Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed in this Issue

Age Ageing*
Aust Fam Physician*
BMJ*
Drug Ther Bull*
Evid Based Complement Altern Med*
J Fam Pract*
J Pain Symptom Manage*
J Palliat Med*
Lancet*
Obesity*
Palliat Med*
Prim Care*
Rheumatology*
Sci Am*

*Journals indexed in Medline

Acupuncture

28-324 Single-point acupuncture and physiotherapy for the treatment of painful shoulder: a multicentre randomized controlled trial

Vas J, Ortega C, Olmo V, et al. Rheumatology. June 2008. Vol.47. No.6. p.887-93.
Reviewed by Dr Alex Chan

Review: Acupuncture followed by physiotherapy was found to be significantly better than mock TENS followed by physiotherapy in relieving painful shoulder in this multicentre controlled randomised study. The clinical improvement was maintained over 12 months. The single acupoint used was ST-38, homolateral, and needled to a depth of 4.5- 5.0 cm towards BL57.

Comment: For centuries ST-38 has been a well known effective acupoint for shoulder pain in Chinese acupuncture literature. The secret is in moving the shoulder after deqi sensation has been obtained at ST-38.

28-325 Demystifying acupuncture

Pyne D, Shenker NG. Rheumatology. August 2008. Vol.47. No.8. p.1132-6.
Reviewed by Dr Alex Chan

Review: This is a review article summarising the methods of acupuncture, its efficacy or otherwise in the treatment of musculoskeletal pain, and its possible mechanisms. Conflicting evidence on acupuncture as a placebo was also presented.

Comment: A useful reference for those who want a synopsis of up-to-date information on scientific evidence and explanation about acupuncture.

28-326 Ten years evidence-based high-tech acupuncture Part 3 : a short review of animal experiments.

Litscher G. Evid Based Complement Altern Med. 7 May 2008. Vol.Advance Access. p.5 pages.
Reviewed by Dr Alex Chan

Review: This is a review article of the effect of acupuncture stimulation of the acupoint Yingtang in animals at a research unit in the Medical University of Graz, Austria, over a period of 10 years. Pigs, dogs and sheep were used and a collection of biosignal measurements were performed, including heart rate, blood pressure, peripheral oxygen saturation, regional cerebral oxygen saturation, EEG, faecal glucocorticoid metabolite concentration, etc. Stimulation of Yintang was found to have sedative effects.

Comment: Yintang is well known for its sedative effects in human subjects.

28-327 Acupuncture treatment of dysmenorrhea resistant to conventional medical treatment

Iorno V, Burani R, Bianchini E, et al. Evid Based Complement Altern Med. June 2008. Vol.5. No.2. p.227-30.
Reviewed by Dr Alex Chan

Review: Weekly traditional acupuncture was given over two months to a small group of patients (15) with dysmenorrhoea (primary or secondary) and who had a poor response to NSAIDs. Patients were followed up to six months post-treatment. Both pain intensity and pain duration were significantly reduced during the treatment and in the follow-up period. Pain did not recur in seven patients who remained asymptomatic at six months.
Comment: This study also looked into the cost-effectiveness of acupuncture. While consumption of NSAIDs was substantially reduced, the overall cost was actually higher because of the cost of acupuncture. However, this has to be looked at from the perspective that these patients had poor response to NSAIDs in the beginning.

Biochemistry

28–328 New jobs for ancient chaperones

Srivastava PK. Sci Am. July 2008. Vol.299. No.1. p.32-7.
Reviewed by Dr Ron Vautier

Review: A group of proteins known as 'heat shock proteins' (actually increase in response to a variety of cellular stresses) play a fundamental role in normal functioning by protecting the integrity of other proteins, helping them to take and keep the proper shape, to get to the right places, and to avoid unwanted interactions. Some also deliver antigens from diseased cells to the immune system's antigen-presenting cells, thereby playing an important role in dealing with pathogens and cancer. Clinical trials now under way utilise drugs which either induce or inhibit certain heat shock proteins.
Comment: Find out why getting hot with exercise may be good for you, and why antipyretics may actually be counterproductive.

Cardiovascular System

28–329 Aspirin + clopidogrel therapy: how does your care compare to the evidence?

Simmons BB, Salzman BE. J Fam Pract. January 2008. Vol.57. No.1. p.26-32.
Reviewed by Dr Bruce Adlam

Review: Practice recommendations: (1) Patients with drug-eluting stents should receive dual therapy (aspirin + clopidogrel) for at least 12 months (Strength of recommendation (SOR=B)). (2) For patients who have had an ischaemic stroke or transient ischaemic attack, adding aspirin to clopidogrel increases the risk of haemorrhage and is not routinely recommended (SOR= A). (3) Adding clopidogrel to aspirin is not more effective than aspirin alone in the primary prevention of coronary artery disease in patients with multiple risk factors. In fact, it may actually cause harm in patients without established cardiovascular disease (SOR=B).
Comment: A good review of a group of major studies.

28–330 Exercise based cardiac rehabilitation in chronic heart failure

Wise FM. Aust Fam Physician. December 2007. Vol.36. No.12. p.1019-24.
Reviewed by Dr Mary Tucker

Review: This article summarises key features related to the incidence, prevalence, pathogenesis, diagnosis and prognosis of cardiac failure. It discusses the nature of cardiac rehabilitation, selection of suitable candidates and relative and absolute contraindications for inclusion in a rehabilitation programme. Risks and benefits of rehabilitation are discussed.
Comment: Cardiac rehabilitation that incorporates exercise training and education is safe for patients with stable congestive cardiac failure provided that they have been properly selected and the training programme is appropriately tailored to their individual needs. Most patients can expect to improve their exercise tolerance, functional ability, understanding of heart failure and quality of life.

28–331 Depression, antidepressants and heart disease

Drug Ther Bull. April 2008. Vol.46. No.4. p.29-32.
Reviewed by Fiona Corbin

Review: Authorities estimate that approximately one in five people with coronary artery disease has major depression. It is also recognised that the prognosis in heart disease is worse in those who are also depressed. There appears to be limited robust evidence of the relative safety and/or efficacy of various antidepressants in patients with heart disease. That which does exist is reviewed. This evidence supports the bulletin conclusions that, in general, tricyclic antidepressants are best avoided in patients with heart disease due to their arrythmogenic potential and that when drug treatment

is needed an SSRI should probably be tried first.
Comment: This bulletin contains useful data to assist GPs to manage a reasonably common clinical dilemma i.e. using anti-depressants, many of which have unwanted cardiovascular effects, in depressed patients with co-morbid heart disease.

Child and Adolescent Psychiatry

28-332 ADHD in children, adolescents, and adults

Katragadda S, Schubiner H. Prim Care. June 2007. Vol.34. No.2. p.317-41.
Reviewed by Dr Michael Hewitt
Review: This is a commonly occuring and considered heritable neurobehavioural disorder which does not typically resolve after childhood. This article discusses screening, diagnosis, education and medication management.
Comment: Subject to clinician confidence and competence, the referral to a skilled provider is also appropriate.

28-333 Autism spectrum disorders in early childhood: an overview for practicing physicians

Carr JE, LeBlanc LA. Prim Care. June 2007. Vol.34. No.2. p.343-60.
Reviewed by Dr Michael Hewitt
Review: The article discusses key points enabling primary care physicians to have early recognition of these disorders. The review of the current literature gives guidelines to management and best practice.
Comment: Prevalence being 1 in 166 in the United States.

