol Rev*
Evidence-Based Medicine*
Homeopathy*
Intern Med J*
J R Soc Med*
New Zealand Journal of Sports Medicine
Pain*
Patient Care*
Physician and Sportsmedicine*
Postgrad Med*
Sci Am*
Tradit Chin Med*
Trends Neurosci*

*Journals indexed in Medline

Acupuncture

23-312 Effect of acupuncture on the neutrophil respiratory burst: a placebo-controlled single-blinded study.

Karst M, Scheinichen D, Rueckert T, et al. Complement Ther Med. March 2003. Vol.11. No.1. p.4-10.

Reviewed by Dr Alex Chan

Review: Respiratory burst of polymorphonuclear leucocytes is a measure of their phagocytic activity. ß-endorphin is believed to affect immunological function. In this study, the authors examined the effect of repeated bilateral acupuncture treatments on LI-11 on these two parameters, using placebo needling in the control group. Needling was performed twice per week for four weeks. It was found that respiratory burst was increased significantly at two weeks and four weeks. ß-endorphin levels were found to be reduced, but not significantly. Interestingly, in the placebo-controlled group respiratory burst also increased and ß-endorphin levels diminished significantly at four weeks.

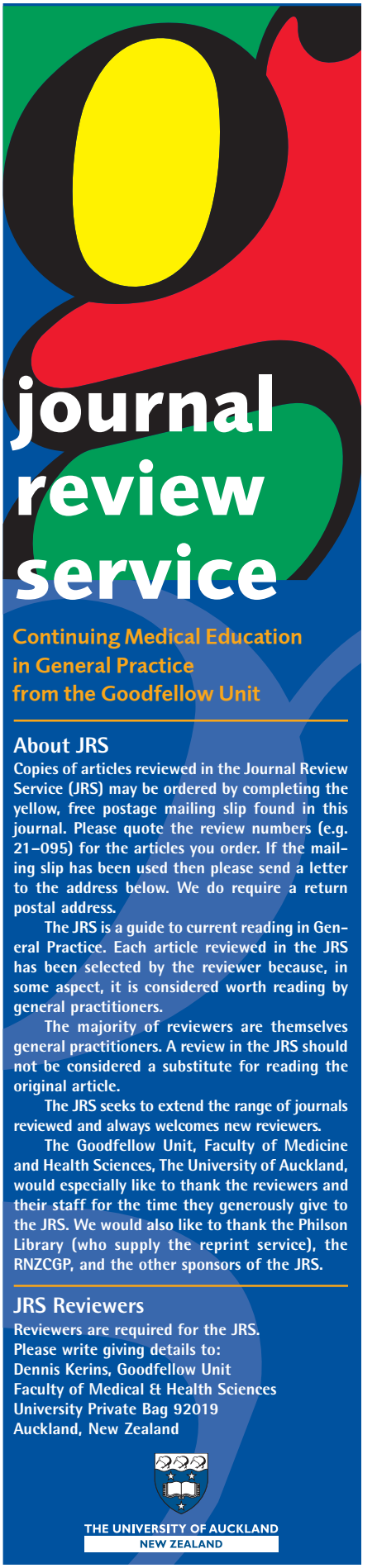
Comment: (1) To increase polymorphonuclear activity, repeated treatment of LI-11 is required. (2) The placebo needle may not be ideal as the authors noted that a pricking sensation was expected when the skin surface was touched by the placebo needle, although there was no penetration of the skin. In fact, 54.5% of the subjects felt deqi when acupunctured with the placebo needles. It is probably impossible to use placebo in acupuncture studies because superficial needling and surface needling (e.g. plum-blossom needle) are forms of acupuncture technique.

23-313 The impact of site specificity and needle manipulation on changes to pain pressure threshold following manual acupuncture: a controlled study.

Zaslawski CJ, Cobbin D, Lidums E, et al. Complement Ther Med. March 2003. Vol.11. No.1. p.11-21.

Reviewed by Dr Alex Chan

Review: This study examined the effect of site location (acupoint or non-acupoint) and needle manipulation (absent or present) on pressure pain threshold (PPT) over 10 sites across the body. Twenty minutes of deep needling, with or without manual manipulation, was applied to the acupoint LI-4 or to a non-acupoint located on the medial side of the second metacarpal. Inactive laser was used a control. Nee-



About JRS

Copies of articles reviewed in the Journal Review Service (JRS) may be ordered by completing the yellow, free postage mailing slip found in this journal. Please quote the review numbers (e.g. 21–095) for the articles you order. If the mailing slip has been used then please send a letter to the address below. We do require a return postal address.

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.

JRS Reviewers

Reviewers are required for the JRS. Please write giving details to:
Dennis Kerins, Goodfellow Unit
Faculty of Medical & Health Sciences
University Private Bag 92019
Auckland, New Zealand

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

dling LI-4 with manipulation resulted in statistically significant increase in PPT over the 10 sites, while this occurred in only one site when the needle was not manipulated. Needling of the non-acupoint with manipulation resulted in statistically significant increase in PPT over six sites, comparing with none when the needle was not manipulated. No significant change occurred with inactive laser.
Comment: An interesting study which showed both site of needling and manipulation of needles were important in getting analgesic effects from acupuncture. However, does it mean that one point will fit all?

23-314 Acpuncture analgesia in a new rat model of ankle sprain pain.
Koo ST, Park YI, Lim KS, et al. Pain. October 2002. Vol.99. No.3. p.423-31.
Reviewed by Dr Alex Chan
Review: This is a study using a persistent pain animal model as opposed to acute evoked pain model in other studies. Ankle sprain was experimentally induced in rats by manually overextending the lateral ligaments under anaesthesia. Electroacupuncture (EA) to SI-6 of the contralateral forelimb for 30 minutes resulted in 40% recovery in the stepping force of the sprained foot for at least two hours. EA at LI-4 had no analgesic effect on the ankle sprain. On the other hand, EA at SI-6 did not produce analgesia in a complete Freund's adjuvant induced knee arthritis model, indicating that its effect on ankle sprain was not from a generalised analgesic effect.
Comment: Next time you see a patient with sprain ankle, try electroacupuncture to SI-6 in the contralateral forearm.

23-315 Acupuncture treatment for 157 cases of anxiety neurosis.
Zhang H, Zeng Z, Deng H. J Tradit Chin Med. March 2003. Vol.23. No.1. p.55-6.
Reviewed by Dr Joan Campbell
Review: A randomised clinical trial comparing the efficacy of acupuncture treatment with doxepin medication. Acupuncture treatment showed similar therapeutic effects to using antidepressant tricyclic doxepin.
Comment: Acupuncture is a cost effective treatment for anxiety disorders.

23-316 Forty-three cases of acute lumber sprain treated by acupuncture plus kinesitherapy.
Hu C. J Tradit Chin Med. June 2003. Vol.23. No.2. p.115-6.
Reviewed by Dr Joan Campbell
Review: Forty-three cases of acute lumbar strain were treated by pricking Weizhong (BL 40) and bleeding four to six drops of blood, and needling Houxi (SI 3) and Yaotongdian (EX-UE7) bilaterally. Patients were encouraged to move around during the 20 minutes the needles were retained.
Comment: A useful clinical prescription for acute lumbar sprain. Cupping and/or massage can also be used after needling to enhance the acupuncture effect.

23-317 Clinical application of the Du Channel.
Liu S, Wang S. J Tradit Chin Med. June 2003. Vol.23. No.2. p.131-2.
Reviewed by Dr Joan Campbell
Review: The Du Channel can be used to treat 'mental' diseases, heat syndromes and cerebrovascular disease. Illustrative cases are given demonstrating its clinical application.
Comment: The Du Channel governs all the yang channels and regulates the yang-qi of the whole body. The clinical examples given are common general practice problems and can be treated using the Du Channel in combination with other appropriate points.

