Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed in this Issue

Aust Fam Physician*
Br J Gen Pract*
Br J Sports Med*
Can Fam Physician Med Fam Can*
Intern Med J*
J Fam Pract*
J Tradit Chin Med*
Journal of Law and Medicine*
Meridians
Occup Environ Med*
Pacific Journal of Oriental Medicine
Physician and Sportsmedicine*
Postgrad Med*
Prim Care*
*Journals indexed in Medline

Acupuncture

22-169 Questions and answers.

Hu, J. J Tradit Chin Med. March 2002. Vol.22. No.1. p.73-7.
Reviewed by Dr Joan Campbell

Review: Three questions are proposed and answered: (1) Bi syndromes are differentiated and their treatment with acupuncture and moxibustion outlined. Bi syndromes include arthritic and arthralgic conditions, neuralgia, regional pain syndromes, sciatica, etc. (2) Usage of the antique shu points in clinical practice. (3) The 43 diseases that WHO recommends can be treated by acupuncture are listed.

Comment: Useful clinical paper with helpful information, point selections and therapeutic techniques. The WHO list is 22 years out of date, however, it does provide a synopsis of clinical conditions that respond to acupuncture.

Alternative Medicine

22-170 Herbal medicine in infectious disease.

Pinn G. Aust Fam Physician. July 2001. Vol.30. No.7. p.681-4.
Reviewed by Dr Barry Suckling

Review: The eighth article in the series on herbal therapy looks at the current role of plant therapy in infection.

22-171 Herbal therapy in respiratory disease.

Pinn G. Aust Fam Physician. August 2001. Vol.30. No.8. p.775-9.
Reviewed by Dr Barry Suckling

Review: The ninth article in the series looks at the management of respiratory conditions, a traditional indication for herbs.

Anesthesia and Analgesia

22-172 Regional nerve blocks: Part 3 - Regional nerve blocks of the hand.

Simpson S. Aust Fam Physician. July 2001. Vol.30. No.7. p.669-71.
Reviewed by Dr Barry Suckling

Review: This is the third in the series. The anatomy is reviewed. The indications for the blocks are discussed, and pitfalls and practical tips are given.

22-173 Regional nerve blocks: Part 4 - Office blocks of the foot and ankle.

Simpson S. Aust Fam Physician. August 2001. Vol.30. No.8. p.771-3.
Reviewed by Dr Barry Suckling

Review: The fourth article in the series with indications for the use of foot and ankle blocks, and common practical pitfalls.

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

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

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Asthma

22-174 In patients with asthma that is not well controlled with inhaled steroids, does salmeterol (Serevent) or montelukast (Singulair) offer better symptom relief?

Cash R, Blonski J. J Fam Pract. September 2001. Vol.50. No.9. p.802.

Reviewed by Dr Bruce Adlam

Review: Many asthmatics do not have adequate symptom control despite using inhaled corticosteroids. This very small study evaluated the effectiveness of salmeterol and montelukast as second-line agents added to inhaled corticosteroids. Not too much weight should be placed on this study, however, in rough comparison of overall symptom control, salmeterol not montelukast was significantly more effective in improving both daytime and nighttime symptom control. (Original article reviewed: Chest 2001; 119: 1021-6).

22-175 Review of the effect of the dosing interval for inhaled corticosteroids in asthma control.

Singer R, Wood-Baker R. Intern Med J. March 2002. Vol.32. No.3. p.72-8.

Reviewed by Dr Helen Moriarty

Review: A systematic review comparing outcomes of studies that gave steroids once or twice daily, once or four times daily and twice or four times daily. There were a variety of outcomes and outcome measures in the 4 267 papers that were reviewed. However, on measures of asthma control, once daily administration was as good as multiple daily inhaled corticosteroid doses.

Photo: Michael Long

Comment: There are obvious limitations in using metaanalysis to evaluate a subject such as this one. Not all of the 4 267 papers were RCTs, some papers were duplicate reports of the same research, patient selection criteria vary widely, and so on. If this is a true finding it could have significant practical applications.

Cardiovascular System

22-176 Outcomes in the management of atrial fibrillation: clinical trial results can apply in practice.

Jackson SL, Peterson GM, Vial JH, et al. Intern Med J. August 2001. Vol.31. No.6. p.329-36.

Reviewed by Dr Helen Moriarty

Review: A large database of patients was studied to find the clinical outcomes of non-valvular-AF. The major finding was that only one third were receiving warfarin, and this is under use for stroke prevention.

Comment: GPs could assist AF patients by: (1) finding them. (2) checking for valve disease. (3) starting them on warfarin for stroke prevention.

22-177 Increased prevalence of hypertension in a population exposed to aircraft noise.

Rosenlund M, Berglind N, Pershagen G, et al. Occup Environ Med. December 2001. Vol.58. No.12. p.769-73.

Reviewed by Dr Alastair K Wilson

Review: A study in Sweden to investigate whether there is a relation between residential exposure to aircraft noise and hypertension.

Comment: Possible interest for those living in Miramar. Not an outstanding study, with largely inconclusive results but suggesting a vague association between the two. An editorial in the journal suggests that larger and statistically more rigorous studies are needed.