28-334 Learning disorders in children and adolescents

Pratt HD, Patel DR. Prim Care. June 2007. Vol.34. No.2. p.361-74.
Reviewed by Dr Michael Hewitt
Review: Early recognition and parental assistance is the key to the best outcomes. The authors recognise that early intervention and remedial programmes work best if these disorders are caught early.
Comment: All primary schools in New Zealand have a protocol in place for early detection of these children once they are at school. The challenge is to detect some earlier than this. This is the domain of the primary care physician.

28-335 Intellectual disability (mental retardation) in children and adolescents

Pratt HD, Greydanus DE. Prim Care. June 2007. Vol.34. No.2. p.375-86.
Reviewed by Dr Michael Hewitt
Review: Like early learning difficulties, intellectual difficulties are best detected early with intervention in the formative years. Although the diagnosis is easier the more profound the disability, those cases at the milder end of the spectrum also benefit from early intervention but may present as learning difficulties.
Comment: A good working knowledge of child development will allow for early intervention and best management for best outcomes.

28-336 Psychological impact of trauma on developing children and youth

Spates CR, Samaraweera N, Plaisier B, et al. Prim Care. June 2007. Vol.34. No.2. p.387-405.
Reviewed by Dr Michael Hewitt
Review: A discussion and analysis of traumatic events which lead to adverse consequences are described. Understanding, recognition and appropriate interventions will result in best management and better outcomes.
Comment: The devil is in the detail.

Diabetes

28-337 Glitazones in type 2 diabetes: an update

Drug Ther Bull. April 2008. Vol.46. No.4. p.25-9.
Reviewed by Fiona Corbin
Review: The bulletin reviews and summarises evidence, regulatory advice and guidelines on the safety and efficacy of 'glitazones' (rosiglitazone and pioglitazone) in management of type 2 diabetes.
Comment: The bulletin conclusions are that pioglitazone is a safer option than rosiglitazone, to consider as adjunctive treatment to other oral hypoglycaemic medicines when there are contraindications or intolerance to metformin or sulphonylureas. Contraindications to pioglitazone use include concomitant risk of heart failure and in women who are at high risk of fracture. In the New Zealand context, Pharmac's subsidy criteria relating to pioglitazone reflect the conclusions made in this bulletin.

Diagnosis

28-338 Assessment and management of medically unexplained symptoms

Hatcher S, Arroll B. BMJ. 17 May 2008. Vol.336. No.7653. p.1124-8.
Reviewed by Dr Len Brake
Review: With a few exceptions, I'll bet you any money that the 'worried well', 'heart sink' patients, call them what you will, are NOT a feature of the third world. I don't wish to be rude but the term 'medically unexplained symptoms' as a diagnostic term is unhelpful. As the authors attest, there are good terms in each specialty for the aforesaid difficult diagnoses. Fibromyalgia, non-cardiac chest pain, irritable bowel syndrome and the list goes on. Why add another term which is even more insulting, and dare I mention the DC word – 'doctor centred'. *'I'm sorry Mabel but I must inform you that you have a bad case of medically unexplained symptoms.'* Come on! Still this is an excellent piece of analysis – it doesn't add anything but it is reassuring and helpful to have the current knowledge and thoughts in one article.
Comment: I was reminded of the Hoover test about which I had forgotten, and I am pleased that the question that I have asked for 30 years, which at one stage was thought very rude and doctor-centred, namely *'What did you want me to do'*, or as phrased here more directly, *'Is there something particular that you hoped I could do for you?'* has become de rigueur.

Ethics

28-339 The art of medicine – Doctors and lawyers and wolves

Annas GJ. Lancet. 31 May 2008. Vol.371. No.9627. p.1832-3.
Reviewed by Dr Tony Hanne

Review: The title of this serious-humorous article on medical ethics is from Ernest Hemingway who suggested that writers should stick together like doctors and lawyers and wolves. Later he explained that he intended no offence to wolves for whom he had a great admiration! The article explores the ambivalent relationship between doctors and the law. Sometimes we are protected; sometimes we are the enemy. The author advises two principles. Follow best practice and ensure informed consent. For the mature he adds one more: In an emergency treat the patient first and consider the law second.
Comment: Though written from an American perspective, this article contains much wisdom for the rest of the medical profession. The real question for all of us is, for whose benefit are we practising?

Gastroenterology

28-340 7 days of triple therapy good for H pylori

J Fam Pract. January 2008. Vol.57. No.1. p.8.
Reviewed by Dr Bruce Adlam

Review: This meta-analysis reveals seven days of treatment with triple therapy – a proton pump inhibitor (PPI) plus clarithromycin plus amoxicillin or metronidazole – produces rates of eradication that are nearly as good as 10 to 14 days of treatment (77% vs 81% cure). Results are equally good if only high-quality research is considered. (Level of evidence = 1a.) (Original article reviewed: Ann Intern Med 2007; 147:553-62.)

Geriatrics

28-341 National audit of continence care for older people: management of urinary incontinence

Wagg A, Potter J, Peel P, et al. Age Ageing. January 2008. Vol.37. No.1. p.39-44.
Reviewed by Fiona Corbin

Review: This article describes an audit conducted across England, Wales, Northern Ireland and the Channel Islands of assessment and management of urinary incontinence. This followed a requirement specified in the National Service Framework for Older People that service providers establish integrated continence services by April 2004. The Clinical Effectiveness and Evaluation Unit has developed measures for defining the quality of continence care and a comprehensive audit programme to assess this across the health care continuum.
Comment: The audit process identifies a lack of resources to support implementation and evaluation of incontinence care services has contributed to generalised failure to meet the National Service Framework requirements in relation to continence services in the United Kingdom. The article cites a number of references useful as resources for those involved in developing continence care programmes or services.

Gynaecology

28-342 What's the lowest effective estrogen dose for hot flushes?

J Fam Pract. January 2008. Vol.57. No.1. p.9.
Reviewed by Dr Bruce Adlam

Review: Yes, according to this industry-funded 12-week RCT. Many women complaining of menopausal hot flushes will get relief from ultra-low-dose hormone therapy patches. Therefore, it makes sense to start low in the effort to minimise dosing. (Level of evidence=1b.) (Original article reviewed: Obstet Gynecol 2007; 110:771-9.)

28-343 Hormone replacement therapy and risk of venous thromboembolism in postmenopausal women: systematic review and meta-analysis

Canonico M, Plu-Bureau G, Lowe GD, et al. BMJ. 31 May 2008. Vol.336. No.7655. p.1227-31.
Reviewed by Dr Len Brake

Review: Observational studies showed consistent associations between HRT and the risk of venous blood clots in postmenopausal women. These findings were confirmed by RCTs to such a verifying extent that the WISDOM trial was stopped early because of the alarming results. In the first year blood clots occurred in 22 women in the therapy group and three in the placebo group. That was more or less the end of HRT as we knew it. In our practice, literally overnight, that resulted in 148 women on HRT being reduced down to three women on treatment. Dr Canonica and her team have sorted through all the available trials in an attempt to make some pragmatic sense as to where we go from here. Many women appreciated the HRT effects on their lives and still question what the story is.
Comment: This is an interesting objective paper and the summary is that transdermal oestrogen decreases the risk of thromboembolism compared with oral oestrogen and seems safe. Oral oestrogens are especially dangerous for fat women or women with prothrombotic mutations (No I didn't know exactly what that means either – read: women with a personal/family history of blood clots).