23-318 Acupuncture treatment of insomnia – A report of 28 cases.
Shi D. J Tradit Chin Med. June 2003. Vol.23. No.2. p.136-7.
Reviewed by Dr Joan Campbell
Review: Twenty-eight outpatients with insomnia were treated with acupuncture. The main points selected were Shenmen (HT 7), Benshen (GB 13), Sanyinjiao (SP 6) and Neiguan (PC 6). Adjunctive points were selected based on the syndrome differentiation.
Comment: It is essential to differentiate the syndrome prior to deriving treatment points as insomnia is not a single syndrome in Traditional Chinese Medicine.

23-319 Clinical application of the triple puncture.
Zhou J, Su W. J Tradit Chin Med. June 2003. Vol.23. No.2. p.138-9.
Reviewed by Dr Joan Campbell
Review: Triple puncture first appeared in the Miraculous Pivot (at least 500 years BC) and is an ancient technique used to treat localised and deep disorders caused by pathogenic wind. The centre of the affected area is punctured with one needle and the surrounding areas with two other needles. Clinical cases are described.

Electroacupuncture is applicable for this technique.
Comment: Very good for tennis elbow.

23-320 The impact of site specificity and needle manipulation on changes to pain pressure threshold following manual acupuncture: a controlled study.

Zaslawski CJ, Cobbin D, Lidums E, et al. Complement Ther Med. March 2003. Vol.11. No.1. p.11-21.
Reviewed by Dr Alex Chan

Review: This study examined the effect of site location (acupoint or non-acupoint) and needle manipulation (absent or present) on pressure pain threshold (PPT) over 10 sites across the body. Twenty minutes of deep needling, with or without manual manipulation, was applied to the acupoint LI-4 or to a non-acupoint located on the medial side of the second metacarpal. Inactive laser was used as control. Needling LI-4 with manipulation resulted in statistically significant increase in PPT over the 10 sites, while this occurred in only one site when the needle was not manipulated. Needling of the non-acupoint with manipulation resulted in a statistically significant increase in PPT over six sites, compared with none when the needle was not manipulated. No significant change occurred with inactive laser.
Comment: A good study of acupuncture by these Australian scientists. The message is that it is worth manipulating the needles after insertion. It also shows that a non-acupuncture region might not be inert, only that acupuncture point stimulation is more effective in increasing overall pressure pain threshold. Therefore, sham acupuncture may not be an appropriate placebo control for an acupuncture intervention.

23-321 Acupuncture: neuropeptide release produced by electrical stimulation of different frequencies.

Han J-S. Trends Neurosci. January 2003. Vol.26. No.1. p.17-22.
Reviewed by Dr Alex Chan

Review: Peripheral electrical stimulation induced release of opioid peptides in the CNS. This was found to be frequency dependent. Low frequency stimulation (2–4 Hz) led to release of neuropeptides, which acted, on the μ and/or δ opioid receptors and high frequency stimulation (100 Hz) to neuropeptides, which acted, on the κ opioid receptors. Low frequency stimulation also led to analgesia mediated by enkephalin and high frequency stimulation to analgesia mediated by dynorphin in the spinal cord. Optimisation of peripheral electrical stimulation for maximal release of central opioid peptides could be obtained by stimulation at low (2 Hz) and high (100 Hz) frequencies alternately.
Comment: An important review article by Prof. Han. Other neuropeptides are also affected by electroacupuncture. Included in the discussion are orphanin FQ, cholecystokinin octpeptide, substance P, angiotensin II, and the brain-derived neurotrophic factor. An article not to be missed by acupuncture enthusiasts and their opponents who still think acupuncture is unscientific.

Alcohol and Substance Abuse

23-322 Family risk factors for cannabis use: a population-based survey of Australian secondary school students.

Olsson CA, Coffey C, Toumbourou JW, et al. Drug Alcohol Rev. June 2003. Vol.22. No.2. p.143-52.
Reviewed by Dr Helen Moriarty

Review: The Victoria Adolescent Health and Well-Being Survey involved 2848 year 9 and 2363 year 11 students in 1999. Cannabis use was correlated to permissive parent attitudes to drugs and delinquency, and sensitive to changes in the quality of the parent-child relationship.
Comment: Perhaps this finding is not surprising. Parent-child relationships and permissive parent attitudes were seen as the possible targets for intervention.

23-323 Obstacles to carrying out brief intervention for heavy drinkers in primary health care: a focus group study.

Aalto M, Pekuri P, Seppa K. Drug Alcohol Rev. June 2003. Vol.22. No.3. p.169-73.
Reviewed by Dr Helen Moriarty

Review: This was a focus group study involving 18 GPs and 19 nurses. Competent early identification failed due to: confusion over early phase heavy drinking, lack of self efficacy amongst health professionals, lack of time for interventions, lack of guidelines, difficulty actually identifying heavy drinkers and uncertainty of initiating such a discussion with patients.
Comment: Although carried out in Finland, this research has parallels in NZ. Guidelines exist in NZ but practitioners do not always follow them – practitioner time and efficacy and uncertainly are common here too.

23-324 Medical prescription of heroin to treatment resistant heroin addicts: two randomised controlled trials.

van den Brink W, Hendriks VM, Blanken P, et al. BMJ. 9 August 2003. Vol.327. No.7410. p.310-20.
Reviewed by Dr Len Brake

Review: I attempted to treat opiate addicts with supervised prescription of morphine in 1975. The 'trial' lasted nearly six months. It was probably safe enough and certainly drew all the addicts from a radius of 200 miles. But the huge time involvement, arguments and staff input was draining and in the end I was pleased the Medical Council stepped in and closed the idea down. The point I make is that the idea is not new and here the concept pops up again.
Comment: Of interest only to those interested in substance abuse treatment. (See also 23-325).

23-325 Effect of national guidelines on prescription of methadone: analysis of NHS prescription data, England 1990–2001.

Strang J, Sheridan J. BMJ. 9 August 2003. Vol.327. No.7410. p.321-2.
Reviewed by Dr Len Brake

Review: See 23-324.

Alternative Medicine

23-326 The present situation of TCM treatment for diabetes and its researches.

Wang Q. J Tradit Chin Med. March 2003. Vol.23. No.1. p.67-73.
Reviewed by Dr Joan Campbell

Review: This review looks at the aetiology and pathophysiology of diabetes first described in the Nei Jing (the Yellow Emperor's Classic of Internal Medicine about 500BC). It describes TCM treatment both acupuncture and herbs, as well as combining Chinese herbal medicine with western diabetic drugs.

Comment: A useful clinical overview of diabetes from a Traditional Chinese Medicine perspective.

23-327 The lowdown on Ginkgo Biloba.

Gold PE, Cahill L, Wenk GL. Sci Am. April 2003. Vol.288. No.4. p.68-73.
Reviewed by Dr Ron Vautier

Review: A survey of the research literature concludes that there is not enough evidence to say conclusively that ginkgo does or does not enhance cognition. It appears to have definite effects on circulation, glucose utilisation, anti-oxidation, and neurotransmitter systems, but the same benefit may be obtained by eating a candy bar.

Comment: I give this article a strong recommendation.

Cardiovascular System

23-328 Effects of subclinical thyroid dysfunction on the heart.