22-178 Office management of elderly hypertensive patients: Focusing on cognition and function.

Rockwood K, Freter SH. Can Fam Physician Med Fam Can. December 2001. Vol.47. p.2520-5.

Reviewed by Dr Mike Lyons

Review: Evidenced base suggestions for treating elderly patients with raised blood pressure. Tables signs of disease on examination. Suggests treating patients up to 80 years with BP>160/105. Beyond 85 years, age itself becomes convenient shorthand on a population basis for cognitive impairment and frailty. Suggests start-

ing with a low dose thiazide or calcium channel blocker, then adding or substituting with a beta blocker or ACE inhibitor. Discusses hypotension. Emphasises comorbidity.
Comment: We may have read similar articles before but no harm in reinforcing the principles.

22-179 Exercise in treating hypertension: Tailoring therapies for active patients.

Chintanadilok J, Lowenthal DT. Physician and Sportsmedicine. March 2002. Vol.30. No.3. p.11-23,50.
Reviewed by Dr Rob Campbell
Review: An in-depth review of the types of exercise that may be prescribed to help treat hypertension. The effect of various medications on exercise performance is also reviewed.
Comment: A reasonable review with good charts and algorithm to use as a guide to prescribing exercise in hypertensives.

22-180 The clinical basis for the management of coronary artery disease.

Jelinek M. Intern Med J. March 2002. Vol.32. No.3. p.110-3.
Reviewed by Dr Helen Moriarty
Review: A challenging paper in that it asks if we really prolong life by testing and treating blocked coronary arteries in patients who are stable, even if they have angina. The PCA and CABG rates are increasing, and angiography has a long waiting list. Do these improve longevity or just influence the quality of life? Can medical interventions do this as well?
Comment: The author is an associate professor and director of cardiology at St Vincent's Hospital. He argues that technology should be used only to favourably modify prognosis.

Communicable Diseases, Infections and Parasites

22-181 Human immunodeficiency virus-hepatitis C coinfection: swapping new problems for newer ones.

Sasdeusz J. Intern Med J. September/October 2001. Vol.31. No.7. p.418-21.
Reviewed by Dr Helen Moriarty
Review: HIV patients now have long and full lives. Hepatitis C has become a problem, as it progresses faster in the immunocompromised. It also is more infectious for perinatal and, possibly, sexual transmission in the co-infected. Therapy for HCV raises interesting ethical issues. Some antiretroviral therapies enhance liver toxicity, some may inactivate ribavirin as a treatment agent. Studies of efficacy of HCV treatment in HIV are lacking.
Comment: Many GPs now have HCV infected clients on their books, some also have HIV-HCV co-infected patients. This is easy to read, but raises more questions than it answers.

22-182 Psittacosis: a flu like syndrome.

Elliott JH. Aust Fam Physician. August 2001. Vol.30. No.8. p.739-41.
Reviewed by Dr Barry Suckling
Review: Psittacosis is a relatively common cause of community acquired pneumonia. It often goes unrecognised. It should be considered as a possible cause of any flu-like illness: fever, headache, dry cough and recent bird contact. Abnormalities on chest examination and chest x-ray. Acute and convalescent serology.

22-183 Toxoplasmosis: Are cats really the source?

Torda A. Aust Fam Physician. August 2001. Vol.30. No.8. p.743-7.
Reviewed by Dr Barry Suckling
Review: One of the commonest human infections. Asymptomatic, only a problem in pregnancy or immunosuppression. Cats have long been blamed, but contact with infected raw meat is a more common source. Direct contact with cats is less a risk than ingestion of the oocysts from faecally contaminated hands, often via soil. (Patient handout – see 22-184).

22-184 Patient education: decreasing the risk of toxoplasmosis.

Aust Fam Physician. August 2001. Vol.30. No.8. p.749.
Reviewed by Dr Barry Suckling
Review: A simple sheet to photocopy for patient information. (see 22-183)

22-185 Gastrointestinal worm infections: the prevalence and treatment in Australia.

Prociv P. Aust Fam Physician. August 2001. Vol.30. No.8. p.755-61.
Reviewed by Dr Barry Suckling
Review: A review of the most common worm infections, their clinical presentations, diagnosis, and treatment. Most worm infections are soil transmitted except for pinworm (threadworm) which spreads directly from person to person, (perianal-hand-hand-mouth) explaining its high prevalence in affluent societies.
Comment: Because most worm species cannot multiply in the host, infection will eventually 'burn out' without treatment, unless the individual is re-exposed.

22-186 Treating pulmonary TB: revisiting an old problem.

Wong CY. Aust Fam Physician. August 2001. Vol.30. No.8. p.763-6.
Reviewed by Dr Barry Suckling
Review: There is a resurgence of pulmonary TB worldwide. This is due to increased air travel, decreased fund-

Photo: Michael Long

ing for health control, and the AIDS pandemic. GPs are involved in care of most patients with pulmonary TB.
Comment: This is a good review of the basic principles of treatment.

Education

22-187 Mentoring: A way to go?