Immunology and Allergy

28-344 Breastfeeding promotion does not decrease asthma or allergies

J Fam Pract. January 2008. Vol.57. No.1. p.17.
Reviewed by Dr Bruce Adlam

Review: No. While a breastfeeding promotion initiative by the World Health Organization and UNICEF did increase the rates of breastfeeding at three, six, and 12 months (among mothers who had already decided to breastfeed their infants), it did not result in a lower rate of allergy and asthma symptoms among the children by age 6. (Level of evidence=1b.) (Original article reviewed: BMJ 2007; 335:815- 23.)

Comment: This study does not tell us whether continuous, exclusive breastfeeding decreases the risk of atopy, only that this particular intervention to increase breastfeeding rates did not.

Men's Health

28-345 Association between muscular strength and mortality in men: prospective cohort study

Ruiz JR, Sui X, Lobelo F, et al. BMJ. 1 July 2008. Vol.337. p.a439 (9 pages)
Reviewed by Dr Len Brake

Review: It looked a good'un. Eight thousand seven hundred blokes aged between 20 and 80 years were measured up over 19 years. The all cause death rate was stacked up against their muscular strength with all the expected things being 'adjusted for'. A very large and no doubt expensive trial with just a soupcon of political incorrectness – not only were all the participants white middle class guys – shock horror – they were 'well educated'. So I read on. There were warning signs to be sure – I know how to bulk out a written study better than most so I know that a sentence – *'Participants provided written informed consent to take part in the follow up'* is padding of the lowest quality. Many words and many accurately scribed graphs (not like the dodgy drug company ones) later we reach a breathless conclusion: If you are muscular and fit you may well live longer. That's it – the sum total of the trial.

Comment: There is a rider in case we become too emotional over the 'news': CAUTION these results may only apply to wealthy well educated white men. Oh my lord – thanks for nothing.

Neurology

28-346 For Bell's palsy, start steroids early; no need for an antiviral

Vargish L, Schumann S-A, Ewigman B. J Fam Pract. January 2008. Vol.57. No.1. p.22-5.
Reviewed by Dr Bruce Adlam

Review: A 10-day course of corticosteroids (prednisolone 25mg twice daily) started within 72 hours significantly improves the chances of complete recovery. There is no added benefit from acyclovir. (Strength of recommendation = A) At three months, recovery rates 83% with prednisolone vs 63.6% without prednisolone (95% CI, 11.7 to 27.1; P<.001, number needed to treat [NNT]=5). At nine months, recovery rates 94.4% with prednisolone vs 81.6% without prednisolone. (NNT=8) There was no significant difference in recovery rates in acyclovir comparison groups. (Original article reviewed: N Engl J Med 2007; 357:1598- 607.)

Comment: Hato et al., in a Japanese study, showed the overall rate of recovery of those treated with valacyclovir and prednisolone (96.5%) was significantly better (P<.05) than the rate among those treated with placebo and prednisolone (89.7%). In cases of complete or severe palsy, the rates of patients treated with both agents vs prednisolone alone who recovered were 95.7% (n=92) and 86.6% (n=82) (P<.05; NNT=11). Note: Prednisolone 25mg bid, is equivalent to 60mg of prednisone.

28-347 Effect of laquinimod on MRI-monitored disease activity in patients with relapsing-remitting multiple sclerosis: a multicentre, randomised, double-blind, placebo-controlled phase IIb study

Comi G, Pulizzi A, Rovaris M, et al. Lancet. 21 June 2008. Vol.371. No.9630. p.2085-92.
Reviewed by Dr Tony Hanne

Review: This was a trial of oral Laquinimod daily for 36 weeks in 10 European centres. Three hundred patients were randomised between doses of 0.3mg, 0.6mg and placebo. The use of 0.6mg reduced new lesions by about 50% compared with placebo. 0.3mg which had been used in previous trials was no better than placebo. Equally encouraging was the finding of no significant difference in side-effects between the three groups with the exception of one patient with known hypercoagulability, treated with 0.6mg.

Comment: The search for effective, safe, oral treatments for multiple sclerosis has been long and frustrating. Previous useful treatments have all required injection. This phase II trial offers grounds for cautious optimism. We can encourage our patients that there is some more hope for MS. (For comment see 28-348)

28-348 Laquinimod, a new oral drug for multiple sclerosis

Keegan BM, Weinshenker BG. Lancet. 21-27 June 2008. Vol.371. No.9630. p.2059-60.
Reviewed by Dr Tony Hanne

Review: Comment on the article on Laquinmod article (see 28-347).

28-349 Long-term effects of Aß42 immunisation in Alzheimer's disease: follow-up of a randomised, placebo-controlled phase I trial

Holmes C, Boche D, Wilkinson D, et al. Lancet. 19-25 July 2008. Vol.372. No.9634. p.216-23.
Reviewed by Dr Tony Hanne

Review: Animal studies had suggested that immunisation with full length amyloid-B peptide could clear amyloid plaques from the brain, thought to be an important part of the pathology of Alzheimer's disease. A group of 80 patients were treated in this way or given placebo and followed for several years or until death. Post-mortem examinations showed that, as predicted, the amyloid plaques had largely disappeared. Sadly however the patients' cognitive function had continued to decline.

Comment: This was another brilliant idea which did not work! (See 28-350 for comment.)

28-350 Will anti-amyloid therapies work for Alzheimer's disease?

Warner J, Nomani E. Lancet. 19-25 July 2008. Vol.372. No.9634. p.180-5.
Reviewed by Dr Tony Hanne

Review: Comment on Aß42 immunisation article (See 28-349).

28-351 Why migraines strike

Dodick DW, Gargus JJ. Sci Am. August 2008. Vol.299. No.2. p.56-63.
Reviewed by Dr Ron Vautier

Review: Previous theories in which migraine was thought to involve vascular constriction followed by dilatation have been proven wrong by modern neuroimaging studies which instead demonstrate that the aura is associated with cortical spreading depression, consisting of a wave of excitation followed by inhibition spreading across the cortex. The pain arises from activation of the trigeminal nerve system, but it is not yet clear whether this is a secondary effect or an associated phenomenon. In the latter case the initially malfunctioning nerves would be in the brainstem. Basically the nerve dysfunction would seem to be consequent upon abnormal ion channel functioning.

Comment: Well written, well illustrated and readily comprehended, this article is highly recommended to any clinician needing to be updated on the pathophysiology of this common condition.