Biondi B, Palmieri EA, Lombardi G, et al. Ann Intern Med. 3 December 2002. Vol.137. No.11. p.904-12.
Reviewed by Dr Mike Slatter

Review: A review article looking at the effects of subclinical thyroid dysfunction on the heart. Subclinical hypo- and hyperfunction are associated with cardiac dysfunction, acceleration of atherosclerosis and atrial arrhythmias. All these abnormalities were reversed by restoring euthyroidism. Timely treatment should be considered to avoid adverse cardiovascular effects.

Comment: Good evidence to treat those patients with abnormal TSH levels and normal T4/T3. Subclinical hypothyroidism can be carefully treated (using lower doses of thyroxine). Subclinical hyperthyroidism may need specialist input unless the cause is overzealous thyroxine replacement.

23-329 Recent advances in the management of chronic heart failure.

Krum H, Llew D. Aust Fam Physician. January/February 2003. Vol.32. No.1/2. p.39-43.
Reviewed by Dr John Carter

Review: A concise summary of the pathophysiology and pharmacology behind the guidelines we use.

Comment: Excellent reference for those who are diagnosing CHF with the Brain Natriuretic Peptide (BNP) test and managing patients in the community.

23-330 Practice tips. Preventing heart disease with ASA.

Greiver M. Can Fam Physician Med Fam Can. June 2003. Vol.49. p.754-6.
Reviewed by Dr Mike Lyons

Review: Concise article with referenced web sites. Based on recommendation from United States Preventive Services Task Force 'that physicians discuss using acetylsalicyclic acid for primary prevention of coronary artery events with patients whose risk over 10 years is estimated to be >6%'. Good patient handout – dose is 80mgs aspirin ('one baby aspirin').

Comment: Great article to produce when your patient says *'my bowling friends are taking aspirin for their hearts – should I start?'*.

23-331 Screening for abdominal aortic aneurysm reduced death from AAA in older men.

Cina CS. Evidence-Based Medicine. May/June 2003. Vol.8. No.3. p.77.
Reviewed by Dr Bruce Arroll

Review: This study invited all men aged 65-74 years for an ultrasound abdominal screen for AAA. Surgery was recommended if the aortic aneurysm was greater than 5.5cm. (Original article reviewed: Lancet 2002; 360: 1531-9)

Comment: Screening for this condition is like screening for all other conditions in that it is quite labour intensive. Screening prevents 14 aneurysm deaths per 10 000 patients over four years which is small compared with the 290 deaths per 10 000 that occur without screening.

23-332 Stroke prevention: what's new?

Gerraty RP. Intern Med J. April 2003. Vol.33. No.4. p.177-81.
Reviewed by Dr Helen Moriarty

Review: Evidence-based treatments to prevent stroke include: ACE inhibitors, HMG-CoA reductase inhibitors (statins) and antithrombotic treatment. MRI helps to choose the right secondary prevention strategy – e.g. carotid endarterectomy or anticoagulation. Low dose (down to 81mg) aspirin is still the first line therapy after stroke or TIA.

Comment: Primary prevention of stroke remains problematic for those with a low cardiovascular risk profile. Warfarin has no benefit over aspirin after a stroke or TIA. Carotid angioplasty is coming as an alternative to endarterectomy.

23-333 Helicobacter pylori, Chlamydia pneumoniae and myocardial infarction.

Fraser AG, Scragg RK, Cox B, et al. Intern Med J. July 2003. Vol.33. No.7. p.267-3.
Reviewed by Dr Helen Moriarty

Review: A high quality paper by a good NZ team. Several papers have suggested a link between these two infections and MI. A case-control study was set up, which showed there is a link – but possibly not causative. Age, smoking, socioeconmic status are confounding factors, but the link remains after controlling for these.

Comment: A fascinating insight into problems of epidemiological studies. Seriological problems in measuring

H pylori and C Pneumoniae could reduce the magnitude of an association, but the causative effect is thought to be small, if at all.

Communicable Diseases, Infections and Parasites

23-334 Review: patients with infectious mononucleosis have long lasting fatigue, and poor physical functioning predicts delayed recovery.

Becker LA. Evidence-Based Medicine. May/June 2003. Vol.8. No.3. p.92.
Reviewed by Dr Bruce Arroll

Review: This is a systematic review of the literature on the course of infectious mononucleosis. There were many findings that were inconclusive but poor physical conditioning predicted delayed recovery. Drug therapy does not shorten recovery time. Premorbid mood did not consistently predict poor outcome. (Original article reviewed: Br J Gen Pract 2002; 52: 844-51).

Comment: The commentator for this study made the point that although those with symptoms of less than six months did not meet the criterion for Chronic Fatigue Syndrome they may benefit from the interventions that work for CFS – namely graded physical activity and cognitive behavioural therapy.

23-335 The costs of not treating hepatitis C virus infection in injecting drug users in New Zealand.

Sheerin IG, Green FT, Sellman JD. Drug Alcohol Rev. June 2003. Vol.22. No.2. p.159-67.
Reviewed by Dr Helen Moriarty

Review: An easy-to-read economic analysis of the importance of HCV infection to New Zealand. Eight per cent of HCV patients will develop cirrhosis in 20 years. Future costs for decompensating liver disease are likely to increase, peaking 30 years after infection for any individual, without treatment.

Comment: Many individuals with HCV in the community are currently untreated, and this paper provides a basis for the future costs of the 'no treatment' scenario to NZ.

Dermatology

23-336 Evaluation of aid to diagnosis of pigmented skin lesions in general practice: controlled trial randomised by practice.

English DR, Burton RC, del Mar, CB, et al. BMJ. 16 August 2003. Vol.327. No.7411. p.375 (5 pages)
Reviewed by Dr Len Brake

Review: Early diagnosis of a melanoma is associated with a good prognosis. In our enthusiasm to save lives up to 28 benign pigmented lesions are removed for every actual melanoma discovered. (We've also been conned into doing the initial diagnosis for free but that's another story). This trial involving 468 GPs in Oz attempted to improve the specificity by having one group use specific algorithms and a digital camera procedure. The rationale was that patients would be reassured if steps were taken to check that the lesion showed no change.

Comment: Some hope I would have thought and indeed it was found that the group with the camera etc. had worse specificity. That is, they removed even more benign lesions for each real melanoma.

Diagnosis

23-337 Whole-body screening CT - Good medicine or good business?

Borgstede JP, Fishman EK. Patient Care. July 2003. Vol.37. No.7. p.28-34.
Reviewed by Dr Len Brake

Review: Oprah Winfrey had her whole body CT scanned and the subsequent media attention and updated CT technology has resulted in much touting for whole body scanning. This article is a summary of the positions in the ongoing argument on pros and cons.

Comment: One can imagine of course how such an exercise could appeal to a certain group of the population. Some primary care doctors have been concerned at the patient who turns up with the extensive WBS CT result wanting to get all the various bumps and shadows that have been delineated diagnosed and treated.

Ear, Nose and Throat

23-338 Immediate antibiotics were beneficial in children with acute otitis media who had fever and vomiting.

Aldous MB. Evidence-Based Medicine. May/June 2003. Vol.8. No.3. p.84.
Reviewed by Dr Bruce Arroll

Review: This is an additional analysis of a delayed prescription study which found that the only children aged six months to 10 years to benefit from oral antibiotics had vomiting and fever >37.5°C. The numbers needed to treat are three to five to prevent one instance of distress and night disturbance. (Original article reviewed: BMJ 2002; 325: 22-5)

Comment: This is helpful information for those increasing numbers of GPs who are giving delayed prescriptions for otitis media.

Endocrinology

23-339 The changing model of insulin use in type 2 diabetes: Techniques, tactics for getting to goal.