Stewart R. Aust Fam Physician. July 2001. Vol.30. No.7. p.702-3.
Reviewed by Dr Barry Suckling
Review: In the Iliad and the Odyssey, Homer told the story of Odysseus leaving home to fight the Trojan war. He entrusted his friend Mentor to guide his son Telemachus as he matured into manhood.
Comment: Mentoring offers a supportive way of sharing experiences. It can be helpful to all GPs.

Endocrinology

22-188 What are the indications for treatment with angiotensin-converting enzyme (ACE) inhibitors in patients with diabetes?

Quint A. J Fam Pract. October 2001. Vol.50. No.10. p.842-3.
Reviewed by Dr Bruce Adlam
Review: Tight control of hypertension treatment is key in preventing the vascular complications of diabetes. ACE inhibitors appear to have a protective effect that is independent of their antihypertensive effect. Unless there is a contraindication, all patients with diabetes who have hypertension should be treated with ACE inhibitors. Patients with diabetes who have microalbuminuria should be treated with ACE inhibitors, even if normotensive, as should those with overt nephropathy. (Grade of recommendation: A, based on randomised controlled trials.)

Family Practice

22-189 Are GPs using clinical practice guidelines?

Mazza D, Russell SJ. Aust Fam Physician. August 2001. Vol.30. No.8. p.817-21.
Reviewed by Dr Barry Suckling
Review: In essence – no! GPs are not following or accessing the guidelines which have been developed. It suggests that a culture of guideline use may take many years to develop.

22-190 Conducting a clinical practice audit: Fourteen steps to better patient care.

Godwin M. Can Fam Physician Med Fam Can. November 2001. Vol.47. p.2331-3.
Reviewed by Dr Mike Lyons
Review: Succinct three-page article on practice audit. Fourteen steps outlined in a table.
Comment: Bare bones material that may strike a chord with those averse to process and outcome. If you have done a MOPS audit you will have encountered these steps – even unwittingly.

22-191 Missed appointments in general practice: retrospective data analysis from four practices.

Neal RD, Lawlor DA, Allgar V, et al. Br J Gen Pract. October 2001. Vol.51. No.471. p.830-2.
Reviewed by Dr Rob Henderson
Review: Little is known about patients who miss appointments and why they do so. The authors traced all missed appointments over a twelve-month period and found that, on average, 7.7% of patients missed an appointment. Factors associated with missing appointments were: living in a deprived area, being female, and being a young adult. The study did not differentiate between booked and follow-up appointments.
Comment: It would have been interesting to hear the patients' side of missed appointments.

22-192 A qualitative study of older people's views of out-of-hours services.

Foster J, Dale J, Jessopp L. Br J Gen Pract. September 2001. Vol.51. No.470. p.719-23.
Reviewed by Dr Rob Henderson
Review: The study found that most older people were reluctant to make use of an out-of-hours service. They were critical of the trends in after-hours service being delivered by their doctor. They were distrustful of telephone advice, particularly from nurses and they preferred contact with a familiar doctor.
Comment: Deputising services and answer phones can be barriers to the elderly getting help.

22-193 Miguel Torga. Diaries, 1933-1976.

Bamforth I. Br J Gen Pract. December 2001. Vol.51. No.473. p.1043-7.
Reviewed by Dr Rob Henderson
Review: Miguel Torga was a Portuguese general practitioner. He was also a renowned writer and was nominated several times for the Nobel Prize. His diaries contain snippets of his everyday practice experience and thoughts about people. The combination of a master of exposition and a perceptive doctor has produced some impressive writing.
Comment: Well worth reading and keeping. He speaks for us all, describing those things that only a GP would understand.

Gastroenterology

22-194 Is there another chapter in the Helicobacter pylori/peptic ulcer disease story?

Clancy RL, Pang G. Intern Med J. April 2001. Vol.31. No.3. p.181-3.
Reviewed by Dr Helen Moriarty
Review: The impact of effective treatments has changed the clinical patterns of this disease. No longer is it a simple matter of eradicating H pylori. There are gaps in our knowledge with regard to cancer aetiology, NASID ulcers, and H pylori negative GU and DU (up to 40% are not attributed to H pylori). Not all test results can be believed. H pylori can colonise but cause a negative result. H pylori also can 'reactivate' under physiological stress.
Comment: Eradication of H pylori could be harder to achieve than we think. A host-susceptibility paradigm now reigns in therapy.

22-195 Teaching round: Diarrhea.

Hu J. J Tradit Chin Med. March 2002. Vol.22. No.1. p.78-80.

Reviewed by Dr Joan Campbell

Review: Presentation of a clinical patient with chronic diarrhoea for several years. Differentiation according to Traditional Chinese Medicine (TCM) is discussed, the pathophysiology of diarrhoea is described, and points and their usage is presented. Treatment is dependent upon making the correct TCM diagnosis. Ten treatments were given and the patient had no relapse at follow-up three months later.

Comment: Diarrhoea is a common complaint in general practice. Once appropriate investigations have been done, acupuncture provides very cost effective and prompt treatment for diarrhoea, using body needles, moxibustion and adjunctive auricular therapy.

Gynaecology

2-196 Are less than standard doses of hormone replacement therapy (HRT) effective for the treatment of hot flushes?

Andy C. J Fam Pract. September 2001. Vol.50. No.9. p.743.