Nutritional and Metabolic Diseases

28–352 Obesity and vital exhaustion: analysis of the atherosclerosis risk in the communities study

Bryant MJ, Stevens J, Truesdale KP, et al. Obesity. July 2008. Vol.16. No.7. p.1545-51.
Reviewed by Dr Anne-Thea McGill

Review: This study aimed to determine whether vital exhaustion (VE), a negative psychological state characterised by excessive fatigue, irritability, and feelings of demoralisation, was associated with BMI cross-sectionally and after three and six years of follow-up. Data from the Atherosclerosis Risk in Communities (ARIC) study were used to examine the relationship between VE and BMI among 13 727 white and African-American adults cross-sectionally (baseline) and longitudinally (three and six years later). BMI was significantly higher among both white and African-American men and women in the highest VE quartile compared to those with no VE. Similarly, high VE at baseline was associated with higher BMI three and six years later, although VE was not able to predict future BMI after adjusting for baseline BMI. Baseline VE predicted future excess weight gain in white men and women, but not in African Americans suggesting that any relationship between VE and BMI was already established at baseline.

Comment: This was a valiant effort to look at other psychological states, not just depression, that impact on weight and in fact they quote that vital exhaustion relates to CVD events. It is a longitudinal, epidemiological study of BMI although the VE questionnaire was only done at baseline. They also introduce a biological link-up with metabolic syndrome and inflammatory markers that relate to VE, obesity and CVD. There is some non conclusive discussion on which comes first, VE or obesity, and why differences in ethnicities exist – 'more research needed'. Notably, poor VE scores show less response to weight loss and health improvement so should be taken into account.

28–353 Vitamin D supplementation has minor effects on parathyroid hormone and bone turnover markers in vitamin D–deficient bedridden older patients

Bjorkman M, Sorva A, Risteli J, et al. Age Ageing. January 2008. Vol.37. No.1. p.25-31.
Reviewed by Fiona Corbin

Review: This paper describes a double-blind randomised controlled trial designed to evaluate the effects of vitamin D supplementation on parathyroid function and markers of bone turnover in elderly and chronically immobile patients in long-term care. The trial population comprised 218 long-term inpatients from Helsinki, Finland of average age 84.5 years. Three treatment groups received an average daily intake of 0IU, 400IU and 1200IU respectively of cholecalciferol in two-weekly doses. The results showed that vitamin D supplementation significantly increased serum 25-hydroxyvitamin D (25-OHD) and slightly decreased parathyroid hormone (PTH) levels. The authors suggest that the observed effects of vitamin D supplementation on bone turnover markers in the study needs further study for accurate interpretation.

Comment: Of interest is the observation that the prevalence of vitamin D deficiency (25-OHD < 50nmol/L) among the 218 study subjects at baseline was 98%. Furthermore in 12 patients, 25-OHD was below the measurement threshold (=10nmol/L). Absence of secondary hyperparathyroidism in the presence of hypovitaminosis D (described as 'functional hypoparathyroidism') was observed in approximately three-quarters of the study patients who had PTH levels below 73ng/mL despite inadequate vitamin D status. Also, although vitamin D supplementation resulted in a marked increase in 25-OHD concentrations in general, the 400IU/d rate of supplementation failed to elevate levels above 50nmol/L and the mean vitamin D level after supplementation in the 1200IU/d group was still only 49.1nmol/L.

Oncology

28–354 Recurring melanoma – a case study

Tomas S. Aust Fam Physician. December 2007. Vol.36. No.12. p.1015-7.
Reviewed by Dr Mary Tucker

Review: In Australia, melanoma is the third most common cancer and occurs more commonly than in any other part of the world. Prognosis is unpredictable, the melanin content of the lesions may change and late recurrences may occur. This article presents a case study of a patient who experienced a local melanotic melanoma recurrence 19 years after initial diagnosis and treatment, and again, as an amelanotic lesion, eight years later.

Comment: Lifelong surveillance is required after treatment of a melanoma. General practitioners are uniquely

placed to detect late recurrence at a stage that could allow life saving treatment.

Ophthalmology

28-355 Age related macular degeneration – should your patients be taking additional supplements?

Jones AA. Aust Fam Physician. December 2007. Vol.36. No.12. p.1026-8.
Reviewed by Dr Mary Tucker

Review: A combination of vitamins C and E, beta carotene, zinc oxide and cupric oxide was shown, in a randomised controlled trial, to produce a 25% reduction in the rate of visual loss in dry AMD. Commercially available preparations do not always match levels of the combination used in clinical trials and beta carotene has been excluded from most formulations because of the risk of triggering lung cancer in current or former smokers. Other carotenoids such as lutein and zeaxanthin may be beneficial and intake of these can be increased safely by altering diet alone (e.g. spinach, egg yolk, sweetcorn). A reduction in intake of animal and vegetable fats and increase in consumption of fish and nuts is recommended.
Comment: The Australian Macular Degeneration Foundation website provides excellent resources for healthcare professionals and patients.

Paediatrics

28-356 Long term prognosis in preschool children with wheeze: longitudinal postal questionnaire study 1993-2004

Frank PI, Morris JA, Hazell ML, et al. BMJ. 21 June 2008. Vol.336. No.7658. p.1423-6.
Reviewed by Dr Len Brake

Review: It is not only difficult to predict which of the wheezy preschoolers will later develop asthma, it is also arguably unwise to use the term 'asthma' at all in this group. True, for some families the

label is neither here nor there, but there is a not insignificant number of families where a label – ANY label – is a positive thing which adds mana and meaning to their lives. Suddenly, Chloe's asthma becomes a large fluorescent sign permanently attached to her forehead. The inhalers, the spacers, the pfrs, the repeat prescriptions, the extra attentiveness to the usual colds and 'flus' and consequent over use of antibiotics, not to mention steroids, can often be maintained long after the wheezy bronchitis of her daycare years eases into the normal coughs and colds of a seven-year-old. This study identifies that exercise-induced wheeze and a history of atopic disorders in preschool children are significant predictors of future asthma.

28-357 When the child has a fever

Drug Ther Bull. March 2008. Vol.46. No.3. p.17-20.
Reviewed by Fiona Corbin

Review: This bulletin reviews and updates conclusions on management of childhood fever published in a *Drugs and Therapeutics Bulletin* in 1991. Theories about the underlying physiological basis of fever are described and the basic tenet that fever is probably a protective homeostatic mechanism re-articulated. The evidence of efficacy and safety for antipyretic medicines and tepid sponging is summarised and reviewed
Comment: The review concludes that fever in children is not usually harmful and that there is limited evidence to support use of antipyretic medicines for the sole aim of reducing body temperature in a feverish child who is otherwise well. The review also suggests that based on the evidence, tepid sponging for fever should be avoided. This is a useful review.

Palliative Care

28-358 Morphine bioavailability from a topical gel formulation in volunteers

Paice JA, Von Roenn JH, Hudgins JC, et al. J Pain Symptom Manage. March 2008. Vol.35. No.3. p.314-20.
Reviewed by Dr Bruce Foggo

Review: Five (brave) volunteers were randomly assigned to receive 10 mg of morphine in a gel base topically + 1 ml of normal saline s/c or topical drug free gel + 1 ml (3 mg) morphine s/c. Some 48 hours later they received the opposite combination. Plasma morphine concentrations were measured five minutes and 10 hours after dose administration. Morphine was seldom detected following topical administration and was unquantifiable when it was. The results suggested that topical morphine in a gel base was unlikely to provide any significant pain relief.
Comment: There have been anecdotal and case reports in the palliative care literature of topical morphine use in painful skin lesions. There is local experience with morphine 0.1–0.5% (1–5 mg /G) in KY jelly used in more liberal quantities than above. The unknown is whether or not damaged skin (in which opioid receptors may be present and proliferate) promotes topical morphine absorption. These cutaneous pain scenarios are often situations of last resort in which an N of 1 trial may be helpful. Talk with your local palliative care specialist.

