# Journal Review Service

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

**Journals Reviewed in this Issue**

BMJ*
Br J Sports Med*
Drug Alcohol Rev*
Evidence-Based Medicine*
Intern Med J*
J Am Geriatr Soc*
J Fam Pract*
JAMA*
Lancet*
N Engl J Med*
Physician and Sportsmedicine*
Postgrad Med*
Prim Care*
Sci Am*
*Journals indexed in Medline

## Alcohol and Substance Abuse

### 24-001 Problematic alcohol and cannabis use in adolescence – risk of serious adult substance abuse?

Stenbacka M. Drug Alcohol Rev. September 2003. Vol.22. No.3. p.277-86.
Reviewed by Dr Helen Moriarty

**Review:** A longitudinal survey of 7577 men in Sweden has reported on alcohol and substance abuse. The men were recruited in 1969–70. Health utilisation data was accessed in 1996 for outcomes on drug and alcohol abuse in adulthood. There were few surprises – adolescent tobacco smoking was associated with adult alcohol abuse, adolescent problem alcohol and cannabis use correlated with adult drug abuse.

**Comment:** It seems that Sweden has patterns similar to NZ patterns of A & D abuse. Teens mixing risky cannabis and alcohol use could be a target for preventive education and supportive intervention.

### 24-002 Comparison of disulfiram and placebo in treatment of alcohol dependence of adolescents.

Niederhofer H, Staffen W. Drug Alcohol Rev. September 2003. Vol.22. No.3. p.295-7.
Reviewed by Dr Helen Moriarty

**Review:** This was a double blind placebo-controlled study to see if disulfiram prevented early relapse to alcohol in adolescent patients with 'chronic or episodic alcohol dependence'. The disulfiram patients remained abstinent for longer than those on placebo (68.5 vs 29.7 days p=0.012).

**Comment:** Disulfiram was reasonably well tolerated. One of each of active and placebo group withdrew due to side effects. Willingness to continue treatment was the biggest cause of treatment failure! Five of the 26 participants refused to continue treatment.

### 24-003 A systematic review of the effectiveness of brief interventions with substance using adolescents by type of drug.

Tait RJ, Hulse GK. Drug Alcohol Rev. September 2003. Vol.22. No.3. p.337-46.
Reviewed by Dr Helen Moriarty

**Review:** An excellent systematic review by reputable Australians. Most papers look only at brief interventions in alcohol, so it is very interesting to see the range of conditions, and also outcome measures, for this treatment modality.

**Comment:** GPs should consider brief intervention for more than just alcohol. Cannabis use would be a good subject to screen for and try this intervention on.

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## Alternative Medicine

### 24-004 Complementary medicine: Where is the evidence?

Ernst E. J Fam Pract. August 2003. Vol.52. No.8. p.630-4.

Reviewed by Dr Bruce Adlam

**Review:** (a) Herbal medicines have been submitted to systematic reviews more frequently than any other complementary therapy, and it is here where the most positive evidence can be found. (b) There is not much research into potential serious risks of complementary medicine. Possible risks range from the toxicity of herbs to vertebral artery dissection or nerve damage after chiropractic manipulation. And (c) Currently the Cochrane Library contains 34 systematic reviews of complementary medicine: 20 of herbal medicines, seven of acupuncture, three of homeopathy, two of manual therapies, and two of other forms.

**Comment:** Most GPs will find this interesting. Apparently 75% of the German population uses at least one complementary therapy – very interesting.

## Cardiovascular System

### 24-005 How effective are diuretics for high-risk hypertension?

Lindsey JN, Newton W. J Fam Pract. April 2003. Vol.52. No.4. p.267-8.

Reviewed by Dr Tim Kenealy

**Review:** Thiazide diuretics are at least as effective as ACE inhibitors and Ca blockers in preventing cardiovascular events and mortality in patients with hypertension regardless of age, gender, race, diabetes or baseline cardiovascular risk. (Original article reviewed: JAMA 2002; 288: 2981-97).

### 24-006 What treatments are effective for varicose veins?

Hagen MD, Johnson ED. J Fam Pract. April 2003. Vol.52. No.4. p.329-31.

Reviewed by Dr Tim Kenealy

**Review:** Larger varicose veins are better treated by surgery. Medium sized veins can be treated by surgery, sclerotherapy, laser and thermal ablation, although no RCTs compare treatments. Limited evidence suggests symptom control can be achieved with horse chestnut seed, rutoside, flunarizine and dihydroergotamine.

**Comment:** There is a surprising lack of randomised controlled trials.

### 24-007 Effect of different aspirin doses on platelet aggregation in patients with stable coronary artery disease.

Malhotra S, Sharma YP, Grover A, et al. Intern Med J. August 2003. Vol.33. No.8. p.350-4.

Reviewed by Dr Helen Moriarty

**Review:** A cardiology service in India enrolled 72 patients, 12 (matched) each to receive aspirin 50mg, 80mg, 100mg, 162.5mg and 325mg or control. Aspirin inhibited platelet aggregation in a dose-dependent manner. Doses less than 100mg were not as effective as doses over 100mg, using different tests of platelet aggregation.

**Comment:** Some studies have recommended doses of 75–80 mg daily for CAD, but these have used other aggregation stimuli. A higher dose may also benefit those patients who are aspirin resistant. It is unclear if some aspects of aspirin platelet aggregation inhibition are genetically determined and if so, how might the NZ gene pool differ from that in India?

### 24-008 Antioxidant vitamins did not reduce death, vascular events, or cancer in high risk patients.

Kumana CR, Cheung BM, Lauder IJ. Evidence-Based Medicine. January/February 2003. Vol.8. No.1. p.10-11.

Reviewed by Dr Bruce Arroll

**Review:** This huge study found no benefit from taking vitamin E, 600mg/day; vitamin C, 250mg/day; betacarotene, 20mg/day. This has no benefit for cancers or cardiovascular disease. (Original article reviewed: Lancet 2002: 360: 23-33)

**Comment:** This is the same study that found huge benefits from giving simvastatin to the same patients. This is pretty convincing evidence that these vitamins have little place in preventing cardiovascular disease or cancers.

### 24-009 Pumphead.

Stutz B. Sci Am. July 2003. Vol.289. No.1. p.68-73.

Reviewed by Dr Ron Vautier

**Review:** Since heart-lung bypass machines first became in widespread use in cardiac surgery, the matter of patients' subsequent cognitive impairment was recognised but often downplayed. A new study finds the effect is often persistent, or even worsening, over several years.

**Comment:** Surely a significant factor to consider in recommending whether or not patients should go forward to CABG, for example.