Cooppan R. Postgrad Med. June 2003. Vol.113. No.6. p.59-64.
Reviewed by Dr Chris Milne

Review: Indications for insulin in type 2 diabetes include (a) hypoglycaemia in newly diagnosed diabetics (b) poor glucose control with maximal oral therapy (c) pregnancy (d) hepatic or renal disease and (e) post myocardial infarction. The author suggests starting with 0.5 units per kilogram body weight per day.

Comment: Useful article on a topic of increasing importance.

Ethics

23-340 Misconduct in medical research: whose responsibility?

Breen KJ. Intern Med J. April 2003. Vol.33. No.4. p.186-91.

Reviewed by Dr Helen Moriarty

Review: Examples of misconduct range from frank fraud to misconduct, misrepresentation of results and misrepresentation of cited references. 56% (of 194) British consultants had observed research misconduct, and 6% admitted to it personally. This article links some of those misconducts, asks if medicine is any different to science in this regard, discusses prevention, detection, and protection for whistleblowers.

Comment: Interestingly this article is written by a gastroenterologist, who is also on the Australian Health Ethics Committee. The paper talked about complaint handling, but not how research misconduct is discovered – or not!

Gastroenterology

23-341 Electroacupuncture analgesia for colonoscopy: A prospective, randomized, placebo-controlled study.

Fanti L, Gemma M, Passaretti S, et al. Am J Gastroenterol. Feburary 2003. Vol.98. No.2. p.312-6.

Reviewed by Dr Alex Chan

Review: This prospective, randomised, placebo-controlled study compared the effectiveness of acupuncture to a standard sedation protocol in reducing patient's discomfort and anxiety during colonoscopy. Acupoints used were bilateral LI-4, ST-36, SP-6, SP-9, and ear Shenmen. Electrical stimulation at 100 Hz was used. Midazolam was administered at baseline and again as required. Additional Midazolam was significantly less in the acupuncture group (30%) compared to the sham acupuncture (80%) and control group (90%). Also, procedure acceptability at the end of colonoscopy was significantly higher in the acupuncture group.

Comment: These Italian authors were very cost conscious. They cited sedation as being the major factor which kept patients in the recovery area after endoscopic procedures. Acupuncture reduces the use of sedatives and shortens the time of discharge. Further, if the endoscopists themselves would perform acupuncture during colonoscopy, it could potentially reduce anaesthesiological costs. More procedures could thus be performed with the money available.

23-342 What do abnormal liver function test results really mean?

Kaplan MM, Keeffe EB. Patient Care. May 2003. Vol.37. No.5. p.35-43.

Reviewed by Dr Len Brake

Review: The doctor who says he has liver tests completely sorted is either a liar or a fool. Or he/she could be unwell. Either way this article does exactly what it says and is a concise readable update. It has been thumbed through many times in our tea-room. Clinical Pearl *'If the ALT and AST levels are less than twice the upper limit of normal and no chronic liver condition is identified, observation alone is recommended'.*

Comment: This is a worthwhile read.

Gynaecology

23-343 Lubrication of the vaginal introitus and external speculum had no effect on Papanicolaou smear interpretation.

Melnikow J. Evidence-Based Medicine. May/June 2003. Vol.8. No.3. p.79.

Reviewed by Dr Bruce Arroll

Review: This study was a randomised controlled trial comparing water soluble lubricant or no other lubricant or water. There was no difference in the rate of unsatisfactory Pap smear results. (Original article reviewed: Obstet Gynecol 2002; 100: 889-92)

Comment: The commentator for this feels it is important that the taking of a cervical smear be as comfortable as possible and that using lubricant can make this process much more acceptable.

Homeopathy

23-344 A critical overview of homeopathy.

Jonas WB, Kaptchuk TJ, Linde K. Ann Intern Med. 4 March 2003. Vol.138. No.5. p.393-9.

Reviewed by Dr Mimi Irwin

Review: This paper summarises the principles of homeopathy clearly and concisely. In recent years there has been a steady and surprising increase in demand for homeopathic treatment. Those requesting homeopathy tend to be young, affluent and well educated women. There is a tidy summary of the research base for homeopathy and physicians are encouraged to be open minded when communicating with patients who use homeopathy.

Comment: This is a fair discussion of homeopathy and I would suggest that this is a good introduction for busy GPs to read – only four pages. The reference list is excellent also.

23-345 Homeopathic arnica for prevention of pain and bruising: randomized placebo-controlled trial in hand surgery.

Stevinson C, Devaraj VS, Fountain-Barber A, et al. J R Soc Med. February 2003. Vol.96. No.2. p.60-5.

Reviewed by Dr Mimi Irwin

Review: A double-blind placebo controlled randomised trial with three parallel arms was undertaken to assess the effectiveness of homeopathic arnica in the recovery of patients undergoing surgery for carpal tunnel syndrome. Sixty-four adults were studied and there was no difference in outcome between those treated with arnica and those taking placebo.

Comment: This trial was well conducted, however, the number of participants was small. Carpal tunnel surgery is not generally complicated by

much swelling and bruising. Arnica is prescribed where there is bruising and swelling. Furthermore, patients in the study were advised to take arnica for a full week prior to surgery and continue for two weeks after the operation. This kind of prescribing may lead to bleeding in sensitive individuals.

23-346 Homeopathic treatment in emergency medicine: a case series.

Oberbaum M, Schreiber R, Rosenthal C, et al. Homeopathy. January 2003. Vol.92. No.1. p.44-7.

Reviewed by Dr Mimi Irwin

Review: This is a report on the use of homeopathy alongside conventional medicine following a construction disaster in Israel. Fifteen orthopaedic patients were treated with homeopathy, acutely, 24 hours after injury and later they received classical treatment for specific complaints. The acute treatment covered pain and anxiety.

Comment: This paper will interest beginners, particularly the medication used in the acute situation which included Arnica, Aconite, Opium, Ignatia and Arsenicum. The paper may interest others as it reports on how homeopathy and conventional medical practice can be integrated.

23-347 Clinical outcomes research: contributions to the evidence base for homeopathy.

Mathie RT. Homeopathy. January 2003. Vol.92. No.1. p.56-7.

Reviewed by Dr Mimi Irwin

Review: This article is written by Robert Mathie who is the research development adviser for the Faculty of Homeopathy in London. He discusses the use of clinical outcomes research for the study of homeopathy and its impact on patients who use it. Clinical outcomes research is reasonably straight forward for practitioners to participate in and can act as audit. Such surveys may also show up areas where RCTs could be useful e.g. specific conditions such as ADHD, OM, etc.

Comment: This is a short discussion and the reference list may interest readers.

23-348 Does homeopathy reduce the cost of conventional drug prescribing? A study of comparative prescribing costs in general practice.

Jain A. Homeopathy. April 2003. Vol.92. No.2. p.71-6.

Reviewed by Dr Mimi Irwin

Review: The aim of this study was to compare the cost of homeopathic prescribing with that of pharmaceutical prescribing in the general practice setting. The study examined 100 patients seen by only one general practitioner. The average savings on medication per patient was £60.40. This was an estimate.

Comment: This study did not compare a homeopathic population with a similar group of patients who had received conventional treatments. The savings were based on estimates for conventional treatment. The time it took the GP to prescribe homeopathy was not accounted for. Time off work for the patients receiving homeopathy was also not noted. Further studies are needed to measure the impact of homeopathy on general practice populations. The paper has an interesting table comparing homeopathic and conventional treatments for a number of common GP problems. The outcomes are also listed.

23-349 The research evidence base for homeopathy: a fresh assessment of the literature.

Mathie RT. Homeopathy. April 2003. Vol.92. No.2. p.84-91.