Reviewed by Dr Bruce Adlam

Review: HRT relieves vasomotor symptoms in postmenopausal women but is sometimes associated with adverse side effects. Low-dose HRT has been shown to reduce side effects, but its effectiveness for the relief of vasomotor symptoms is uncertain. In this study all active treatment groups (combined equine estrogens .3mg, .45mg, .625mg in varying combinations of progestagen) experienced a decrease in the mean number of daily hot flushes when compared with placebo group. However the commentators criticised the study and its ambiguous data leaving the question still unanswered. (Original article reviewed: Fertil Steril 2001; 75: 1065-75).

22-197 Can regular intake of either cranberry juice or a drink containing Lactobacillus bacteria prevent urinary tract infection (UTI) recurrence in women after an initial episode?

Triezenberg DJ. J Fam Pract. October 2001. Vol.50. No.10. p.841.

Reviewed by Dr Bruce Adlam

Review: A daily glass of cranberry juice significantly decreased the incidence of UTI or risk of recurrence. (NNT=5). Lactobacillus ingestion did not change the recurrence rate although a larger study is needed before we can know that Lactobacillus-laced drinks are not effective. (Original article reviewed: BMJ 2001; 322: 1-5).

Comment: It's not known if the cranberry juice available in NZ is the same as in this study, but it should at least do no harm.

22-198 What is the best diagnostic approach to postmenopausal vaginal bleeding in women taking hormone replacement therapy?

Lopez R. J Fam Pract. October 2001. Vol.50. No.10. p.843.

Reviewed by Dr Bruce Adlam

Review: This article gives the following evidence based response. (The literature review includes our own Cindy Farquar in the Cochrane review team.) Women on standard estrogen/progestin hormone replacement therapy (HRT) regimens frequently have irregular bleeding during the first 12 months of treatment. Therefore, those taking HRT should usually be evaluated after one year of treatment if bleeding continues. (Grade of recommendation: C, based on case series.) Evaluation of this bleeding should begin with a pelvic examination and Papanicolaou (Pap) test (if not done in the previous 12 months), then transvaginal ultrasound (TVUS), followed by endometrial biopsy or hysteroscopy, if indicated. (Grade: B, based on a systematic review of studies).

22-199 Endometriosis: Will identifying risk factors enable an early diagnosis?

Bell JS. Aust Fam Physician. July 2001. Vol.30. No.7. p.649-53.

Reviewed by Dr Barry Suckling

Review: Early diagnosis may significantly affect the outcome. Risk factors are: positive family history, of any reproductive age including adolescents, prolonged periods, infertility, dysmenorrhoea, deep dyspareunia.

22-200 Premenstrual syndrome and premenstrual dysphoric disorder.

Cronje WH, Studd JW. Prim Care. March 2002. Vol.29. No.1. p.1-12.

Reviewed by Dr M Hewitt

Review: The authors use as a working definition the DSM-IV criteria for a complex condition with more than 160 symptoms with the main areas involving physical, psychological and behavioural changes. Treatment ranges from general reassurance and life style changes to a variety of medications and, in extreme cases, surgical intervention.

Comment: The treatments vary with the presentation of symptoms and their relief.

Health Services

22-201 Family influences in a cross-sectional survey of higher child attendance.

Little P, Somerville J, Williamson I, et al. Br J Gen Pract. December 2001. Vol.51. No.473. p.977-82.

Reviewed by Dr Rob Henderson

Review: A quarter of all consultations are for children but there is little information on the characteristics of the families of high attenders. The study used a postal questionnaire asking about the family members and the child. High attendance in children was more likely if the parents themselves were high attenders or if they perceived their children had medically unexplained symptoms. High attendance was also related to parental depression, anxiety or council house tenancy.

Comment: Probably confirms what doctors already knew.

Hemic and Lymphatic Systems

22-202 Cat scratch disease: a cause of regional lymphadenitis.

Branley J. Aust Fam Physician. August 2001. Vol.30. No.8. p.751-4.
Reviewed by Dr Barry Suckling

Review: The hallmark of cat scratch disease is regional lymphadenopathy. Diagnosis is via history, serology and lymph node biopsy. Usually self-limiting but improvement is more rapid with erythromycin, azithromycin or doxycycline.

Immunology and Allergy

22-203 The great pretender: Systemic lupus erythematosus.

Hanrahan P. Aust Fam Physician. July 2001. Vol.30. No.7. p.636-40.
Reviewed by Dr Barry Suckling

Review: SLE can present in a multitude of ways, making the diagnosis difficult. No classic pattern exists. The two most common symptoms are joint pain and fatigue. However, it is important not to over diagnose SLE in young women. A low titre antinuclear antibody (ANA) is common in the absence of disease. The predictive value of a positive ANA increases with increasing titre. Diffuse musculoskeletal pain (without synovitis) and fatigue with a weak positive ANA is more likely to be fibromyalgia than SLE.

Law and Medicine

22-204 Parental refusal of life-prolonging medical treatment for children: A report from New Zealand.