### 24-010 Diagnosing coronary heart disease: when to use stress imaging studies.

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Hayes SN, McBride P. J Fam Pract. July 2003. Vol.52. No.7. p.544-51.
Reviewed by Dr Bruce Adlam

**Review:** A good article comes up with the following practice recommendations: (a) Standard treadmill exercise testing for diagnosis and risk stratification is suitable for patients with a normal resting electrocardiogram (ECG) and without contraindications to exercise. (b) Those with an uninterpretable ECG should undergo either nuclear or echocardiographic imaging in concert with their exercise test. (c) Patients in whom exercise is either contraindicated or who have a condition that interferes with exercising to target level are candidates for nuclear or echocardiographic pharmacologic stress testing. And (d) Patients with suspected coronary heart disease and for whom exercise or pharmacologic testing is contraindicated should be referred to a cardiologist for evaluation.

### 24-011 Low-dose warfarin prevents recurrent thromboembolism.

Plum M-B F. J Fam Pract. August 2003. Vol.52. No.8. p.588, 91.
Reviewed by Dr Bruce Adlam

**Review:** Low-intensity warfarin (target international normalised ratio [INR], 1.5–2.0) effectively prevents recurrent venous thromboembolism without increasing the risk of major bleeding when used long-term for secondary prophylaxis. This is a reasonable approach following at least three to 12 months of full-intensity warfarin after the initial thromboembolic event. (Original article reviewed: N Engl J Med 2003; 348: 1425–34).

## Contraception and Family Planning

### 24-012 Is single-dose levonorgestrel as effective as other emergency contraception regimens?

Prunuske J, Cochella S, Gunning K. J Fam Pract. April 2003. Vol.52. No.4. p.268-72.
Reviewed by Dr Tim Kenealy

**Review:** Single dose levonorgestrel 1.5mg is as effective as mifepristone 10mg in preventing pregnancy within 120 hours of a single act of unprotected intercourse. Levonorgestrel 0.75mg two doses 12 hours apart and pregnancy rates were 1.5%, 1.8% and 1.5% respectively. (Original article reviewed: Lancet 2002; 360: 1803–10).

### 24-013 Metformin in polycystic ovary syndrome: systematic review and meta-analysis.

Lord, JM, Flight IH, Norman RJ. BMJ. 25 October 2003. Vol.327. No.7421. p.951-3.
Reviewed by Dr Len Brake

**Review:** Metformin is an effective treatment for anovulation in women with polycystic ovary syndrome. As the diagnostic criteria for this syndrome seems to include nearly every woman with acne, hirsutism and irregular periods, it is not surprising that the use of metformin has 'aroused tremendous interest'. Ovulation was achieved in 46% of those on metformin alone (24% on placebo) and 76% in those receiving metformin and clomiphene.

## Dermatology

### 24-014 Does 5% tea tree oil shampoo reduce dandruff?

Prensner R. J Fam Pract. April 2003. Vol.52. No.4. p.285-6.
Reviewed by Dr Tim Kenealy

**Review:** Daily shampooing with 5% tea tree oil reduces severity and extent of dandruff. The improvement is similar to topical ketoconazole or terbinafine. It needs daily hair washing and has a distinctive fragrance. (Original article reviewed: J Am Acad Dermatol 2002; 47: 852–5).

### 24-015 Low-dose doxycycline moderately effective for acne.

Miller ST, Stevermer JJ. J Fam Pract. August 2003. Vol.52. No.8. p.594, 7.
Reviewed by Dr Bruce Adlam

**Review:** The authors propose that moderate acne may be treated with doxycycline in subantimicrobial doses (20-mg tablets taken twice daily). (Original article reviewed: Arch Dermatol 2003; 139; 459-64).

**Comment:** This regimen was well-tolerated, moderately effective in reducing skin lesions, and did not have a detectable effect on the antibiotic resistance of skin flora.

## Ear, Nose and Throat

### 24-016 Are nasal steroid sprays effective for otitis media with effusion?

Chaffee JR, St. Anna L. J Fam Pract. August 2003. Vol.52. No.8. p.647-9.
Reviewed by Dr Bruce Adlam

**Review:** Evidence-based answer: Treatment of otitis media with effusion with nasal steroids is not recommended (strength of recommendation [SOR]=A, based on systematic review). Limited evidence exists that shows nasal steroids may increase the rate of resolution in the short term, alone or in combination with antibiotics (SOR: A, based on randomised controlled trials). However, within three to 12 weeks, resolution of OME with nasal steroids is no better than placebo.

**Comment:** No evidence exists that treatment with nasal steroids has any effect on decreasing potential complications of OME, such as hearing loss and delayed language development.

## Education

### 24-017 Future directions of medical education in Australia.

Elliott SL, Yeomans ND. Intern Med J. August 2003. Vol.33. No.8. p.360-1.
Reviewed by Dr Helen Moriarty

**Review:** A number of changes are occurring in medical education. Most Australian medical schools now use a scholastic and aptitude admission test. There is a move from traditional course teaching to active student learning, group collaborative learning, and 'new' topics such as medical error and safety and quality in health

care have appeared. Simulation is becoming more common: both for procedures (using models) and for consultation (using actors). Few schools are experimenting with multidisciplinary learning activities.
**Comment:** NZ schools are about to make the move to a MCAT admission test, and the other initiatives mentioned are in use to some degree or other in NZ.

## Emergency Medicine

### 24-018 ABC of resuscitation: The automated external defibrillator.

Liddle R, Davies CS, Colquhoun M, et al. BMJ. 22 November 2003. Vol.327. No.7425. p.1216-8.
Reviewed by Dr Len Brake
**Review:** CPR now consists of keeping sufficient oxygenation going to vital organs until the defibrillator is applied. After 90 seconds there is a reducing chance of a good result – hope fading exponentially.
**Comment:** Paramedics confirm that anything done at the scene after say 10 minutes is 'for show' only. Use of these automated machines should be learned at resuscitation courses but this review is an excellent summary.

### 24-019 Metoclopramide reduces nausea from emergency contraception.

Cunningham D, Newton W. J Fam Pract. July 2003. Vol.52. No.7. p.525.
Reviewed by Dr Bruce Adlam
**Review:** This study provides good evidence that metoclopramide reduces the nausea and cramping associated with emergency contraception. The benefit, however, is small, and the effect of metoclopramide on the effectiveness of the emergency contraceptive is not known. (Original article reviewed: Am J Obstet Gynecol 2003; 188: 330-3).

## Endocrinology

### 24-020 The changing faces of diabetes.

Hirsch IB. Prim Care. September 2003. Vol.30. No.3. p.499-510.
Reviewed by Dr M Hewitt
**Review:** The author looks at the classification of different types of diabetes using the markers of insulin deficiency and resistance. Both factors play a part in determining classification not based on phenotype. The author describes types such as 1, 1.5, 2, 3, LADA and lipodystropic.

### 24-021 Prevention of type 2 diabetes: data from recent trials.

Kanaya AM, Narayan KM. Prim Care. September 2003. Vol.30. No.3. p.511-26.
Reviewed by Dr M Hewitt
**Review:** Careful examination of the studies detailing interventions for lifestyle such as weight loss and exercise have significant benefits for the individual concerned. Relatively modest gains produce impressive risk reductions for type 2 diabetic populations. Similar studies looking at drug interventions also show benefits. However, the cost to the community is much greater.
**Comment:** It is far easier for a person to take a pill than to take exercise. The green prescription is of value in these circumstances.