Reviewed by Dr Mimi Irwin

Review: Robert Mathie is the Research Development Adviser for the Faculty of Homeopathy in Britain. Mathie has in this article reviewed the cumulative research from RCTs for homeopathy since 1975. He has analysed 93 RCTs that compare homeopathy with placebo or conventional treatment. The aim of this exercise has been to highlight the conditions most likely to benefit from homeopathy. From this exercise it appears that homeopathy is helpful for childhood diarrhoea, fibrositis, hayfever, influenza, pain, side effects of radio- or chemotherapy, sprains and URTIs. From this body of research it does not seem that homeopathy can be relied on in the treatment of headache, stroke or warts.

Comment: Practitioner experience may not support these conclusions. Mathie provides 116 references for the dedicated student.

23-350 Antibiotics and the development of resistant microorganisms. Can homeopathy be an alternative?

Viksveen P. Homeopathy. April 2003. Vol.92. No.2. p.99-107.

Reviewed by Dr Mimi Irwin

Review: Antibiotic resistance is a serious concern both in medical practice and veterinary medicine. The prevalence of resistant bacterial organisms is increasing and is caused by the indiscriminate use of antibiotics in animal feeds. Also 20–50% of antibiotic prescriptions in the community are thought to be unnecessary. An important area where antibiotic prescribing can be reduced is upper respiratory infections. The author looks at the studies (few) which appear to show that homeopathy is helpful in treating upper respiratory tract infections and thereby reducing the use of antibiotics.

Comment: This is an interesting article which is well referenced, and discusses an issue that is important in general practice.

Information Systems

23-351 Medicine, myths, and the movies: Hollywood's misleading depictions affect physicians, patients alike.

Raj YP. Postgrad Med. June 2003. Vol.113. No.6. p.9-13.

Reviewed by Dr Chris Milne

Review: The motion picture industry is arguably the most influential media entity shaping American consciousness. To put it more simply – the movies can shape the way we think. Hollywood brings us its own version of medicine, which may have a profound influence on society, e.g.

the portrayal of ECT in *'One Flew Over The Cuckoos Nest'*, or paranoid schizophrenia in *'A Beautiful Mind'*.
Comment: A thoughtful piece in a major American journal.

Law and Medicine

23-352 National survey of medical decisions at end of life made by New Zealand general practitioners.

Mitchell K, Owens RG. BMJ. 26 July 2003. Vol.327. No.7408. p.202-3.
Reviewed by Dr Len Brake
Review: It is hard to understand the pressure to have euthanasia established in law. The good palliative care that is alive and well in NZ makes this unnecessary – surely. Physician assisted death is analysed in NZ with a questionnaire. The results are of course skewed because of the laws of the land and also the phrasing of the question asked about the 'last death' attended. Results were consistent with research elsewhere, certainly on a par with Australia and Belgium.

Musculoskeletal System

23-353 Isokinetic eccentric-to-concentric strength ratios of the shoulder rotator muscles in throwers and nonthrowers.

Noffal GJ. Am J Sports Med. July 2003. Vol.31. No.4. p.537-41.
Reviewed by Dr C Hanna
Review: This article assesses the relationship between the eccentric strength of shoulder external rotators and the concentric strength of shoulder internal rotator muscles in the dominant arms of throwing athletes, and compares these ratios with those of their nondominant arms and both arms of non-throwers.
Comment: This paper shows a significant difference between eccentric external rotator and concentric internal rotator strength, which reinforces the need for specific functional strengthening exercises in shoulder rehabilitation programmes.

23-354 Scapular muscle recruitment patterns: Trapezius muscle latency with and without impingement symptoms.

Cools AM, Witvrouw EE, Declercq GA, et al. Am J Sports Med. July 2003. Vol.31. No.4. p.542-9.
Reviewed by Dr C Hanna
Review: Surface electrodes were used to measure muscle latency in the arms of patients with impingement symptoms and in asymptomatic controls. There was a significant delay in trapezius activation in symptomatic shoulders.
Comment: This study shows a clear relationship between shoulder impingement and scapulothoracic control – whether this is a primary or secondary effect is as yet unclear.

23-355 Acupuncture treatment of chronic low-back pain – a randomized, blinded, placebo-controlled trial with nine-month follow-up.

Leibing E, Leonhardt U, Koster G, et al. Pain. March 2003. Vol.96. No.1-2. p.189-96.
Reviewed by Dr Alex Chan
Review: Combined body and ear acupuncture, additional to physiotherapy, was found to be superior to physiotherapy alone for reducing pain intensity, as well as disability and psychological stress associated with chronic low back pain (LBP) in this randomised, placebo-controlled, prospective study in a University Department of Orthopaedics in Germany. Sham acupuncture with superficial needling of skin outside the meridians was used as placebo control. At nine-month follow-up, patients who received acupuncture in addition to physiotherapy were significantly better than those who only received physiotherapy in regard to reduction in pain disability. Sham acupuncture was shown to be just as effective in reducing pain intensity and disability though acupuncture was significantly better in reducing psychological distress.
Comment: The authors were quick to point out that placebo analgesia could be effective and that it could also be mediated by endogenous opiates. They concluded that acupuncture might be a viable option as an adjunct in the pragmatic treatment of chronic LBP patients.

23-356 Ottawa ankle rules for the injured ankle.

Heyworth J. Br J Sports Med. 1 June 2003. Vol.37. No.3. p.194.
Reviewed by Dr Chris Milne
Review: These useful clinical rules have been shown to reduce the need for ankle x-rays after acute injury by 30–40%. If your patient has tenderness over either the medrol or lateral malleolus, the navicular tuberole, or base of the fifth metatarsal, or cannot take four steps, an x-ray is indicated. If not, they are most unlikely to have a fracture.
Comment: The rules have recently been validated in children aged two to 16 years in addition to the impressive array of data accumulated in adult patients. They show that the good doctors of Ottawa are using their cold winter days productively. Remember these rules when you next see a patient with a sprained ankle!

23-357 Chiropractic spinal manipulation for back pain.

Ernst E. Br J Sports Med. 1 June 2003. Vol.37. No.3. p.195-6.
Reviewed by Dr Chris Milne
Review: Chiropractic spinal manipulation uses relatively high forces (up to about 500 N), and although it has abundant anecdotal support, the trial evidence is less convincing. Every procedure has a risk, and this is no exception; most complications appear to occur in those with risk factors, particularly osteoporosis.
Comment: Useful article which again emphasises the need to select the therapy most appropriate for the individual patient. Over time, the GP tends to be the person who has the best handle on the patients global health concerns.

23-358 Acute low back pain: systematic review of its prognosis.

Pengel LH, Herbert RD, Maher CG, et al. BMJ. 9 August 2003. Vol.327. No.7410. p.323-5.
Reviewed by Dr Len Brake

Review: God only knows why money was spent on this trial. Nothing new is added to our lumbar knowledge. We all know that quick mobilisation is the go and that over 75% of patients have recurrence within a short time. It is still the commonest form of malingering from an ACC point of view and a review of the tips and tricks to identify this problem would have been more timely.

23-359 Treatment of tennis elbow: the evidence.

Mellor S. BMJ. 9 August 2003. Vol.327. No.7410. p.330.

Reviewed by Dr Len Brake

Review: This short dissertation evaluates the Cochrane review of the subject. The fact that nearly all patients get better with no treatment inside one year provides a good background to the many many methods of treatment analysed in the report. Steroid injections have their problems and acupuncture just fills the time in waiting for a cure. Long-term NSAIDS? Maybe!

23-360 Segmental stabilisation training in lumbo-pelvic pain disorders.

Hides JA, Richardson CA. New Zealand Journal of Sports Medicine. Autumn 2003. Vol.311. No.1. p.10-8.