Manning J. Journal of Law and Medicine. February 2001. Vol.8. No.3. p.263-85.
Reviewed by Dr Rob Henderson

Review: Perhaps the dominant ethical principle in modern health care is respect for patient autonomy. People's wish to decline treatment is respected, no matter how illogical or however serious the consequences may be. When it comes to children, however, the courts have taken the opposite view. Most children are not able to understand the consequences of a decision and their right to life has taken priority over autonomy. The sanctity of life provides sufficient grounds to override any other consideration. When parents refuse life-saving treatment there are two alternatives; prosecution of the parents or guardianship of the child. Guardianship of the child is the preferable treatment.

Comment: A good review of a difficult subject.

22-205 The Doctor's duty to follow up: Legal fiction, a return to paternalism or an exercise in risk management?

Harcourt V. Journal of Law and Medicine. February 2001. Vol.8. No.3. p.286-301.
Reviewed by Dr Rob Henderson

Review: While the doctor's duty to follow up a patient concerning recommended procedures is accepted, the content of that duty is still open to debate. The duty goes further than giving advice. Doctors have to maintain a balance between paternalism and beneficence. The reluctance of the courts to accept contributory negligence shifts the responsibility to the medical profession.

Comment: The adoption of defensive medical practices aimed at ensuring compliance must inevitably follow, if only as a risk management measure.

22-206 Tort system reforms: causes, options, outcomes.

Kirby M. Journal of Law and Medicine. May 2001. Vol.8. No.4. p.380-8.
Reviewed by Dr Rob Henderson

Review: Medical malpractice litigation in Australia has increased dramatically over recent years and is threatening some services such as obstetrics. There have been calls for law reform. The two opposing camps, of doctors on the one side, and lawyers and aggrieved patients on the other, have opposing views and are not likely to agree on any form of reform. There is a need for real evidence on the subject, such as how much defensive medicine costs, and how effective is litigation in changing doctors' behaviour. Some countries have been successful in introducing measures to reduce the confrontational process. These need to be studied in more detail.

Comment: This is a good analysis of tort law and the disciplining of doctors.

22-207 Doctors as fiduciaries – revisiting the past with an eye on the future.

Carlin TM. Journal of Law and Medicine. August 2001. Vol.9. No.1. p.95-104.
Reviewed by Dr Rob Henderson

Review: A considerable body of literature on the subject assumes that the doctor-patient relationship is a fiduciary one. Or to put it very simply, the doctor has to put the patient's interests above all else. Carlin examines the legal basis for this belief and finds that it is not supported by case law. There are also many situations in modern health care where doctors cannot have such a relationship. One important reason is because of resource allocation. It is likely that these trends will continue and the relationship will move further from a fiduciary one.

Comment: The approach doctors take is probably due to change with changing circumstances in health services delivery.

Metabolic Diseases

22-208 Haemochromatosis: iron still matters.

Bassett ML. Intern Med J. May/June 2001. Vol.31. No.4. p.237-42.
Reviewed by Dr Helen Moriarty

Review: A review article. This disease can now be detected by HFE mutations. However, there are many permutations on these markers, and the expression of them is variable. Iron stores and liver biopsy are still the best method of confirming this disease.

Comment: A useful clinical point. Will save IPAs money if iron markers are asked for in preference to HFE mutation markers.

Musculoskeletal System

22-209 Does acupuncture or massage work in people with persistent back pain?

Cole C. J Fam Pract. September 2001. Vol.50. No.9. p.799.
Reviewed by Dr Bruce Adlam

Review: Back problems are among the most prevalent conditions afflicting Americans, and complementary and alternative medical therapies are frequently sought for treatment. This well conducted randomised trial compares acupuncture, massage, and self-care education in the treatment of persistent back pain over 10 sessions over 10 weeks in a population of adults 20 to 70 years of age. The findings are interesting in that this study provides evidence that massage is effective in treating low back pain when compared with acupuncture and self-care after 10 weeks of treatment, although the benefit over self-care was substantially less at one year. Massage can help patients feel better sooner and use fewer medications. Acupuncture had no significant benefit over self-care, and patients interested in pursuing this can be advised that it provides no added benefit. (Original article reviewed: Arch Intern Med 2001; 161: 1081-8).

Comment: Many of the acupuncturists felt some level of restraint in treatment options because of study protocols.

22-210 Do patients prefer transdermal fentanyl or sustained-release oral morphine for treatment of chronic non-cancer pain?

Heidemann AJ, Seaton TL. J Fam Pract. October 2001. Vol.50. No.10. p.897.
Reviewed by Dr Bruce Adlam

Review: The recommendation coming out of this is that patients requiring continuous opioid therapy who experience difficulty taking oral morphine should receive a trial of transdermal fentanyl. There were higher rates of nausea in the fentanyl group but less constipation. Medications dosage was fixed and not titrated which to me makes the study somewhat pointless. (Original article reviewed: BMJ 2001; 322: 1154.)

Comment: Note this was also in treating non-cancer pain and the GP's most common use for these medications would be in the management of cancer pain.

Photo: Michael Long

22-211 Men and osteoporosis.

Diamond T, Sambrook P, Williamson M, et al. Aust Fam Physician. August 2001. Vol.30. No.8. p.781-5.
Reviewed by Dr Barry Suckling

Review: Osteoporotic fractures affect 60% of women and 30% of men over 60. All men over 50 with a fracture should be considered to have osteoporosis and should have bone densitometry (see 22-212).