### 24-022 Treating diabetes using oral agents.

Malik T, Trence DL. Prim Care. September 2003. Vol.30. No.3. p.527-42.
Reviewed by Dr M Hewitt
**Review:** A good review of the common agents currently in use for treatment. There is advice regarding best management as well as consideration of other non-medical factors such as cost.
**Comment:** A good update, as cost is just as important a consideration in our systems as in the United States system of health care.

### 24-023 Common problems in outpatient management of patients with diabetes in the age of insulin analogues.

DeWitt DE, Dugdale DC. Prim Care. September 2003. Vol.30. No.3. p.543-56.
Reviewed by Dr M Hewitt
**Review:** The article reviews common problems encountered at the outpatient clinic level. There is evidence-based medicine for the rational use of insulin therapy and its combination with oral agents.
**Comment:** Useful to know, as many diabetics prefer the 'free' care of a clinic at a hospital to the 'paid-for' care of a good general practice. Judging by the article, improved outcomes clearly ensue with continuity of care.

### 24-024 Preventing cardiovascular disease in diabetes and glucose intolerance: evidence and implications for care.

Rennert NJ, Charney P. Prim Care. September 2003. Vol.30. No.3. p.569-92.
Reviewed by Dr M Hewitt
**Review:** The article looks at the evidence for good outcomes with good to excellent glycaemic control. Although mortality is dependent on prevention of other vasculopathic events, the evidence suggests it is the holistic approach which gives best results rather than focusing on glycaemic control per se.
**Comment:** Another good reason for continuity of care in this increasingly more common complication of a more commonly prevalent condition.

### 24-025 Management of patients on chronic glucocorticoid therapy: an endocrine perspective.

Trence DL. Prim Care. September 2003. Vol.30. No.3. p.593-605.
Reviewed by Dr M Hewitt
**Review:** The author distinguishes between 'steroid' diabetes, due to concomitant use of glucosteroids and best management with the complications. The complications include osteoporosis and dyslipidaemia.
**Comment:** Useful as the treatment of the complications is not that difficult.

### 24-026 Medical myths involving diabetes.

Adler E, Paauw D. Prim Care. September 2003. Vol.30. No.3. p.607-18.
Reviewed by Dr M Hewitt

**Review:** The authors looks at common practices in diabetic care and management through an evidence-based analysis. They also look at concerns, fears and interactions and the actual evidence of adverse consequences.
**Comment:** In the light of good evidence-based practice, various 'myths' have been found to be adverse to good care outcomes for diabetic management i.e. B-blockers, niacin use, sliding-scale insulin use.

## Ethics

### 24-027 Ethical aspects of blood and organ donation.

Whyte G. Intern Med J. August 2003. Vol.33. No.4. p.362-4.
Reviewed by Dr Helen Moriarty
**Review:** Part of a series of articles on ethics in medicine. This is written by an Australian academic at the School of Rural Health. It covers the historical context for Australia, then discusses payments for blood and organ transplants, and the societal and political overtones that exist within that debate.
**Comment:** An interesting discussion about game theory in decision making.

### 24-028 Collective danger and individual risk: cultural perspectives on the hazards of medical research.

Parker DB, Barrett RJ. Intern Med J. September/October 2003. Vol.33. No.9/10. p.463-4.
Reviewed by Dr Helen Moriarty
**Review:** A paper in the Ethics in Medicine series. Discusses how ethnographic observations extend to the business of ethical issues in medicine.
**Comment:** Thought provoking.

## Eye Diseases

### 24-029 Identifying and treating uncomplicated corneal abrasions.

Moeller JL, Rifat SF. Physician and Sportsmedicine. August 2003. Vol.31. No.8. p.15-17.
Reviewed by Dr Rob Campbell
**Review:** Examination technique is the main value to this paper emphasising the importance of not missing the more serious penetrating injuries. Slit lamp examination is wise if in any doubt.
**Comment:** Useful but only if you feel uncomfortable dealing with these common injuries.

## Family Practice

### 24-030 Video study of physician selection: preferences in the face of diversity.

Gerbert B, Berg-Smith S, Mancuso M, et al. J Fam Pract. July 2003. Vol.52. No.7. p.552-9.
Reviewed by Dr Bruce Adlam
**Review:** Many people will accept physicians of both sexes and of different races. After seeing evidence (video) of the doctor's professional and warm approach, participants became even more receptive to choosing a video doctor of a different race.

## Genetics

### 24-031 Censors of the genome.

Lau NC, Bartel DP. Sci Am. August 2003. Vol.289. No.2. p.26-33.
Reviewed by Dr Ron Vautier
**Review:** This is about RNA interference, a very important cellular mechanism in which short strands of RNA bind to matching messenger RNA and turn off expression of the corresponding genes. Applications of this new understanding to medicine are in development.
**Comment:** The ideas are clearly presented and illustrated, and those with an interest in biochemistry should appreciate and enjoy this article.

## Geriatrics

### 24-032 Do older adults expect to age successfully? The association between expectations regarding aging and beliefs regarding healthcare seeking among older adults.

Sarkisian CA, Hays RD, Mangione CM. J Am Geriatr Soc. November 2002. Vol.50. No.11. p.1837-43.
Reviewed by Dr Ngaire Kerse
**Review:** In this postal survey more than 50% of 429 Los Angeles community-residing older adults expected to be less healthy, get depressed, have aches and pains, become dependent, have less sex and less energy. These views were associated with decreased expectation of seeking health care.
**Comment:** Most disability associated with ageing is preventable. Society's negative ageist views may influence this American cohort. It's time for our society and elderly to concentrate on positive views of ageing.

## Gynaecology

### 24-033 What nonhormonal therapies are effective for postmenopausal vasomotor symptoms?

Brewer D, Nashelsky J. J Fam Pract. April 2003. Vol.52. No.4. p.324-9.
Reviewed by Dr Tim Kenealy
**Review:** Clonidine and fluoxetine are effective in women with surgical menopause. Soy, black cohosh and exercise may be effective. There is no evidence for the effectiveness of bellergal, methyldopa, evening primrose oil, ginseng, wild yam, mai quan or flaxseed.
**Comment:** The recommendations from various official bodies do not always seem evidenced-based.

### 24-034 Hormone therapy and the brain: Déjà vu all over again?

Yaffe K. JAMA. 28 May 2003. Vol.21. No.27. p.2717-9.
Reviewed by Dr Raina Elley
**Review:** This editorial refers to the results of the articles (See 24-035, 24-036 and 24-037) that report results from the Women's Health Initiative (WHI) study in the same JAMA edition. The author points out that there is strong biological evidence that oestrogen may have beneficial effects on the brain, and observational studies have been optimistic about the po-

tential for oestrogen in the prevention of mild cognitive impairment or dementia, particularly Alzheimer disease. However, again, this large randomised controlled trial has demonstrated that the reverse is the case. After four years follow-up, there was increased risk of developing dementia among women taking HRT in the study compared with women in the control group (Hazard ratio 2.05 (95% CI 1.21-3.84).