28-359 Subcutaneous methylnaltrexone for the treatment of opioid-induced constipation in patients with advanced illness: a

double-blind, randomized, parallel group, dose-ranging study

Portenoy RK, Thomas J, Boatwright ML, et al. J Pain Symptom Manage. May 2008. Vol.35. No.5. p.458-68.

Reviewed by Dr Bruce Foggo

Review: This study showed that 5–20 mg s/c of Methylnaltrexone, a peripherally-acting opioid antagonist, provides relief of constipation within four hours of the dose without reduced analgesia or opioid withdrawal symptoms.

Comment: This is an investigative study of a new drug and a novel approach to treating opioid-induced constipation. Awhile away from availability for clinical use but an illustration of targeted drug development for a troublesome problem. Watch this space.

28-360 Prospective validation of the palliative prognostic index in patients with cancer

Stone CA, Tiernan E, Dooley BA. J Pain Symptom Manage. June 2008. Vol.35. No.6. p.617-22.

Reviewed by Dr Bruce Foggo

Review: The palliative prognostic index was originally developed in a hospice in-patient setting. This study tested its accuracy in a different population in a range of care settings. The PPI uses five variables to predict prognosis in patients with cancer: oral intake, presence or absence of oedema, dyspnoea at rest, delirium and physical performance status. Using two cut-off points the 194 patients were divided into three groups with median survival of 68, 21 and five days respectively. Using the PPI, survival of less than three weeks was predicted with positive predictive value of 86% and a negative predictive value of 76%. Survival of less than six weeks was predicted with a PPV of 91% and a NPV of 64%.

Comment: Prediction of survival of patients with end stage disease remains important for informed decision making about treatment options and to allow time for patients and families to prepare for death and attend to end of life issues. Prognostication has become a lost art, is not taught in medical schools, and doctors' survival predictions for terminally ill patients are often wrong and usually optimistic. This study validates a non-invasive prognostic index based on five easily identified physical variables. It adds some rigour to gut feeling or clinical prediction of survival which remains the gold standard prognostic scores are still measured against.

28-361 Challenges faced by palliative care physicians when caring for doctors with advanced cancer

Noble SI, Nelson A, Finlay IG. Palliat Med. January 2008. Vol.22. No.1. p.71-6.

Reviewed by Dr Bruce Foggo

Review: This is a qualitative study of the experience of palliative care physicians when caring for medical colleagues with advanced cancer. Participants acknowledged a strong desire to provide best care, but at the same time their own anxieties and difficulties encountered in the doctor/doctor–patient relationship. This included difficulty in the doctor-patient acknowledging the patient role and various strategies to maintain control – self referral, accessing own tests, directing and limiting the consultation and resistance to discussion of psychosocial aspects of palliative care. General practitioners were at risk of exclusion from management and referral for palliative care often occurred late in the illness. The doctor–patient was at times at risk of suboptimal care.

Comment: Most general practitioners have doctor colleagues as patients and many specialists care for colleagues during episodes of illness. This study highlights the risk to both parties, the need to establish professional boundaries early on in the encounter, and the key role of the general practitioner in ensuring co-ordinated care for doctor colleagues.

28-362 Statins in the last six months of life: a recognizable, life-limiting condition does not decrease their use

Silveira MJ, Kazanis AS, Shevrin MP. J Palliat Med. June 2008. Vol.11. No.5. p.685-93.

Reviewed by Dr Peter Woolford

Review: There has been some discussion about the continued use of statins in patients who are known to have a short time to live. This paper looks at whether physicians discontinue statins for their dying patients. There was no change in prescribing, in that the group with a six month prognosis had statins prescribed at the same rate as the matched control group.

Comment: This raises some difficult clinical issues. It is better for patients not to continue to take unnecessary medications that are not going to make any difference to their longevity or quality of life. From a population health point of view, it is better to save that pharmaceutical spending and utilise it where it is more effective. However, having the discussion with patients is not easy and some would see it as taking away hope for the patient. It may be that this is something we need to consider.

28-363 Racial / Ethnic disparities in hospice care: a systematic review

Cohen LL. J Palliat Med. June 2008. Vol.11. No.5. p.763-8.

Reviewed by Dr Peter Woolford

Review: This was a meta-analysis of all appropriate data accessible through the four major medical search engines from 1980–2006. There was no New Zealand data included as far as I could see (on a look through the references on a cold and wet Sunday night in front of the fire) but I would expect that the data would reflect the New Zealand experience as well. It was found that racial variations in hospice use indicate that minorities use services disproportionately less than white patients.

Comment: Generally I feel that New Zealand services are getting better at addressing the disparities, but we need to raise awareness and make our serv-

ices more user-friendly. This is a good reminder to think outside the square.

28–364 Update in palliative medicine 2008

Fromme EK, Hughes MT, Brokaw FC, et al. J Palliat Med. June 2008. Vol.11. No.5. p.769-75.
Reviewed by Dr Peter Woolford

Review: This summarises the clinically most important (from the authors' points of view) hospice and palliative medicine articles published between 1/1/06 and 31/12/06. The authors searched eight leading journals, Medline and the Shaare-Zadek online database (www.chernydatabase.org – this is a very good database if anyone is interested. Set up and maintained by Nathan Cherney – an Australian now living in and working in palliative medicine in Israel). Areas covered include pain (still often under treated), non pain symptoms (dyspnoea), psychosocial care (family focused grief therapy for families identified as at risk– not helpful, and may be harmful – very good Australian work – throws up a lot of questions), prognosis and decision making, communication and goals of care (accuracy of surrogate decision makers – better than physicians).

Comment: I found this a quick and easy way to keep up to date with current thinking.

28–365 Can physicians accurately predict survival time in patients with metastatic cancer? Analysis of RTOG 97–14

Hartsell WF, Desilvio M, Bruner DW, et al. J Palliat Med. June 2008. Vol.11. No.5. p.723-8.
Reviewed by Dr Peter Woolford

Review: Physicians in this study were able to predict which patients would have longer survival times, in a ranking order, but in general their predictions of survival were optimistic compared to actual survival by three months.

Comment: This is an important commentary especially as at least one palliative care programme/DHB is asking GPs to predict prognosis before allowing patients entry into a funded palliative care programme. On the figures in this article some patients will be disadvantaged (See also 28-360).

28–366 Opioid allergic reactions #175

Woodall HE, Chiu A, Weissman DE. J Palliat Med. June 2008. Vol.11. No.5. p.776-7.
Reviewed by Dr Peter Woolford

Review: This is a short and simple review of the 'allergic' reactions to opioids. The authors have classified four categories: (1) Side effects with no immune mechanism, (2) Side effects that mimic immune reactions, (3) Immune mediated reactions – can present as allergic dermatitis. Patch testing can help elucidate, (4) An anaphalaxsis/anaphalactoid reactions – very rare.

Comment: I always struggle when a patient tells me that they have an 'allergy' to morphine, and this simple paper reviews the concepts and gives management options.