22-212 Guidelines for treatment of osteoporosis in men.

Diamond T, Sambrook P, Williamson M, et al. Aust Fam Physician. August 2001. Vol.30. No.8. p.787-91.
Reviewed by Dr Barry Suckling

Review: The linked article with 'men and osteoporosis' (see 22-211).

Comment: Together excellent review and guidelines.

22-213 Corticosteroid induced osteoporosis: guidelines for treatment.

Sambrook PN, Diamond T, Ferris L, et al. Aust Fam Physician. August 2001. Vol.30. No.8. p.793-6.
Reviewed by Dr Barry Suckling

Comment: Good standard guidelines.

22-214 The present state and perspective in treatment of primary osteoporosis by acupuncture and moxibustion.

Zhao Y. J Tradit Chin Med. March 2002. Vol.22. No.1. p.67-72.
Reviewed by Dr Joan Campbell

Review: Five clinicians working with a total of 120 patients suffering from osteoporosis present their therapeutic results after treating cases with acupuncture (body and auricular), moxibustion, moxa and dried herbs together. Blood serology and bone density were used as objective measures in assessing outcomes. Two researchers present their findings working with oopherectomised rats, whose induced osteoporosis was treated with acupuncture.

Comment: This paper attempts to quantify results, and acknowledges the problems associated with clinical studies. Acupuncture and moxibustion may provide another therapeutic way to treat osteoporosis. More reliable laboratory results are needed.

22-215 Clinical risk factors as predictors of postmenopausal osteoporosis in general practice.

Versluis RG, Papapoulos SE, de Bock GH, et al. Br J Gen Pract. October 2001. Vol.51. No.471. p.806-10.
Reviewed by Dr Rob Henderson

Review: The study aimed to identify which symptoms and signs were helpful in identifying women who were at high risk of developing osteoporosis. The study compared various factors with radiological assessment of bone density in a random sample of 449 women. Three risk factors were found to be important. These were; a low body mass index, fragility fractures, and severe kyphosis and/or loss of

height. However, the sensitivity of these factors was poor. If these three criteria were used alone, 40% of women with severe osteoporosis would be missed. There seems no easy answer to selecting women at high risk.
Comment: The diagnosis of osteoporosis remains a radiological one.

Neurology

22-216 Management of Parkinson's disease: Strategies, pitfalls, and future directions.

Hermanowicz N. Postgrad Med. December 2001. Vol.110. No.6. p.15-28.
Reviewed by Dr Chris Milne
Review: Detailed description of the pharmacological options including newer agents (e.g. COMT inhibitors, selegiline) plus ablative surgical interventions (pallidotomy and thalamotomy) plus an introduction which clearly summarises the clinical diagnostic features of Parkinson's disease. Stem cell therapy looks promising for future management.
Comment: Very useful update on an important chronic medical condition.

Oncology

22-217 Psychological impact of genetic counselling and testing in women previously diagnosed with breast cancer.

Randall J, Butow P, Kirk J, et al.
Intern Med J. September/October 2001. Vol.31. No.7. p.397-405.
Reviewed by Dr Helen Moriarty
Review: Genetic markers now allow identification of women at risk to be identified. To identify the role of counselling (without test results), women were recruited from two Sydney hospitals. Cases had a past diagnosis of breast cancer and were seeking genetic counselling. Controls had not sought genetic counselling for their cancer. Questionnaires before and after, assessed the changes in knowledge, depression and anxiety. The intervention was an appointment at the Hereditary Cancer Clinic. The study concluded that increasing knowledge did not increase depression or anxiety.
Comment: One could argue that knowledge of test results might reverse this finding.

22-218 Checking the scoreboard: the impact of cancer genetics on clinical practice.

Ward RL, Hawkins NJ. Intern Med J. May/June 2001. Vol.31. No.4. p.249-53.
Reviewed by Dr Helen Moriarty
Review: A viewpoint article – what is the role of cancer genetics in patient care? Why do we not use them as often as we might? Should we use them routinely?
Comment: Written from the viewpoint of a hospital-based oncologist, but raises questions suitable for peer group discussions.

22-219 Current perspectives on BRCA1- and BRCA2-associated breast cancers.

Phillips KA. Intern Med J. August 2001. Vol.31. No.6. p.349-56.
Reviewed by Dr Helen Moriarty
Review: A review of the place and use of these breast cancer susceptibility genes. Research is still in its infancy. There are limitations to current knowledge based on studies to date. Male and female carriers can also be at increased risk of non-breast cancers. It is not clear if these markers carry prognostic implications – other than for screening and early diagnosis.
Comment: Another situation where more knowledge raises more questions.

22-220 Epithelial ovarian cancer: Biomedical and Chinese Medicine perspectives of presentation and treatment.