**24-035 Effect of estrogen plus progestin on stroke in postmenopausal women: The Women's Health Initiative: A randomized trial.**

Wassertheil-Smoller S, Hendrix SL, Limacher M, et al. JAMA. 28 May 2003. Vol.289. No.21. p.2673-84.

Reviewed by Dr Raina Elley

**Review:** The Women's Health Initiative (WHI) randomised controlled trial of combined hormone replacement treatment (0.625mg conjugated oestrogen and 2.5mg medroxyprogesterone acetate) was commenced in the early 1990s but was terminated three years early, due to adverse effects outweighing benefits. The trial involved 16 600 women aged 50–79 years in the US. For the analysis of stroke there was an average follow-up of 5.6 years. 'Blinded' local and central neurologists adjudicated over each 'stroke' diagnosis. The study found that there was a 31% increased risk of combined ischaemic and haemorrhagic stroke for those taking HRT. (Hazard ratio 1.5 (95% CI 1.08-2.08) using a per protocol analysis and 1.31 (95% CI 1.02-1.68 using an intention to treat analysis). When analysed separately, there was a significant increase in risk for ischaemic stroke, but not for haemorrhagic stroke. However, the number of haemorrhagic strokes may have been too small to detect a difference. Sub-group analyses were performed on the basis of baseline risk of stroke and age group. There was a significant risk of stroke with the combined HRT for all sub-groups.

**Comment:** Previous observational and randomised controlled trials of combined HRT and stroke have had mixed results, although this article does cite a recent meta-analysis that did find an increased risk of stroke with combined HRT. These effects are from long-term HRT use, not short-term use of HRT for menopausal or perimenopausal symptoms. (See 24-034, 24-036 and 24-037.)

**24-036 Estrogen plus progestin and the incidence of dementia and mild cognitive impairment in postmenopausal women: The Women's Health Initiative Memory Study: A randomized controlled trial.**

Shumaker SA, Legault C, Rapp SR, et al. JAMA. 28 May 2003. Vol.289. No.21. p.2651-62.

Reviewed by Dr Raina Elley

**Review:** This article reports the results from the WHI with respect to dementia and mild cognitive impairment, amongst 4532 post-menopausal women, aged over 65 years. There was a significant increase in the risk of dementia in women taking HRT compared to the control group (Hazard ratio 2.05 (95% CI 1.21-3.84). Alzheimer's disease was the most common classification in both groups. There was no significant difference in mild cognitive impairment between the groups.

**Comment:** See 24-034, 24-035 and 24-037.

**24-037 Effect of estrogen plus progestin on global cognitive function in postmenopausal women: The Women's Health Initiative Memory Study: A randomized controlled trial.**

Rapp SR, Espeland MA, Shumaker SA, et al. JAMA. 28 May 2003. Vol.289. No.21. p.2663-72.

Reviewed by Dr Raina Elley

**Review:** There was no improvement in cognitive ability found amongst the intervention group compared with the control. There was some indication that more women in the oestrogen and progesterone group had a 'substantial and clinically important decline' in the modified mini-mental state examination when compared with the control group. (See 24-034, 24-035 and 24-036.)

**24-038 Phytoestrogen supplements for the treatment of hot flashes: The Isoflavone Clover Extract (ICE) Study: A randomized controlled trial.**

Tice JA, Ettinger B, Ensrud K, et al. JAMA. 9 July 2003. Vol.290. No.2. p.207-14.

Reviewed by Dr Raina Elley

**Review:** Isoflavones found in soy products and red clovers have oestrogen-like properties and are used as dietary supplements for the relief of menopausal symptoms. Trials of efficacy have had mixed results. This study was a three-armed double blind randomised controlled trial of two red clover isoflavone extracts, Promensil and Rimostil, compared with placebo. The study participants were 252, 45–60-year-old menopausal women, who were experiencing an average of 8.1 hot flushes per day. The primary outcome was change in frequency of hot flushes over a 12-week period. Change in quality of life and adverse events were also compared. There was no significant difference in change of frequency of hot flushes, quality of life or adverse events at the end of 12 weeks. However, all groups showed significant reductions in hot flushes (to 5.0–5.4 per week) and improvements in quality of life, from baseline.

**Comment:** The improvement of symptoms and quality of life in all three groups reminds us of the importance of a placebo group, as a 'before-after' trial would have claimed benefit. Although there were no significant increases in symptomatic (e.g. breast tenderness) or cardiovascular (e.g. venous thrombosis) adverse events, a longer follow-up may be required to rule out the possibility of increase in some potential adverse events.

**24-039 Estrogen plus progestin and the risk of coronary heart disease.**

Manson JE, Hsia J, Johnson KC, et al. N Engl J Med. 7 August 2003. Vol.349. No.6. p.523-34.

Reviewed by Dr Raina Elley

**Review:** This report provides the final results of the Women's Health Initiative (WHI), with regard to oestrogen and progesterone and coronary heart disease, amongst 50–79 year-old women (average follow-up time 5.2 years). While previous observational studies had suggested that hormone replacement therapy (HRT) was associated with a 40–50% reduction in the risk of coronary heart disease (CHD), this study found that combined HRT was associated with a hazard ratio for CHD of 1.24 (95% CI 1.00 to 1.54). The risk was slightly higher amongst women in their first year of taking HRT. The article is particularly interesting when intermediate biomarkers and risk factors for CHD are examined and subgroup analyses are done. A random sample of women in the study was examined at one year. Women randomly assigned to HRT had greater reductions in total cholesterol, LDL, glucose and insulin levels, and greater increases in HDL and triglyceride levels than women in the placebo group. Body weight, and waist circumference, was slightly lower amongst the HRT group, but systolic blood pressure was greater by 1mmHg. (While oestrogen may appear to improve some cardiovascular risk factors, it also adversely affects clotting function, triglycerides and C-reactive protein. In addition, progesterone reduces some of the lipid benefits of oestrogen.) In subgroup analyses, the hazard ratio for CHD associated with HRT was 0.89 amongst women in whom menopause had begun less than 10 years previously, compared with hazard ratios of 1.22 and 1.71 for women 10–19 years postmenopause, and 20 or more years postmenopause, respectively. However, overall, the interaction between time since menopause and hazard ratios was not statistically significant, but a trend was apparent. Importantly, the use of aspirin or statins did not modulate the CHD risk increase associated with HRT. There were some limitations of the WHI, one being the relatively high discontinuation of HRT in the trial. However, this is likely to mean that the risk of CHD with HRT may be even higher than that suggested by the WHI 'intention to treat' analysis. Also, the trial did not address the short-term use of HRT for menopausal symptom control.

**Comment:** Although we have all received the message from the WHI that combined HRT does not confer cardiac protection and may slightly increase the risk of coronary events, an examination of this final report reveals some interesting findings. In addition, when assessing the increase in risk of CHD with taking HRT in a 'younger' postmenopausal woman, absolute CHD (or CVD) risk should be taken into account. Even if the risk was to increase by a third, going from an absolute five-year risk of 3% to 4% may be less important than relief from menopausal symptoms, particularly in the short term. It also reminds us of the importance of randomised-controlled trials in establishing the effectiveness of a treatment. (See 24-040.)