Prescribing

28–367 Inappropriate prescribing in an acutely ill population of elderly patients as determined by Beers' criteria

Gallagher PF, Barry PJ, Ryan C, et al. Age Ageing. January 2008. Vol.37. No.1. p.96-101.
Reviewed by Fiona Corbin

Review: This paper describes a prospective study designed to determine the prevalence of potentially inappropriate prescriptions (using Beers' criteria) in an unselected community-dwelling population aged 65 years and over, requiring admission to an acute general hospital. The study was carried out in Cork, Ireland by a multidisciplinary team of clinicians including medical, nursing and pharmacy disciplines. Using Beers' criteria, inappropriate prescribing was detectable in approximately one-third (191/597 consecutive cases) of acutely ill elderly patients presenting to hospital. Sixteen per cent of all admissions could be liked to serious adverse effects of inappropriately prescribed medicines. Inappropriate use of psychotropic medications, mainly benzodiazepines accounted for approximately 50% of all inappropriate prescriptions. The research demonstrated that inappropriate prescribing is related to polypharmacy in that the prescription of more than five medicines concurrently is associated with a threefold increase in the likelihood of receiving a potentially inappropriate medicine in the population studied.

Comment: This study examines the important issue of drug-related morbidity. Once again the association between inappropriate drug use, increased morbidity and health resource utilisation is unequivocally demonstrated. This is a very easy to read paper describing a robust and interesting study.

Preventive Medicine and Screening

28–368 Healthy patients, healthy planet – green recommendations for GP health promotion

Horton G, Magin P. Aust Fam Physician. December 2007. Vol.36. No.12. p.1006-8.
Reviewed by Dr Mary Tucker

Review: Our environment is threatened by the impact of human activity. This article examines how the preventive health practices of general practitioners have benefits for the environment, and explores opportunities for GPs to encourage patients to maintain their health in ways that have a low environmental impact. Dietary advice: eating more plant and less animal foods will reduce environmental impact. Exercise: walking, cycling and use of public transport can be part of an exercise prescription with positive effects on both health and environment. Community planning: advocate for planning to enable patients to maintain health in ways that are environmentally sustainable.

Comment: General practitioners have opportunities to modify their health promotion advice so that patients can

improve their own health in ways that also help the environment.

28-369 Improving the health of Australians

Harper T. Aust Fam Physician. January-February 2008. Vol.37. No.1-2. p.5.
Reviewed by Dr Mary Tucker

Review: This article sets the scene for the January/February issue of *AFP* which focuses on lifestyle changes to promote good health. Chronic disease accounts for 70% of allocated health expenditure in Australia and is forecast to increase to 80% by 2020. Seventy per cent of the total burden of disease in Australia has been attributed to six disease groups: cardiovascular disease, cancer, injury, mental health, diabetes and asthma. This burden can be reduced through health promotion and prevention strategies that address smoking, nutrition, physical activity and alcohol consumption that contribute to many of the six disease groups.

Comment: One third of the chronic disease burden in the population can be attributed to common risk factors such as smoking, obesity, alcohol and physical inactivity. The importance of intervention strategies to combat these challenges to good health are discussed. (See 28-370 to 28-373)

28-370 Smoking cessation – what works?

Zwar N. Aust Fam Physician. January-February 2008. Vol.37. No.1-2. p.10-4.
Reviewed by Dr Mary Tucker

Review: Tobacco smoking is the most prevalent behavioural risk factor for disease and premature death. General practitioners play an important role in assisting their patients to quit smoking. Brief assessment and advice to quit, offered to a large number of patients, can have a major impact on smoking rates. Pharmacotherapy increases the rate of smoking cessation in motivated patients: nicotine replacement therapy and bupropion (Zyban) have both been shown to double quit rates and the recently introduced varenicline (Champix) is even more effective in the longer term. GP follow-up and the support of a specialised service such as Quitline are important adjuncts to therapy. The 'five As' approach – Ask, Assess, Advise, Assist and Arrange follow up – provides a structure for intervention. High priority groups for smoking cessation intervention are identified.

Comment: This article describes evidence-based approaches to smoking cessation that can be applied in general practice. Active follow up helps to reduce the rate of relapse which is otherwise high.

28-371 Alcohol intervention – what works?

Lee NK, Moore E. Aust Fam Physician. January-February 2008. Vol.37. No.1-2. p.16-9.
Reviewed by Dr Mary Tucker

Review: Alcohol-related problems are common in general practice – this article suggests that they may be significant in 15–20% of consultations. Guidelines to classify level of risk (low risk, hazardous and harmful drinking) are offered and the associated morbidity and mortality is highlighted. There is good evidence that alcohol screening and brief interventions by general practitioners can reduce morbidity and mortality due to alcohol. Use of screening tools and brief interventions are discussed and their value is highlighted. Without screening, GPs are likely to miss up to 75% of risky drinking. A useful approach is to screen all patients annually and infrequent attenders opportunistically. Differentiation between harmful drinking and dependence and proven treatment strategies, including pharmacotherapy, for alcohol dependence are discussed. The value of Cognitive Behavioural Therapy in the management of alcohol-related problems is highlighted.

Comment: Links to alcohol screening tools and patient information resources are included.

28-372 Helping patients lose weight – what works?

Egger G. Aust Fam Physician. January-February 2008. Vol.37. No.1-2. p.20-3.
Reviewed by Dr Mary Tucker

Review: Energy balance is central to successful weight loss and involves a change in the number of calories consumed in relation to those expended and thus involves lifestyle change. Strategies for weight loss are surveyed with the associated level of supporting evidence. While exercise is a necessary component of any weight loss programme, it is seldom sufficient unless combined with diet. The minimum amount of exercise to produce weight loss combined with diet is 2.5 hours (2,500 kcal) per week. Exercise for maintenance in a post-obese individual may need to be 60–80 minutes per day of moderate activity combined with a hypocaloric diet. Meal replacements and pre-prepared low calorie meals may play a part in a weight reduction programme. The value of counselling and behavioural approaches, prescribed medication and of bariatric surgery, combined with lifestyle changes, in selected cases is discussed.

Comment: Obesity is common and is a causative factor in a range of metabolic diseases. A relatively small (5–10%) weight loss can result in a large (35%) reduction in metabolic risk. Links are included to patient resources for clinicians.

28-373 Encouraging physical activity – five steps for GPs

Smith BJ, Van der Ploeg HP, Buffart LM. Aust Fam Physician. January-February 2008. Vol.37. No.1-2. p.24-8.
Reviewed by Dr Mary Tucker

Review: Physical inactivity is a more prevalent risk factor for the development of disease than obesity, hypertension or smoking. An inactive lifestyle contributes to an increased risk of developing cardiovascular disease, stroke, hypertension, type 2 diabetes mellitus, several forms of cancer, osteoporosis, obesity, falls in the elderly and poor mental health.

Comment: The 'five As' model for preventive counselling is applied to the problem of physical inactivity. General practitioners first need to *Ask* about physical activity at an opportune time during consultations, *Assess* the patient's physical activity level, and then *Advise* about the recommended type, intensity and amount of physical activity that is relevant to their needs and life circumstances. An achievable plan for increasing physical activity can be prepared and GPs can *Assist* by discussing strategies to maintain this and tackle the barriers to activity that may arise. It is also useful to *Arrange* follow-up contact and ongoing support through the practice or external programmes and exercise professionals. Links to online resources are included.