Rodger-Withers SM. Pacific Journal of Oriental Medicine. December 2001. No.19. p.60-70.
Reviewed by Dr Joan Campbell
Review: Presentation of the clinical management of a 48 year-old woman diagnosed with epithelial ovarian cancer. Stage 1c from a traditional medicine perspective. A review of current Western medicine treatment strategies and chemotherapy protocols is detailed. Management includes a discussion of preexisting disharmonies or constitutional weaknesses and the effects of surgery and chemotherapy upon them.
Comment: This is a useful paper for traditional acupuncturists managing clients, before or during chemotherapy. The author is trained in Traditional Chinese Medicine (acupuncture and herbs) and holds a PhD in molecular biology and epidemiology of rotaviruses. In clinical practice I am treating increasing numbers of cancer patients undergoing chemotherapy, and acupuncture can effectively reduce side effects and thereby assist orthodox treatment.

22-221 A qualitative study of delay among women reporting symptoms of breast cancer.

Burgess C, Hunter MS, Ramirez AJ. Br J Gen Pract. December 2001. Vol.51. No.473. p.967-71.
Reviewed by Dr Rob Henderson
Review: Up to 20–30% of women with breast cancer wait at least three months with symptoms before they consult a doctor. The study explored the reasons for this delay and found that some women did not understand the significance of their symptoms. For other women it was a question of being busy with other matters or being influenced by past experiences of cancer in relatives or friends. The authors concluded that there was a need for more information for women, particularly in respect of the different types of breast cancer symptoms, and improvements in breast cancer care.
Comment: The stories of people who delayed, and how they thought, make interesting and meaningful reading.

Ophthalmology

22-222 Are topical antibiotics effective in treating bacterial conjunctivitis?

Meurer LN, Slawson JG. J Fam Pract. September 2001. Vol.50. No.9. p.801.
Reviewed by Dr Bruce Adlam

Review: Acute conjunctivitis accounts for 1% to 4% of primary care office visits. Although often viral, common bacterial pathogens include Streptococcus pneumoniae, Haemophilus influenza, and Staphylococcus aureus. Antibiotics are commonly prescribed in the belief that they hasten recovery and reduce complications. This meta-analysis supported this assertion that topical antibiotics can reduce the time to clinical and microbiologic remission in patients with bacterial conjunctivitis. However, the majority of patients experience clinical resolution of the condition without treatment anyway. (Original article reviewed: Br J Gen Pract 2001; 51: 473-7).
Comment: Teaching you to suck eggs department! Bacterial infection is more likely to present with an abrupt onset of ocular irritation, diffuse hyperemia, and purulent drainage that mats the eyelids at wakening. Viral conjunctivitis is characterized by a watery or mucoid discharge and often a history of a viral upper respiratory infection. Viral infection is also suggested in the case of rapid spread in families, daycare, or school settings, as it is highly contagious even up to two weeks after the onset of symptoms.

Patients

22-223 On patient judgement.

McDonald IG, Daly J. Intern Med J. April 2001. Vol.31. No.3. p.184-7.
Reviewed by Dr Helen Moriarty
Review: A short article that raises interesting discussion points on non-compliance, patient delays, medically unexplained syndromes and reassurance.
Comment: This has some good material for peer group or practice meeting discussion.

Physician-Patient Relations

22-224 An exploration of the value of the personal doctor-patient relationship in general practice.

Kearley KE, Freeman GK, Heath A. Br J Gen Pract. September 2001. Vol.51. No.470. p.712-8.
Reviewed by Dr Rob Henderson
Review: A random survey of adult patients in Oxfordshire found that 75% of patients considered they had at least one personal GP. The percentage with their own GP varied considerably between practices, ranging from 53% to 92%. Most patients and GPs valued having a personal doctor-patient relationship, particularly in more serious or long-term conditions. For about a third of the patients, however, seeing one doctor was not important to them.
Comment: This study is an important addition to our knowledge about the doctor-patient relationship.

Prescribing

22-225 The economic impact of wasted prescription medication in an outpatient population of older adults.

Morgan TM. J Fam Pract. September 2001. Vol.50. No.9. p.779-81.
Reviewed by Dr Bruce Adlam
Review: The causes and costs of outpatient medication waste are not known. This small study of over-65-year-olds in a small community suggests medication waste represented 2.3% of total medication costs. The main causes for waste included: resolution of the condition for which the medication was prescribed (37.4%); patient-perceived ineffectiveness (22.6%); prescription change by the physician (15.8%); and patient-perceived adverse effects (14.4%).
Comment: Individual costs were modest, but if US$30 per person represents a low estimate of average annual waste, the US national cost for adults older than 65 years would top $1 billion per year.

22-226 Antibiotic use in acute respiratory infections and the ways patients pressure physicians for a prescription.

Scott JG, Cohen D, DiCicco-Bloom B, et al. J Fam Pract. October 2001. Vol.50. No.10. p.853-8.
Reviewed by Dr Bruce Adlam
Review: Patients strongly influence the antibiotic prescribing of physicians by using a number of different behaviours. Antibiotics were prescribed in 68% of the URTI visits, and of those, 80% were determined to be unnecessary according to Centers for Disease Control and Prevention guidelines. (a) How they do it: Patients were observed to pressure physicians for medication. The types of patterns identified were direct request, a diagnosis suggested by the patient, implied diagnosis or symptoms suggesting a particular diagnosis, portraying severity of illness, appealing to life-world circumstances, and previous use of antibiotics. (b) Physician response: Physicians were observed to rationalise their antibiotic prescriptions by reporting medically acceptable reasons and diagnoses to patients.