### 24-040 Hormone therapy and the progression of coronary-artery atherosclerosis in postmenopausal women.

Hodis HN, Mack WJ, Azen SP, et al. N Engl J Med. 7 August 2003. Vol.349. No.6. p.535-45.

Reviewed by Dr Raina Elley

**Review:** This article reports the results from a randomised-controlled trial of combined oestrogen and progesterone, oestrogen alone, and placebo amongst 226 women followed for a median of 3.3 years. (mean age =63.5 years). The main outcome was change between baseline and follow-up coronary angiogram in per cent stenosis. At follow-up there was no statistically significant difference between the groups.

**Comment:** It is difficult to say whether a larger sample size or longer follow-up could have detected a significant difference in progression of atherosclerosis. (There were only 74–76 women in each arm of the trial and a 20–30% drop-out rate in each group during the trial.) Even so, when a significant difference in real outcomes is demonstrated (e.g. increased CHD events with HRT as was found by the study reported in the previous article in this journal (See 24-039), then differences or lack of differences in intermediate outcomes such as atherosclerosis progression seem less important.

### 24-041 Gabapentin helpful for hot flushes in postmenopausal women.

Haines C, Harwood MI. J Fam Pract. July 2003. Vol.52. No.7. p.513-4.

Reviewed by Dr Bruce Adlam

**Review:** In this double blind trial, Gabapentin (900mg/day over 12 weeks) effectively decreased both the frequency and severity of hot flushes in postmenopausal women who reported seven or more hot flushes per day. (Original article reviewed: Obstet Gynecol 2003; 101:337–45).

**Comment:** Gabapentin, an anticonvulsant, is indicated in the treatment of partial seizures in epilepsy and in management of pain syndromes.

## Metabolic Diseases

### 24-042 Herbs for serum cholesterol reduction: a systematic review.

Thompson Coon JS, Ernst E. J Fam Pract. June 2003. Vol.56. No.6. p.468-78.

Reviewed by Dr Tim Kenealy

**Review:** Twenty-five randomised controlled trials were found that used monotherapy with herbs and measured the effect on serum cholesterol. Guggul, fenugreek, red yeast rice and artichoke have reduced total cholesterol by 10.3%. Increases in HDL and decreases in LDL were seen with guggul, red yeast rice and yarrow. Decreases in LDL were seen with fenugreek, arjun and artichoke.

**Comment:** The authors were concerned that they may have failed to locate all the relevant studies, and that there was probably a publication bias favouring positive studies. They were also concerned that about

half of the studies had important methodological flaws.

## Musculoskeletal System

**24-043 Degenerative lumbar spinal stenosis: options for aging backs.**

Chen AL, Spivak JM. Physician and Sportsmedicine. August 2003. Vol.31. No.8. p.25-34.

Reviewed by Dr Rob Campbell

**Review:** A review of the causes and clinical features of spinal stenosis. Investigative options are described followed by treatment options.

**Comment:** A useful review with clear examinations and diagrams. Has a conservative treatment approach rather than surgery.

**24-044 Effect of firmness of mattress on chronic non-specific low-back pain: randomised, double-blind, controlled, multicentre trial.**

Kovacs FM, Abraira V, Pena A, et al. Lancet. 15 November 2003. Vol.362. No.9396. p.1599-604.

Reviewed by Dr Tony Hanne

**Review:** Three hundred and thirteen patients with low back pain but no radiation who complained of pain in bed and on rising were randomised to a firm or a medium-firm mattress for 90 days. Contrary to expectation, because orthopaedic specialists have been recommending firm mattresses for years, the medium-firm mattress won handsomely!

**Comment:** After so many physical treatments for low back pain have been found to be useless, it is refreshing to have something to offer. This result is so clear cut that one wonders why it has taken so long to reach this conclusion. Perhaps if we had asked patients about what worked instead of telling them, we might have discovered this before.

**24-045 Evaluation and management of hip pain: An algorithmic approach.**

Margo K, Drezner J, Motzkin D. J Fam Pract. August 2003. Vol.52. No.8. p.607-17.

Reviewed by Dr Bruce Adlam

**Review:** (a) Start by determining whether pain is located in the anterior, lateral, or posterior hip. As the site varies, so does the etiology. (b) Besides location, consider sudden versus insidious onset, motions and positions that reproduce pain, predisposing activities, and effect of ambulation or weight bearing. (c) Physical examination tests that elucidate range of motion, muscle strength, and pain replication will narrow the diagnostic search. (d) Magnetic resonance imaging is usually diagnostic if plain x-rays and conservative therapy are ineffective. And (e) Conservative measures and selective use of injection therapy are usually effective.

**Comment:** Good article with helpful algorithms.

**24-046 Managing myofascial pain syndrome: Sorting through the diagnosis and honing treatment.**

Daniels JM, Ishmael T, Wesley RM. Physician and Sportsmedicine. October 2003. Vol.31. No.10. p.39-45.

Reviewed by Dr Rob Campbell

**Review:** This paper describes the diagnosis of myofascial pain syndrome, describes how to differentiate it from fibromyalgia and some treatment options.

**Comment:** A useful primer which may help you prevent some patients becoming chronic pain sufferers.

**24-047 Effect of physical activity on cartilage development in healthy kids.**

Jones G, Bennell K, Cicuttini FM. Br J Sports Med. 1 October 2003. Vol.37. No.5. p.382-3.

Reviewed by Dr Chris Milne

**Review:** Physical activity has been shown to be associated with cartilage development both cross sectionally and longitudinally in randomly selected healthy children without knee pain or injury. The current evidence supports a prescription of vigorous physical activity for optimum joint development in children.

**Comment:** The message is - turn off the playstation and go outside and play with a ball.

## Neurology

**24-048 Rethinking the 'lesser brain'**

Bower JM, Parsons LM. Sci Am. August 2003. Vol.289. No.2. p.40-7.

Reviewed by Dr Ron Vautier

**Review:** New brain-imaging and cognitive studies show that the traditional idea that the cerebellum controls movement is probably wrong, and that it may be more involved in coordinating sensory input, perhaps in 'buffering' data.

**Comment:** The cerebellum contains more individual neurons than the rest of the brain combined, and we are still not sure what they are for. This is fascinating.

**24-049 Brain, repair yourself.**

Gage FH. Sci Am. September 2003. Vol.289. No.3. p.28-35.

Reviewed by Dr Ron Vautier

**Review:** Just a few years ago it was discovered that new nerve cells can be stimulated to develop in the adult brain, and now much work is going in to finding and elucidating the controls on the several growth factors involved.

**Comment:** Therapies for spinal cord injuries, Alzheimer's, Parkinson's, etc. are looking quite probable.

**24-050 The quest for a smart pill.**

Hall SS. Sci Am. September 2003. Vol.289. No.3. p.36-45.