Reviewed by Dr Rob Campbell

Review: This paper explores the concepts and research supporting the approach of muscle strengthening programmes for low back pain sufferers. The separation of muscles into local and global groups is described and how important the local muscles are is then explored. Some techniques are then described to illustrate the clinical uses of the above concepts.

Comment: Not for the faint-hearted but an excellent 'state-of-the-art' review of the concepts, research and clinical application of the muscle training techniques used by our best rehabilitation physiotherapists.

Neurology

23-361 Pharmacologic management of acute attacks of migraine and prevention of migraine headache.

Snow V, Weiss K, Wall EM, et al. Ann Intern Med. 19 November 2002. Vol.137. No.10. p.840-9.

Reviewed by Dr Mike Slatter

Review: This is a Clinical Guideline article prepared by the American Academy of Family Practice and the American College of Physicians – American Society of Internal Medicine with assistance from the American Headache Society. A wide range of acute treatments with varying efficacies is currently in use. Patient responses are not always predictable and individualised management is important. A body of evidence points to effective first- and second-line agents for acute treatment of migraine.

Comment: Good discussion regarding diagnosis, management of acute migraine headaches, medication overuse headaches and preventive therapy. Useful recommendations and good update.

23-362 Hearing colors, tasting shapes.

Ramachandran VS, Hubbard EM. Sci Am. May 2003. Vol.288. No.5. p.43-9.

Reviewed by Dr Ron Vautier

Review: By exploring the mechanisms involved in synaesthesia scientists are learning about how the brain processes sensory information and uses it to make abstract connections between seemingly unrelated inputs.

Comment: GPs should at least be aware of synaesthesia, but otherwise I would rate this article as recreational rather that essential reading.

23-363 How to sort out a complaint of dizziness.

Clark MM. Patient Care. May 2003. Vol.37. No.5. p.44-52.

Reviewed by Dr Len Brake

Review: 'I just feel a bit dizzy' is an everyday complaint. It is also a symptom that enables the GP to sort the wheat from the chaff in short order.

Comment: This 'how to' is the best I've read. Better even than John Murtagh's effort. Simple and to the point – what more can be said. This is NOT a detailed analysis for the neurologist but a quick update for those at the front line – excellent.

23-364 Defining diffuse Lewy body disease: Tetrad of symptoms distinguishes illness from other dementias.

Stewart JT. Postgrad Med. May 2003. Vol.113. No.5. p.71-5.

Reviewed by Dr Chris Milne

Review: Lewy body disease is the second most common form of dementia seen in autopsy studies. Pathologically, one sees neuronal inclusion bodies. Characteristic clinical features include dementia, Parkinsonian features, psychotic episodes and an extreme sensitivity to antipsychotic agents. Postural hypotension and constipation are common. Treatment agents include newer antipsychotic drugs such as quetiapine, even risperidone is not that effective.

Comment: An aphorism quoted in this article is that to treat a disorder we first have to recognise it. Chances are that each GP has at least one person in their practice with this condition. It's worth considering in the differential diagnosis of confused shuffling elderly patients.

Nutrition

23-365 Dietary fibre: a roughage guide.

James SL, Muir JG, Curtis SL, et al. Intern Med J. July 2003. Vol.33. No.7. p.291-6.

Reviewed by Dr Helen Moriarty

Review: This is a very helpful review which covers different types of fibre and modes of action, proven benefits and physiological basis for increased fibre intake. The greatest side effects are stool bulking and gas.

Comment: A one page practical guide is provided (could show it to patients).

Obstetrics

23-366 Advances in prenatal screening.

McLennan A. Aust Fam Physician. March 2003. Vol.32. No.2. p.107-12.
Reviewed by Dr Catherine Cearns
Review: A review article outlining available antenatal screening methods and their detection rates. New advances in molecular techniques applied to foetal DNA are also discussed.
Comment: GPs are usually the first point of contact in early pregnancy and are perfectly placed to discuss prenatal screening.

23-367 Managing diabetes during pregnancy: Guide for family physicians.

Sempowski IP, Houlden RL. Can Fam Physician Med Fam Can. June 2003. Vol.49. p.761-7.
Reviewed by Dr Mike Lyons
Review: Overview of ideal management pre-pregnancy, summary of pregnancy and intrapartum risks and ideal management to reduce risks. Covers controversial screening and confirmation.
Comment: Practical summary of the present goals for caring for established and gestational diabetic patients. Ideal for the dwindling pool of GP Obstetricians. Good information for the rest of us.

23-368 Preconception care for women with type 1 diabetes.

Klinke JA, Toth EL. Can Fam Physician Med Fam Can. June 2003. Vol.49. p.769-73.
Reviewed by Dr Mike Lyons
Review: Enthusiastic article on best care and indices of same for type 1 diabetics contemplating pregnancy. Workup suggested includes: thorough history and physical, HBAIC, Creatinine clearance and 24-hour microalbumin estimate, Thyrotropin test, ophthalmology referral and possible exercise stress test.
Comment: I note I am not giving optimum care to these patients – maybe I should start the preconception clinics mentioned in the article. A novel way to consume SIA PHO funds!

Oncology

23-369 Screening for prostate cancer: Recommendation and rationale.

U.S. Preventive Services Task Force. Ann Intern Med. 3 December 2002. Vol.137. No.11. p.915-6.
Reviewed by Dr Mike Slatter
Review: This statement summarises the current USPSTF recommendations on screening for prostate cancer. The USPSTF found good evidence that PSA screening can detect early stage prostate cancer but mixed and inconclusive evidence that early detection improves health outcomes. Screening is associated with important harms. Evidence is insufficient to recommend for or against routine screening for prostate cancer.
Comment: If we choose to screen then patients must be fully informed of benefits and harms. About 10–20% of early prostate cancer will be missed by PSA testing. Men can be stratified into risk groups according to age, ethnicity and family history. Good recommendations keeping us up to date in this controversial area. For more details of the USPSTF findings see 23-370.

23-370 Screening for prostate cancer: An update of the evidence for the US Preventive Services Task Force.

Harris R, Lohr KN. Ann Intern Med. 3 December 2002. Vol.137. No.11. p.917-29.
Reviewed by Dr Mike Slatter
Review: See 23-369.

23-371 Women need better information about routine mammography.

Thornton H, Edwards A, Baum M. BMJ. 12 July 2003. Vol.327. No.7406. p.101-3.
Reviewed by Dr Len Brake
Review: This is a thought-provoker. The value of screening has been distorted as we all know with the figures provided to women being biased on the side of the screening industry. The common misconceptions such as 'Screening reduces the incidence of breast cancer' and 'Early detection implies reduced mortality' along with 'All breast cancers progress' are explored in this paper.
Comment: Screening for lethal diseases seems such a logically good idea but we all know what happens when logic is applied to the human body. The basis of the article is that women need both sides of the argument before making a choice. Essential reading.

23-372 High result in prostate specific antigen test.

Mokete M, Palmer AR, O'Flynn KJ. BMJ. 16 August 2003. Vol.327. No.7411. p.379.
Reviewed by Dr Len Brake
Review: A 52-year-old man asks for a PSA – the result is 5.7ng/ml. This one-page update has good information. (You can download the pdf from BMJ online.) Did you know just 3–5% of prostatic cancer is genetic. And that the definition of familial prostatic cancer is TWO first degree relatives who were diagnosed before the age of 55 years. The chances of cancer on TRUSS biopsy with PSA between 4–9.9 is 22%.

Pharmacology

23-373 Where a pill won't reach: How to get drugs where they need to go.