Psychiatry and Psychology

28–374 Effect of Dimebon on cognition, activities of daily living, behaviour, and global function in patients with mild-to-moderate Alzheimer's disease: a randomised, double-blind, placebo-controlled study

Doody RS, Gavrilova SI, Sano M, et al. Lancet. 19-25 July 2008. Vol.372. No.9634. p.207-15.

Reviewed by Dr Tony Hanne

Review: Dimebon is a non-selective antihistamine which had been in use for many years in Russia, where this trial was carried out, until it was replaced by more selective antihistamines. The observation that it might be of benefit in protecting against Alzheimer's and Huntington's disease was fortuitous. One hundred and eighty-three patients were randomised to Dimebon 20mg three times daily or placebo. The Dimebon treated group showed substantial improvement in all measures at 26 weeks while the placebo group had predictably deteriorated. The trial was extended to 52 weeks at which point the treated group were still well above their starting point. The main side-effects were dry mouth and possibly some depression.

Comment: The anticholinesterases continue to be disappointing and expensive. The idea that an old, cheap medicine such as Dimebon might be resurrected for a new purpose is exciting. Larger, multi-centre trials are needed but should be able to be carried out much more quickly than is usual with new treatments (See 28-375 for the editorial and 28-376 for comment).

28–375 This unremembered state

Editorial. Lancet. 19-25 July 2008. Vol.372. No.9634. p.177.

Reviewed by Dr Tony Hanne

Review: Editorial on Dimebon article (See 28-374).

28–376 Dimebon in Alzheimer's disease: old drug for new indication

Burns A, Jacoby R. Lancet. 19-25 July 2008. Vol.372. No.9634. p.179-80.

Reviewed by Dr Tony Hanne

Review: Comment on Dimedon article (See 28-374).

Public Health

28–377 Recycled water and human health effects

O'Toole J, Leder K, SinclairM. Aust Fam Physician. December 2007. Vol.36. No.12. p.998-1000.

Reviewed by Dr Mary Tucker

Review: Recent drought conditions and diminishing drinking water storage levels in Australian capital cities have led to increasing attention being directed to water recycling and the use of alternative water sources for urban domestic use. There is public concern with regard to possible adverse effects related to contamination by micro-organisms and chemicals. Research involving both quantitative microbial risk assessment, which permits prediction of the risk of water-borne disease related to the use of recycled water, and epidemiological studies, which are costly and may fail to detect small increases in illness among exposed populations, will be used to quantify risk of disease. Chemical contamination becomes an issue only if this water is used for drinking

Comment: This article describes methods used in current research to investigate the health impacts of using recycled water for urban non-drinking purposes.

28–378 Climate change and primary health care

Blashki G, McMichael T, Karoly DJ. Aust Fam Physician. December 2007. Vol.36. No.12. p.986-9.

Reviewed by Dr Mary Tucker

Review: Global warming is occurring, largely attributable to human emissions of greenhouse gasses. The severity of the impact of climate change depends on the adaptive capacity of the population. Particularly vulnerable are poorer countries and communities, those geographically vulnerable to extreme weather events and those highly dependent on agriculture for their livelihood. Potential problems include heat stress related to heatwaves; injuries related to extreme weather events such as storms, fires and floods; infectious disease outbreaks due to changing patterns of mosquito borne and water borne diseases; poor nutrition from reduced food availability and affordability; the psychosocial impact of drought; and the displacement of communities.

Comment: Primary health care has an important role in preparing for and responding to the threats to human health produced by climate change.

Respiratory System

28–379 New guideline for COPD: inhaled treatments similarly effective

J Fam Pract. January 2008. Vol.57. No.1. p.10.

Reviewed by Dr Bruce Adlam

Review: These guidelines by the American College of Physicians are based on a meta-analysis and recommends spirometry to confirm diag-

nosis for patients with suspected COPD, but does not recommend it as a screening or monitoring tool. The three major long-acting inhaled options for treatment are similarly effective. Only oxygen has been shown to improve survival, and only in patients with severe obstruction (ie. resting hypoxemia PaO2 <55 mm Hg). (Level of evidence =1a.) (Original article reviewed: Ann Intern Med 2007; 147:633-8.)

28–380 Antibiotic prescribing for self limiting respiratory tract infections in primary care: summary of NICE guidance

Tan T, Little P, Stokes T, et al. BMJ. 26 July 2008. Vol.337. p.a347 (4 pages)
Reviewed by Dr Len Brake

Review: I was pleased to see the back of the antibiotic police. In the dying phase of the last century – 1999 in fact – there was indeed such a team of professionals. I was working in an after-hours clinic in South Auckland when I was apprehended. A confident, primly-suited professional woman plonked a black briefcase on my desk looked me in the eye: *'Doctor it has come to my attention that...etc, etc.'* Granted the effect was diluted to an extent by the fact that she appeared to be about 17 years old, but the upshot was my antibiotic prescribing was said to be 'exorbitant' and could I please explain. My first reaction was to ascertain the group of GPs I was being compared with. *'That's confidential,'* I was told. Recovering from the shock of my imminent arrest I hardened up and said unless I knew this basic knowledge it was *'conversation over.'* I mean, here I was slaving away seeing decile 5 patients after hours – patients who were often presenting for a second or third time for ongoing infective illnesses. To her credit the antibiotic police girl (who said she had training in pharmacology) telephoned me a few days later deeply apologetic and advising me that inadvertently I had been compared to a group of methadone clinic GPs who it turns out worked day time hours with appointments and rarely used antibiotics. I never did find where I stood in the antibiotic stakes and I never saw or heard of the antibiotic police again. As this article intimates, blanket refusal to prescribe for URTIs is ridiculous and prescribing 100% of the time is even worse. So these guidelines from the National Institute for Health and Clinical Excellence seem a good compromise.

Comment: In essence the three prescribing groups are: no antibiotic prescribing, delayed prescribing and immediate prescribing. The details of the illnesses are listed under each of the three options.

Sex and Sex Roles

28–381 Sexuality in the child, teen, and young adult: concepts for the clinician

Fonseca H, Greydanus DE. Prim Care. June 2007. Vol.34. No.2. p.275-92.
Reviewed by Dr Michael Hewitt

Review: Information is discussed involving the developmental stages of sexuality and anticipating problems related to aberrant behaviour. As well as counselling, the authors recommend full education and immunisations such as HBV, HPV.

Comment: This concept of risk management involves doctor-based organisations and interactions, but does not mention family involvement and ways to facilitate this process.

28–382 Deconstructing adolescent same sex attraction and sexual behavior in the twenty first century: perspectives for the clinician

Sison AC, Greydanus DE. Prim Care. June 2007. Vol.34. No.2. p.293-304.
Reviewed by Dr Michael Hewitt

Review: The authors look at the availability of information to adolescents and the associated risks regarding abnormal behaviour of predators. They consider respect, confidentiality and referral being the best approach for the clinician dealing with these patients.

Comment: If the clinician has personal issues with these topics then referral is indicated. Safety is a priority with all the patients.