Reviewed by Dr Ron Vautier

**Review:** Is anything currently available any better than caffeine? Some of the drugs now in use to slow the decline in mild to moderate Alzheimer's disease have in some trials been found to enhance cognitive performance in normal subjects. Various routes are being vigorously explored, not least in commercial laboratories.

**Comment:** How soon will we see safe, affordable drugs that can improve

brain function beyond the result of optimum diet and exercise?

**24-051 Stimulating the brain.**
George MS. Sci Am. Septembewr 2003. Vol.289. No.3. p.46-53.
Reviewed by Dr Ron Vautier
**Review:** In transcranial magnetic stimulation, a focused powerful pulsed magnetic field induces electric currents in the cerebral cortex, thereby enhancing or inhibiting functions associated with the treated parts. Results seem to favour a significant effect in the relief of depression, but not much else so far.
**Comment:** Probably only of peripheral passing interest to most of us.

**24-052 Mind readers.**
Ross P. Sci Am. September 2003. Vol.289. No.3. p.54-7.
Reviewed by Dr Ron Vautier
**Review:** Functional magnetic resonance imaging experiments show when subjects are lying, or thinking of particular concepts or objects.
**Comment:** For the time being we should focus on facial expressions, voice cues, and other body language signs, but one day...?

**24-053 Migraine: diagnosis and management.**
Goadsby PJ. Intern Med J. September/October 2003. Vol.33. No.9/10. p.436-42.
Reviewed by Dr Helen Moriarty
**Review:** This article covers the spectrum of common headache causes and patterns, distinguishing migraine from others. A very good therapy table lists the proven and well accepted, as well as less well proven, treatments for prevention.
**Comment:** It has a good classification of the daily or near-daily headaches, both primary and secondary.

## Nutrition

**24-054 Low-carbohydrate diet effective for adults.**
McCarter DF. J Fam Pract. July 2003. Vol.52. No.7. p.515-6.
Reviewed by Dr Bruce Adlam
**Review:** Small RCT suggests very-low-carbohydrate diets result in more weight loss than low-fat/low-calorie diets after six months, with no adverse impact on lipids, bone density, or blood pressure. Low-carbohydrate diets should be considered in otherwise healthy obese patients who are interested in this particular strategy for weight loss or who have failed other attempts. (Original article reviewed: J Clin Endocrin Metab 2003; 88: 1617-23).
**Comment:** The low-carbohydrate diet was restricted to <20g of carbohydrate per day for the first two weeks and 40–60g/d for the remainder of the study.

**24-055 Thought for food.**
The Lancet. Lancet. 15 November 2003. Vol.362. No.9396. p.1593.
Reviewed by Dr Tony Hanne
**Review:** A recent systematic review by the British Food Standards Agency into the connection between children's diet and the promotion of food reached some disturbing conclusions. Television advertising of sugary breakfast food, soft drinks, confectionery, savoury snacks and fast foods all contribute to rising consumption of unhealthy foods and the consequent rapid rise in childhood obesity, type II diabetes and presumably future ischaemic heart disease. The more adverts children watched, the more snacks they consumed. The hypocrisy of super-healthy athletes promoting super-unhealthy food is highlighted. There is a glimmer of light - promotion of healthy foods can also increase their consumption.
**Comment:** The day may come when the advertising of food is as regulated as the promotion of tobacco products. It would be so much better if the food industry became even more concerned for the health of our kids than it is for the health of its profits.

## Occupational Health

**24-056 Effect of ultraviolet germicidal lights installed in office ventilation systems on workers' health and wellbeing: double-blind multiple crossover trial.**
Menzies D, Popa J, Hanley JA, et al. Lancet. 29 November 2003. Vol.362. No.9398. p.1785-91.
Reviewed by Dr Tony Hanne
**Review:** Ultraviolet germicidal irradiation (UVGI) is a relatively inexpensive way of drastically reducing the population of bacteria, fungi, and protozoa in air-conditioning units. UVGI was switched on for periods of 12 weeks followed by four weeks switched off, in three cycles totality 48 weeks, in three office buildings in Montreal, Canada. The periods of use were accompanied by dramatic reductions in respiratory infections and allergic symptoms. The greatest benefits were in atopic patients and never-smokers. Seventy per cent of workers in North America and Western Europe work in air-conditioned buildings. Even measured just in terms of time lost from work because of such causes, the cost-benefits are huge.
**Comment:** All of us have heard patients blame their sinusitis or asthma on the air-conditioning at work. Perhaps we could add a note to the medical certificate recommending treating the air-conditioning to save treating the patient.

## Oncology

**24-057 Counting the costs of treatment: the reproductive and gynaecological consequences of adjuvant therapy in young women with breast cancer.**
Friedlander M, Thewes B. Intern Med J. August 2003. Vol.33. No.8. p.372-9.
Reviewed by Dr Helen Moriarty
**Review:** Protocols for breast cancer management have changed recently, with indications that premenopausal

women should receive endocrine therapy if oestrogen receptors are positive, as well as chemotherapy. The implications of chemotherapy, ovarian ablation and endocrine therapies are discussed with regard to future pregnancy, assisted reproduction, sexual dysfunction and HRT.
**Comment:** Concise and interesting - a good read if you have a young breast cancer patient.

**24-058 Prostate Cancer.**
Nelson WG, De Marzo AM, Isaacs WB. N Engl J Med. 24 July 2003. Vol.349. No.4. p.366-81.
Reviewed by Dr Raina Elley
**Review:** Prostate cancer is a common and potentially fatal condition. Small prostatic cancers have been detected in autopsy series among 29% of men aged 30-40 years, and 64% of men aged 60-70 years. One in six men will develop prostate cancer and one in 30 die of metastatic prostate cancer. While about 42% of the risk of prostate cancer has been attributed to inheritance, the remainder of the risk has been attributed to environmental factors. These factors include environmental carcinogens, lifestyle, and diet (e.g. high animal fat and low fruit and vegetable intake increases risk, while antioxidants such as those found in tomatoes may reduce risk; vitamin E, and selenium are being investigated as potentially protective, as well). Inflammation or infection (e.g. sexually transmitted diseases, regardless of pathogen) may also increase risk. The genetic mechanisms of how these factors may promote or inhibit the development of prostatic cancer are covered in detail in this article.
**Comment:** This is a good review of the mechanism of disease of prostate cancer, and covers a great deal of genetic detail.

**24-059 Untangling the roots of cancer.**
Gibbs WW. Sci Am. July 2003. Vol.289. No.1. p.48-57.
Reviewed by Dr Ron Vautier
**Review:** The alterations in genomes that result in cells becoming cancerous are more complex than previously envisaged, and new theories are required to explain the observed processes.
**Comment:** The goal of cures for all cancers seems further away than ever.