Langer R. Sci Am. April 2003. Vol.288. No.4. p.33-9.
Reviewed by Dr Ron Vautier
Review: To deliver drugs, especially protein-based ones, to their sites of action various alternative mechanisms are being developed. These include sophisticated coatings and linked carrier molecules, iontophoresis and ultrasound, optimising aerosolisation, and implantable microchip reservoirs.
Comment: This article will reward the technologically inclined readers as well as those who wish to be ahead of the state of play.

Psychiatry and Psychology

23-374 Lithium salts in the treatment of psychotic excitement.

Cade JF. Med J Aust. 3 September 1949. Vol.38. p.349-52.
Reviewed by Dr Len Brake
Review: Lithium salts were used in the late 19th century as treatment

for gout but side effects such as 'cardiac depression and even dilatation' outweighed the modest efficacy. The hypnotic effect of lithium had been noted however and Cade injected lithium carbonate into guinea pigs and noted that they became extremely lethargic and unresponsive for a couple of hours. 'It appeared worthwhile' he thought 'to try using lithium salts in the treatment of mania'. The paper outlines the 10 case histories and the response to lithium. Cade concludes 'Pre-frontal leucotomy has been performed lately on restless and psychopathic mental defectives. It is likely that lithium would be effective in such cases and would be much preferred to leucotomy'.

Comment: A classic. (A trip down memory lane (?) - ed.)

Respiratory System

23-375 Cardioselective B-Blockers in patients with reactive airway disease: A meta-analysis.

Salpeter SR, Ormiston TM, Salpeter EE. Ann Intern Med. 5 November 2002. Vol.137. No.9. p.715-25.

Reviewed by Dr Mike Slatter

Review: Meta-analysis of 29 studies assessing the effect of cardioselective beta-blockers on respiratory function of patients with reactive airway disease. The original evidence against beta-blockers in reactive airway disease was based on reports of acute bronchospasm precipitated by high doses of noncardioselective beta-blockers. Outcome showed that cardioselective beta-blockers do not produce clinically significant adverse respiratory effects in patients with mild to moderate reactive airway disease.

Comment: Evidence is certainly mounting for more widespread use of cardioselective beta-blockers especially in older patients with COPD who may well have co-existing ischaemic heart disease, congestive cardiac failure or cardiac arrhythmia. (See 23-376)

23-376 Fresh air and B-Blockade.

Epstein PE. Ann Intern Med. 5 November 2002. Vol.137. No.9. p.766-7.

Reviewed by Dr Mike Slatter

Review: This editorial comments on the study by Salpeter and colleagues. The main focus of the meta-analysis was on asthma and patients were on average younger than most patients requiring beta-blocker agents for management of coronary disease. Nearly 80% of the study patients were men. However, there is agreement that cardioselective beta-blockers should not be withheld from patients with mild to moderate asthma or COPD. Use of beta-blockers in patients with exacerbations of asthma requires continual caution. (See 23-375)

23-377 Review: Ipratropium is not more effective than B2 agonists for acute exacerbations of chronic obstructive pulmonary disease.

Niewoehner DE. Evidence-Based Medicine. May/June 2003. Vol.8. No.3. p.74.

Reviewed by Dr Bruce Arroll

Review: Short-acting anticholinergics and short acting beta agonists produce similar bronchodilation in patients with stable COPD. The two together produce a larger FEV1 than does either alone but the additive effect is modest and the clinical benefit remains uncertain. (Original article reviewed: Cochrane Database Syst Rev 2002; (4): CD003900)

Comment: This review did not examine clinical outcomes so is limited to that extent. The suggestion was that the two drug classes seem to be equally effective and both have excellent safety profiles and hence individual choice and price should determine clinical choice.

23-378 Review: Oral or parenteral opioids alleviate dyspnoea in palliative care.

Robbins RA. Evidence-Based Medicine. May/June 2003. Vol.8. No.3. p.75.

Reviewed by Dr Bruce Arroll

Review: Oral and parenteral opioids were effective for dyspneoa in palliative care. The study included COPD, chronic heart failure, and cancer. They were all small studies but the pooled results found that only nebulised opiates were not effective. Some of the oral doses were 10–20mg OD or BD. (Original article reviewed: Thorax 2002; 57: 939-44)

Comment: The commentator for this study made the point that opiates were as effective in cancer as they were in COPD and that doctors are perhaps overly concerned about respiratory depression.

Smoking

23-379 Pharmacotherapies to enhance smoking cessation during pregnancy.

Oncken CA, Kranzler HR. Drug Alcohol Rev. June 2003. Vol.22. No.3. p.191-202.

Reviewed by Dr Helen Moriarty

Review: This is a review article which explores the safety and efficacy data for use of therapies for smoking cessation in pregnancy: nicotine replacements, (gum, patches, spray, inhaler, lozenges, tablets), and bupropion, notriptyline. For many there are no published studies in pregnancy, but there is some anecdotal evidence that any risk is outweighed by benefits, since smoking is associated with poorer outcomes of pregnancy.

Sports and Sports Medicine

23-380 Exercise-associated collapse: Postural hypotension, or something deadlier?

Speedy DB, Noakes TD, Holtzhausen L-M. Physician and Sportsmedicine. March 2003. Vol.31. No.3. p.23-9.

Reviewed by Dr Rob Campbell

Review: This paper, of which the prinicpal author is a New Zealand Sports Physician, deals with collapse at endurance events. It describes the pathophysiology, differential diagnosis and, most importantly, the assessment of the collapsed athlete. Inserting an IV drip is the last thing you should do!

Comment: This is an outstanding paper which will remain state of the art

for some years and is required reading for all those taking part in or caring for athletes in endurance events.

23-381 What is exercise? A primer for practitioners.

Knuttgen HG. Physician and Sportsmedicine. March 2003. Vol.31. No.3. p.31-42.

Reviewed by Dr Rob Campbell

Review: This article describes how exercise is measurable, basic exercise physiology, and then discusses how different training techniques contribute to different fitness parameters e.g. aerobic versus anaerobic versus strength.

Comment: A useful primer on exercise physiology relevant to the green prescription programme.

23-382 ACL reconstruction with autografts: Weighing performance considerations and postoperative care.

Grant JA, Mohtadi NG. Physician and Sportsmedicine. April 2003. Vol.31. No.4. p.27-32.

Reviewed by Dr Rob Campbell

Review: Anterior Cruciate Ligament (ACL) ruptures are a common serious injury amongst our active patients, especially those in multidirectional sport. Persisting instability requires ACL reconstruction and this paper describes the pathomechanics of the grafts, the clinical rationale for each graft and the important rehabilitation considerations.

Comment: An excellent summary describing the two most common grafts i.e. the patella tendon and the semitendinosus hamstring graft.

23-383 Low regional tibial bone density in athletes with medial tibial stress syndrome normalizes after recovery from symptoms.

Magnusson HI, Ahlborg HG, Karlsson C, et al. Am J Sports Med. July 2003. Vol.31. No.4. p.596-600.

Reviewed by Dr C Hanna

Review: Bone mineral density was shown to be reduced in the region of medial tibial stress syndrome, and this loss in bone density resolved after resolution of symptoms.

Comment: This study confirms that changes in bone structure related to medial tibial stress syndrome resolve with healing, but it does not clarify whether or not the bone density changes predate the syndrome or are a consequence of it.

23-384 Elbow injuries in throwing athletes: A current concepts review.

Cain EL, Dugas JR, Wolf RS, et al. Am J Sports Med. July 2003. Vol.31. No.4. p.621-35.

Reviewed by Dr C Hanna

Review: This paper reviews the current concepts relating to elbow anatomy, biomechanics, history, examination and pathology of injuries sustained by throwing athletes.

Comment: This is an excellent review for anyone interested in throwing or overhead sports.