28–383 The adolescent sexual offender

Pratt HD, Greydanus DE, Patel DR. Prim Care. June 2007. Vol.34. No.2. p.305-16.
Reviewed by Dr Michael Hewitt

Review: Although there is a large amount of available literature regarding child sexual abuse, the authors recognise there is little available on adolescent sexual offenders. Descriptions are afforded by the presentation, aetiology and legal definition of offending. Characteristics of the offender are described to allow the primary care physician to have early recognition and helpful intervention.

Comment: Unless the primary care physician has had special training and/or skills, then early recognition and referral is the best management.

28–384 Secular trends in self reported sexual activity and satisfaction in Swedish 70 year olds: cross sectional survey of four populations, 1971–2001

Beckman N, Waern M, Gustafson D, et al. BMJ. 2008. Vol.337. p.a279 (7 pages)
Reviewed by Dr Len Brake

Review: This is quite a cleverly constructed trial, but is a very modest advance in human knowledge. Three groups of 70-year-old Swedes are interviewed in the 1970s, 1990s and 2000. There is a general trend upwards in sexual satisfaction. It could be that there is more openness in the more recent groups about answering sex questions and this may have skewed the findings. Especially when one reads that questions about masturbation had to be eliminated from the 1970s group *'as they evoked strong reactions and many refused to respond.'*

Comment: My guess and I will not be wrong is that when the 2010's group of 70-year-olds is interviewed one will see a significant

jump in sexual activity – secular or otherwise.

Smoking

28–385 Varenicline for smoking cessation

Drug Ther Bull. May 2008. Vol.46. No.5. p.33-6.
Reviewed by Fiona Corbin

Review: This bulletin presents an objective analysis of the evidence and information known about varenicline (pronounced va-re-nik-leen) (Champix® – Pfizer), a new agent recently launched in New Zealand for smoking cessation. The bulletin includes comparison of varenicline efficacy with other smoking cessation drugs including oral bupropion and nicotine replacement therapy (NRT). It describes varenicline's presumed mechanism of action and discusses the evidence underlying recent warnings by regulatory authorities relating to a reported association between varenicline and risk of suicide.

Comment: This is a very useful 'new drug' resource. Particularly in the New Zealand environment where recent Direct to Consumer Advertising of Champix®/varenicline has led to increased enquiries in general practice from patients wanting information or wishing to use the drug as part of a quit attempt. This bulletin is definitely worth reading.

Sports and Exercise Medicine

28–386 Physical activity promotion in general practice – patient attitudes

Elley CR, Dean S, Kerse N. Aust Fam Physician. December 2007. Vol.36. No.12. p.1061-4.
Reviewed by Dr Mary Tucker

Review: Long-term adherence to physical activity programmes initiated in primary care is poor. This qualitative study explored the attitudes and subjective experiences of 15 sedentary adults, from urban and rural practice in New Zealand, to the Green Prescription physical activity programme.

Comment: The need for a programme that set realistic goals and was tailored to the changing needs of the individual was highlighted. Barriers to participation were identified. Internal motivating factors and the continued support of significant others were important in ensuring ongoing participation in the programme.

28–387 Globalisation of anti-doping: the reverse side of the medal

Kayser B, Smith AC. BMJ. 12 July 2008. Vol.337. p.a584 (3 pages)
Reviewed by Dr Len Brake

Review: This is an analysis that calls for debate and change in the current anti-doping policy. The reasons that are put forward in favour of anti-doping are well known: The 'level playing field' concept – which does not take into account the fact that the playing field is already skewed with differences in genotypes, phenotypes and environmental differences. The need to protect the health of the athletes which is paternalistic and at odds with the risks inherent in elite sports. The need to preserve integrity of sport and the need to set a 'good example' are naïve concepts in that they expect the athletes to be model citizens judged against criteria that are not imposed on others. There is also the problem that current anti-doping practices are not working and are unfair in themselves. Also outside the sporting field, enhancement technologies such as cosmetic surgery, eye surgery, the use of substances like caffeine, sildenafil, methylphenidate and fluoxetine are accepted social behaviour. This places the 'zero tolerance' for sports enhancement at odds with broader social values.

Comment: This is an interesting take on a 'hot' topic.

Toxicology

28–388 Lead – toxicology and assessment in general practice

Cunningham G. Aust Fam Physician. December 2007. Vol.36. No.12. p.1011-3.
Reviewed by Dr Mary Tucker

Review: This article outlines the clinical presentation and other aspects of lead toxicity relevant to general practice. An outline for taking a workplace exposure medical history is provided. In Australia, laboratories are required to notify lead toxicity at a level of 2.41 µmol/l for occupational and 0.73 µmol/l non-occupational toxicity. Absorption is by ingestion (10–15% absorbed) or inhalation (30–40% absorbed) – most commonly old lead paint or fumes from overheated solder. Ninety per cent is stored in compact bone from which it can be mobilised. Lead competitively antagonizes the action of calcium in mitochondria and binds to sylfhydryl groups altering protein and enzymatic function and affects nucleic acid causing concern with regard to chromosomal abnormalities.

Comment: There has been a consistent fall in the number of lead toxicity cases reported among workers and nonoccupational cases found in adults and children. A basic understanding of lead toxicology is helpful when assessing its clinical presentation, ordering laboratory tests, advising patients how to avoid workplace exposure, and in understanding why it remains a major concern as a mutagen and teratogen.

28–389 Environmental toxins and health – the health impact of pesticides

Cohen M. Aust Fam Physician. December 2007. Vol.36. No.12. p.1002-4.
Reviewed by Dr Mary Tucker

Review: Exposure to pesticides (insecticides, herbicides and fungicides) can occur directly from occupational, agricultural and household use, and indirectly through the diet. Many pesticides disrupt endocrine function, binding at oestrogen receptor sites. Studies suggest that chronic exposure to pesticides may be related to various diseases, including cancers, as well as neurodegenerative disease,

mental health problems and reproductive effects (infertility, intrauterine growth retardation, birth defects and fetal death). Children may be more susceptible to the effects of pesticides due to increased exposure via food and breast milk, underdeveloped detoxification pathways, and longer life expectancy in which to develop diseases with long latency periods. This article reviews the available evidence about the potential chronic health effects of pesticides, particularly relating to children and breastfeeding women, and discusses the potential role of organic food in decreasing risk.

Comment: Recommendations to minimise pesticide exposure include avoiding the use of pesticides at home or in the garden, limiting skin exposure to pesticides through the use of appropriate protective gear, and consuming organic food.

28-390 'Detox': science or sales pitch?

Cohen M. Aust Fam Physician. December 2007. Vol.36. No.12. p.1009-10.

Reviewed by Dr Mary Tucker

Review: The world is becoming increasingly toxic, with worldwide dissemination of industrial chemicals, pesticides, heavy metals and radioactive elements. Many of these toxins have demonstrated harmful effects including cancer, reproductive, metabolic, and mental health effects. Many toxins undergo bioaccumulation through the food chain and synergistic effects can occur whereby combinations of toxins can be more potent than the sum of individual toxins. Detoxification programmes are used in traditional Indian and Chinese medicine and in naturopathic medicine. Numerous 'detox' programmes have become available, but randomised controlled trials to support their use have not been performed.

Comment: There is a lack of evidence for the value of detoxification programmes and a need for evidence-based research to establish their value.

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Reports of research projects involving human subjects should include a statement indicating that the project has received ethical approval.

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All authors will be asked to declare competing interests.

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