**24-060 Prostate cancer intervention: Involving the patient in early detection and treatment.**
Wilt TJ, Partin MR. Postgrad Med. October 2003. Vol.114. No.4. p.43-9.
Reviewed by Dr Chris Milne
**Review:** In men undergoing first time testing, cancer detection rates are about 3% with rectal examination, 5% with PSA testing and 6% with both tests combined. The vast majority of prostate cancers detected by PSA testing will not result in symptomatic progression for at least 15 years. The probability that further evaluation with a prostate biopsy will be required as a result of testing is relatively high. For these reasons (and others) these authors argue in favour of informing patients about the benefits and established harms rather than routine PSA testing.
**Comment:** Useful article, although it assumes you have another 10 minutes to discuss this when the patient has already presented another three problems!

## Orthopaedics

**24-061 Oral vitamin D3 decreases fracture risk in the elderly.**
Guirguis-Blake J, Phillips RL. J Fam Pract. June 2003. Vol.52. No.6. p.431-5.
Reviewed by Dr Tim Kenealy
**Review:** 2037 men and 649 women, aged 65–85 years, took 100 000 IU of vitamin D3 (ergocalciferol) or placebo every four months for five years. The relative risk for any fracture was 0.7% in the treatment group; NNT 44 people needing treatment for five years to prevent one fracture. (Original article reviewed: BMJ 2003; 326: 469-72).

**24-062 Diclofenac more effective than acetaminophen in osteoarthritis of the knee.**
Via RM. J Fam Pract. July 2003. Vol.52. No.7. p.512-3.
Reviewed by Dr Bruce Adlam
**Review:** Diclofenac 150mg/d is more effective in controlling osteoarthritis symptoms than acetaminophen 4g/d (paracetamol equivalent) in patients previously requiring a non-steroidal anti-inflammatory drug (NSAID). (Original article reviewed: Arch Intern Med 2003; 163: 169-78)
**Comment:** Since acetaminophen is less expensive and better tolerated, it is reasonable to attempt a two-week trial in all patients prior to initiating treatment with NSAIDs.

## Pharmacology

**24-063 Celecoxib, rofecoxib, and acute temporary visual impairment.**
Coulter DM, Clark DW, Savage RL. BMJ. 22 November 2003. Vol.327. No.7425. p.1214-5.
Reviewed by Dr Len Brake
**Review:** There was a time when there was only one thing that a lad could do to make him go blind. Now there's another. The new COX2 inhibitors can cause blindness – albeit temporarily.
**Comment:** The cases reported here were received from monitoring through the New Zealand intensive medicines monitoring programme.

## Psychiatry and Psychology

**24-064 Low-dose tricyclics effective for depression.**
Bailey RE, Johnson KM. J Fam Pract. May 2003. Vol.52. No.5. p.356-7.
Reviewed by Dr Tim Kenealy
**Review:** In a systematic review, the authors identified six double blind placebo controlled trials comparing low dose TCAs (75-100 mg/day) with standard dose and 35 comparing low dose TCAs with placebo. (Original article reviewed: BMJ 2002; 325: 991-5).

**Comment:** Standard dose TCAs were not significantly more effective at achieving response than low dose TCAs at four, six or eight weeks.

**24-065 Taming stress.**

Sapolsky R. Sci Am. September 2003. Vol.298. No.3. p.66-75.

Reviewed by Dr Ron Vautier

**Review:** New insights into the neurochemistry of stress have stimulated pharmacological developments that are refinements of existing drugs or entirely novel strategies for treatment.

**Comment:** There are some valuable concepts here.

**24-066 Diagnosing disorders.**

Hyman SE. Sci Am. September 2003. Vol.289. No.3. p.76-83.

Reviewed by Dr Ron Vautier

**Review:** Gene variants are being found which seem to confer susceptibility to disorders such as autism and schizophrenia. Advances in neuroimaging might allow better diagnosis of psychiatric illnesses and monitoring of the success of therapy.

**Comment:** All rather interesting, but not much of immediate utility here.

**24-067 Cortical abnormalities in children and adolescents with attention-deficit hyperactivity disorder.**

Sowell ER, Thompson PM, Welcome SE, et al. Lancet. 22 November 2003. Vol.362. No.9397. p.1699-707.

Reviewed by Dr Tony Hanne

**Review:** The brains of 27 children with ADHD were mapped in detail by MRI scanning and compared with 46 controls. Grey matter was decreased fairly consistently in some areas and increased in others. An attempt was made to correlate these anatomical differences with previous imaging techniques which have shown functional differences between key areas, as well as to the different types of ADHD.

**Comment:** The numbers in this study are small and there are too many variables such as IQ and gender to draw confident conclusions. Nevertheless it adds some interesting new insights to earlier imaging research which has shown an overall reduction in brain volume, and metabolic differences in areas of the brain responsible for inhibiting distraction in those with ADHD. Hopefully it will help to silence those who still like to describe ADD as Absent Dad Disorder.

**24-068 Suicide risk not increased with SSRI antidepressants.**

Ham P. J Fam Pract. August 2003. Vol.52. No.8. p.587-8.

Reviewed by Dr Bruce Adlam

**Review:** Depressed adult patients are no more likely to commit suicide while taking selective serotonin reuptake inhibitors (SSRIs) than any other class of antidepressants. The low suicide rate in the non-SSRI category, which included tricyclic antidepressants (TCAs), reminds us that no evidence exists to consider tricyclics more dangerous than other antidepressants. (Original article reviewed: Am J Psychiatry 2003: 160: 790-2

**Comment:** It is important to remember that these patients are adults and had mild to moderate depression without any significant co-morbid conditions. Note the recent concern regarding teenagers and children.

**24-069 ADHD treatment and academic performance: A case series.**

McCormick LH. J Fam Pract. August 2003. Vol.52. No.8. p.620-4, 6.

Reviewed by Dr Bruce Adlam

**Review:** Most new cases of attention deficit-hyperactivity disorder (ADHD) are of the predominantly inattentive subtype. Research on the use of psychostimulants in these patients has shown a high rate of non-responders. Although psychostimulants showed a short-term decrease in symptoms in students diagnosed with predominantly inattentive ADHD, they did not significantly improve grade-point averages.

**Comment:** The small sample size in this study introduces some limitations. However, it raises the issue of what are our treatment objectives. Behaviour control or school performance? If it's for school performance then on the basis of this we should perhaps rethink.

## Respiratory System

**24-070 Zinc nasal gel effective for the common cold.**

Rizkallah G, Seaton T. J Fam Pract. May 2003. Vol.52. No.5. p.352-4.

Reviewed by Dr Tim Kenealy

**Review:** Forty-nine men and 29 women, mean age 26, used a pump to apply gel or placebo to the nose four times a day for 10 days or until symptoms resolved. Median time to cold resolution was 4.3 days for zinc, six days with placebo (p=0.002). (Original article reviewed: Q J Med 2003; 96: 35-43).

**Comment:** Smokers and diabetic patients were excluded.

**24-071 Clinical course of acute infection of the upper respiratory tract in children: cohort study.**

Butler CC, Kinnersley P, Hood K, et al. BMJ. 8 November 2003. Vol.327. No.7423. p.1088-9.