23-385 Acetabular labrum and its tears.

Narvani AA, Tsiridis E, Tai CC, et al. Br J Sports Med. 1 June 2003. Vol.37. No.3. p.207-11.

Reviewed by Dr Chris Milne

Review: Groin pain is a major cause of morbidity in athletes over the past decade, diagnostic advances have helped identify labral tears in the hip, just like they have in the shoulder. The history is usually of the hip joint being stressed in rotation, with subsequent groin, buttock or trochanteric pain. On examination, combined flexion and rotation usually causes pain, plus occasionally a sensation of locking or clicking. MR arthrogram is the investigation of choice.

Comment: Useful review of an uncommon but treatable cause of hip pain in the active population.

23-386 A pilot study of the prevalence of lumbar disc degeneration in elite athletes with lower back pain at the Sydney 2000 Olympic Games.

Ong A, Anderson J, Roche J. Br J Sports Med. 1 June 2003. Vol.37. No.3. p.263-6.

Reviewed by Dr Chris Milne

Review: Back pain appears to be even more common in elite athletes than in the normal population. At the Sydney 2000 Olympics, Professor Jock Anderson and colleagues were able to investigate many world class athletes with MRI scanning and other imaging modalities. This study tends to suggest that the great physical demands placed on athletes in training contribute to acceleration of degenerative spinal changes.

Comment: Very useful study. I suspect there will be more good work coming out of the excellent data that was collected at the Sydney Olympics. If ever you wanted an excuse to be a couch potato, this paper just might provide the evidence you need!

23-387 Exercise and diabetes mellitus.

Birret R, Sedaghat V. Physician and Sportsmedicine. May 2003. Vol.31. No.5. p.29-41.

Reviewed by Dr Rob Campbell

Review: A very full review of exercise in insulin dependent diabetes. Explores glucose physiology and the various nutrition/exercise/insulin interplays for the diabetic athlete.

Comment: An intensive review but does describe glucose levels in mg/dh instead of mmol/L.

Technology

23-388 Update on mobile phones and health.

Hocking B. Intern Med J. May/June 2003. Vol.33. No.5/6. p.235-6.

Reviewed by Dr Helen Moriarty

Review: A short paper summarising current knowlede about brain tumours and neurotoxicity as consequences of mobile phone use. The even shorter answer is that data is incomplete especially in respect to long-term exposure and use of mobile phones from childhood.

Comment: This article gives web links to unbiased information about electromagnetic fields and health.

Urology

23-389 Urinary incontinence: Non-surgical management by family physicians.

Moore KN, Saltmarche A, Query B. Can Fam Physician Med Fam Can. May 2003. Vol.49. p.602-10.
Reviewed by Dr Mike Lyons

Review: Broad review of management of urinary incontinence. Concentrates on usual modalities of assessment, bladder training, fluid adjustment, caffeine elimination, smoking cessation, bowel management, weight reduction, physical exercise and pelvic floor muscle exercises (PFMEs). Brief and tabled mention of drugs to consider (see 23-390).

Comment: Harder in practice – especially when we read 'between 30% and 70% of patients cannot perform effective PFMEs'. Useful article to refer to.

23-390 Approach to urinary incontinence in women: Diagnosis and management by family physicians.

O'Neil B, Gilmour D. Can Fam Physician Med Fam Can. May 2003. Vol.49. p.611-8.
Reviewed by Dr Mike Lyons

Review: Second article in symposium on urinary incontinence (see 23-389). Presents brief case history and works through theoretical management, followed by specific case management.

Comment: Good patient information sheet on Kegel pelvic floor muscle exercises. Not so sure about the suggestion that GPs initiate discussion on urinary incontinence in the annual female examination!

23-391 Chronic renal insufficiency and renoprotective strategies.

Wyburn KR, Horvath JS. Intern Med J. May/June 2003. Vol.33. No.5/6. p.237-41.
Reviewed by Dr Helen Moriarty

Review: As more and more patients are diagnosed with renal impairment, what are the implications for their doctors? This paper discusses common causes, importance of early detection and protective strategies, controlling high BP, diabetes, ACE inhibitors and proteinuria, left ventricular hypertrophy, anaemia, dyslipidaemia, smoking, calcium, phosphorus, parathyroid hormone and diet.

Comment: A good overall summary paper, with 52 references for those wishing to read more...

Instructions for authors
New Zealand Family Physician publishes original papers on General Practice and family medicine. We encourage editorials, case reports and invite readers to contribute to regular features.

Manuscripts
Manuscripts may be submitted in printed or electronic format, preferably the latter. If possible the article should be submitted on a 3.5 inch disk in Word format, or emailed to the address below as an attachment. Where possible use standard fonts (such as Arial or Times) and keep formatting to a minimum. Please send a covering letter signed by all authors stating that the manuscript is original, has been read and approved and that no part of it has been submitted for publication elsewhere. We ask that the manuscript is no longer than 2500 words and that the style conforms to that detailed in "Uniform requirements for manuscripts submitted to biomedical journals" (New Zealand Medical Journal 1988, 101:200-204). Submit three clear copies, double spaced, wide margins and with numbered pages. Display on a separate title page the title of the paper, author's name (first name, initial, surname) and degrees; up to three key words; a brief curriculum vitae (about two sentences) for each author, name and address of author to whom communications should be sent; acknowledgments of grants. Begin the text with an abstract of less than 150 words. Abbreviations should be kept to a minimum. Use SI units throughout. Photographs of authors are welcome and should ideally be provided in digital (jpg) format.

References
Refer to published material by inserting numbers serially in the text. List no more than 20 references on the last page in the order cited in the text. Abbreviate journal names in the style of Index Medicus, and refer to journal articles as follows: authors' surnames and initials, title of article, abbreviated name of journal, year, volume number, first and last page numbers. Refer to books as follows: authors, title of chapter, title of book, edition, publishing house and city, year, page numbers referred to. Check the accuracy of every reference.

Illustrations
Graphs, charts and line drawings should be clean, sharp, black on white and of high standard of reproduction. Photographs must be of a professional standard, must show clear detail, and should ideally be submitted in digital (jpg) format.

Publishing dates
New Zealand Family Physician is published six times annually, in February, April, June, August, October and December. Original papers are submitted to referees before being accepted for publication, and are published as soon as space permits.

Subscriptions
The journal is provided free to all members of the RNZCGP. Rates for others are $90 per year within New Zealand, $80 plus $18 postage outside New Zealand. The Royal New Zealand College of General Practitioners, P O Box 10440, Wellington, New Zealand.

Editor
Dr Tony Townsend MGP (Otago) BSc FRNZCGP Dip Obst.

Editorial Board
Dr Bruce Arroll, Dr Andrew Divett, Professor Tony Dowell, Dr Pam Hyde, Dr Marjan Kljakovic, Dr Lynette Murdoch, Mr Andrew Stenson, Dr Jocelyn Tracey.

Emeritus Editors
Professor Campbell Murdoch, Dr Ian St George, Dr Tessa Turnbull, Dr Rae West.

Management Committee
Lee Sheppard, Hugh Sutherland.

Designer
Robyn Atwood

Advertising enquiries:
Colin Gestro ph: 09–449 2500, fax: 09–449 2552, email: colingestro@affinityads.com

All other correspondence to:
Lee Sheppard, Publications Administrator
Royal New Zealand College of General Practitioners
P O Box 10-440, WELLINGTON
Email: nzfp@rnzcgp.org.nz

The New Zealand Family Physician is the official journal of the RNZCGP, however, views expressed are not necessarily those of the College, the editor, or the editorial board.

The Royal New Zealand College of General Practitioners