Reviewed by Dr Len Brake

**Review:** Parents frequently return with their children for a second visit after three to four days and often request antibiotics. This is despite you explaining at the outset that this is a viral upper respiratory infection. This little study found that more than half the children so affected are still unwell after four days and a quarter are still unwell 10 days after onset of the illness.

**Comment:** The point of the story: It's best to explain the likelihood of the length of the illness and fight off fewer requests for antibiotics.

## Rheumatic Diseases

**24-072 What is the best NSAID regimen for arthritis patients with bleeding ulcer?**

Jackson EA. J Fam Pract. May 2003. Vol.52. No.5. p.363-4.
Reviewed by Dr Tim Kenealy

**Review:** 290 Chinese patients, average age 68, with a recent bleeding ulcer were randomised to receive either celecoxib 200mg bd or diclofenac 75mg bd plus omeprazole 20 mg daily for six months. Bleeding ulcer rates were about 5% in each group. Adverse events leading to discontinuation were similar between the groups. New hypertension, peripheral oedema or renal failure occurred in 24% on celecoxib and 30% in the diclofenac/omeprazole group. (Original article reviewed: N Engl J Med 2002; 347: 2104-110).

### 24-073 Does glucosamine relieve arthritis joint pain?

Miller DC. J Fam Pract. August 2003. Vol.52. No.8. p.645-7.
Reviewed by Dr Bruce Adlam

**Review:** Evidence-based answer: Glucosamine may provide some pain relief. Studies have shown varied results, ranging from glucosamine being superior or equivalent to other agents, to no difference between glucosamine and placebo. However, most of these studies have small sample sizes, short duration, and often other significant flaws. Meta-analyses of available studies suggest a trend toward benefit from glucosamine (strength of recommendation: B).

**Comment:** Glucosamine may help osteoarthritis pain, but it is premature to recommend it universally until better studies are done. Even if glucosamine is effective, this sector of the market is currently unregulated, and products may not contain the amount or kind of glucosamine material advertised on their labels.

## Sports and Sports Medicine

### 24-074 Prescribe with extreme care to athletes.

Kennedy M. Intern Med J. September/October 2003. Vol.33. No.9/10. p.405.
Reviewed by Dr Helen Moriarty

**Review:** One concise paper which comments upon the rationale for drug testing in sport, and the world anti-doping code.

**Comment:** The references are to Australian case law. NZ has its own growing case law in this regard.

### 24-075 Social drug policies for sport.

Turner M, McCrory P. Br J Sports Med. 1 October 2003. Vol.37. No.5. p.378-9.
Reviewed by Dr Chris Milne

**Review:** Use and abuse of social drugs is widespread, and this includes use and abuse by some athletes. Standard drug testing programmes are designed to pick up 'drug cheats' who are using performance enhancing drugs. Social drugs have been added 'piggy backed' on to the banned drug list. However, as these authors state, a programme of monitoring, education and treatment of those who test positive for social drugs would be more productive than a mandatory ban from sports.

**Comment:** Useful perspective on a challenging problem, particularly as cannabis has now been added to the WADA list of banned drugs for 2004. The separate procedure for dealing with athletes who test positive for social drugs is an idea that deserves wide support.

### 24-076 Evaluation of muscle damage after a rugby match with special reference to tackle plays.

Takarada Y. Br J Sports Med. 1 October 2003. Vol.37. No.5. p.416-9.
Reviewed by Dr Chris Milne

**Review:** Fifteen amateur elite rugby players had elevated levels of myoglobin and creatine kinase in blood samples obtained 45 minutes and 24 hours after a match. Positive and significant correlations were observed between the number of tackles and peak myoglobin and creatine kinase levels. The direct impact of the tackle on the body is the major cause of muscle damage.

**Comment:** We all know that losing teams generally end up having to make more tackles. Here is yet another reason why losing hurts!

### 24-077 Effects of strenuous exercise on haemostasis.

Smith JE. Br J Sports Med. 1 October 2003. Vol.37. No.5. p.433-5.
Reviewed by Dr Chris Milne

**Review:** Exercise has been shown to stimulate both coagulation and fibrinolysis, although whether this activation is balanced has yet to be clarified. Unfavourable haemostatic changes at the extremes of exercise intensity may predispose to clots and contribute to the phenomenon of sudden cardiac death after exercise.

**Comment:** Useful easily digestible summary of a complex area of research. At present, the advice is that moderate regular exercise reduces the risk of sudden death.

## Therapeutics

### 24-078 Do probiotics decrease antibiotic-associated diarrhea?

McConaghy JR. J Fam Pract. April 2003. Vol.52. No.4. p.273.
Reviewed by Dr Tim Kenealy

**Review:** Probiotics are living organisms that, when ingested, colonise the intestine. Probiotics containing Lactobacillus or Saccharomyces decrease the incidence of antibiotic-associated diarrhoea from 23% to 10% (NNT=10). (Original article reviewed: Aliment Pharmacol Ther 2002; 16: 1461-7).

## Travel Medicine

### 24-079 Preparing active patients for international travel.

Jimenez CE. Physician and Sportsmedicine. October 2003. Vol.31. No.10. p.27-35.
Reviewed by Dr Rob Campbell

**Review:** A broad review covering most of the issues e.g. medical travelling kit, vaccinations, malaria, travellers diarrhoea, driving, motion sickness, altitude illness, jet lag, SARS and STDs. Does not discuss thromboembolism.
**Comment:** A useful summary with relevant web site addresses for reference, e.g. www.cdc.gov/travel.

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## Urology

### 24-080 Is terazosin helpful in chronic prostatitis?

Iudica AC. J Fam Pract. June 2003. Vol.52. No.6. p.444-6.

Reviewed by Dr Tim Kenealy

**Review:** Terazosin is well tolerated, relieves pain and improves quality of life in otherwise healthy men with chronic prostatitis/chronic pelvic pain syndrome. The subjects studies were 100 men aged 20–50, mostly Chinese and Malay. (Original article reviewed: J Urology 2003; 169: 592-6).
**Comment:** Men with UTI in the past year or bacterial prostatitis were excluded.

### 24-081 How effective is desmopressin for primary nocturnal enuresis?

Diehr S. J Fam Pract. Jul.y 2003. Vol.52. No.7. p.568-9.

Reviewed by Dr Bruce Adlam

**Review:** Desmopressin reduces the number of nights of primary nocturnal enuresis by at least one per week, and increases the likelihood of 'cure' (defined as 14 consecutive dry nights) while treatment is continued (number needed to treat [NNT]=5-6). Strength of recommendation (A).
**Comment:** Evidence suggests that the benefits of desmopressin are temporary, with a high relapse rate once treatment is discontinued (B). However, long-term therapy with occasional weaning attempts is a safe option (B). Evidence is inadequate to judge the relative efficacy of the nasal versus oral forms of desmopressin.

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**Subscriptions**
The journal is provided free to all members of the RNZCGP. Rates for others are $120 per year within New Zealand, $108 plus $30 postage outside New Zealand. The Royal New Zealand College of General Practitioners, P O Box 10440, Wellington, New Zealand.

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