22-227 Improving benzodiazepine prescribing for elderly hospital inpatients using audit and multidisciplinary feedback.

Elliot RA, Woodward MC, Oborne CA. Intern Med J. December 2001. Vol.31. No.9. p.529-35.
Reviewed by Dr Helen Moriarty
Review: 1 301 hospitalised elderly (age 65 and over) were subjects of a chart audit to determine appropriateness of benzo prescribing. Appropriate indications were: fits/epilepsy, alcohol withdrawal, muscle spasms, and as premedication. The audit also looked at attempts to reduce dose/withdraw Rx.
Comment: One in three elderly hospital patients were on benzos. Three per cent were starred for an acceptable indication and 47% were a continuation of prior therapy. This is an ideal audit topic for GPs to do.

Preventive Medicine and Screening

22-228 Improving delivery of preventive health care with the

Comprehensive Annotated Reminder Tool (CART)

Shannon KC, Sinacore JM, Bennett SG, et al. J Fam Pract. September 2001. Vol.50. No.9. p.767-71.

Reviewed by Dr Bruce Adlam

Review: This study assesses the effect of an annotated reminder tool (CART) for reminding doctors of preventative services recommendations.

Comment: When used, preventative behaviour and appropriate clinical actions increased by about 30%. When it was removed physician behaviour returned to baseline. No significant differences were observed in the control group over time but, interestingly, knowledge increased during the study period for all physicians.

Psychiatry and Psychology

22-229 Dementia: Making the diagnosis.

Charlton I, Sturmberg JP. Aust Fam Physician. July 2001. Vol.30. No.7. p.672-7.

Reviewed by Dr Barry Suckling

Review: A good review article. It covers early and late signs, and diagnostic tools, distinguishing depression from dementia, the role of cholinesterase inhibitors and management principles, including caring for the carers.

22-230 Walking 'fearward': Living into and beyond fear.

Grissmer J. Meridians. Winter 2002. Vol.9. No.1. p.7-11.

Reviewed by Dr Joan Campbell

Review: A thoughtful look at the Traditional Chinese Medicine concepts of Winter, the concept of fear as it relates to yin and yang and daily living, and the impact of fear upon the body. The spirituality of the points selected are described.

Comment: A paper based on the psychological aspects of the Wu Xing or Five Phases. Thoughts for living.

22-231 Solution-focused therapy: Counseling model for busy family physicians.

Greenberg G, Ganshorn K, Danilkewich A. Can Fam Physician Med Fam Can. November 2001. Vol.47. p.2289-95.

Reviewed by Dr Mike Lyons

Review: Solution focused therapy concentrates on patients' strength, ability and resources in a mood of optimism and hope. Assumptions are: change is constant, inevitable and contagious; patients are experts on their lives and have coping skills to drive change; exceptions are part of solution behaviour and extensive information is rarely needed to facilitate change. The acronym MECSTAT summarises the process. It stands for Miracle questions, Exception questions, Coping questions, Scaling questions, Time out, Accolades and Task.

Comment: Interesting concept for busy GPs. Try it on your friends before your patients.

22-232 The clinical and cost-effectiveness of self-help treatments for anxiety and depressive disorders in primary care: a systematic review.

Bower P, Richards D, Lovell K. Br J Gen Pract. October 2001. Vol.51. No.471. p.838-45.

Reviewed by Dr Rob Henderson

Review: The paper reviewed the current evidence concerning self-help interventions in the treatment of anxiety and depression in primary care. The number of good studies was limited but there was preliminary evidence that self-help treatments may be as effective as other forms of care in the short term. The authors felt these treatments required further evaluation.

Comment: The self-help treatments varied considerably and probably this needs to be taken into consideration.

22-233 How general practice patients with emotional problems presenting with somatic or psychological symptoms explain their improvement.

Cape J. Br J Gen Pract. September 2001. Vol.51. No.470. p.724-9.

Reviewed by Dr Rob Henderson

Review: People with emotional problems can present with psychological symptoms directly or with somatic symptoms. Out of a consecutive group of 1 484 patients the researchers isolated and examined two groups. These groups were: (a) those people who presented with psychological symptoms and received psychological treatment and, (b) those patients who presented with somatic symptoms and received physical treatments, with underlying emotional problems not being addressed. At three months there seemed to be very little difference in outcomes between the two groups.

Comment: This is an important study because about a third of consultations in general practice are for somatisation, and distinguishing between physical disease and somatisation is not easy. This study seems to indicate that it is not that important

Research Design and Methodology

22-234 Ethical, legal and social issues surrounding the Human Genome Project.

Mowat D. Intern Med J. March 2002. Vol.32. No.3. p.89-90.

Reviewed by Dr Helen Moriarty

Review: Australia has announced a federal enquiry to address these issues in the application of the mapping and commercial/non-commercial applications of the human genome. A concise two-page article that reminds us of the framework for discussing any ethical issues (i.e. principles of justice, autonomy, beneficence and non-maleficence).

22-235 Health services research: what is it and what does it offer?

Scott I, Campbell D. Intern Med J. March 2002. Vol.32. No.3. p.91-9.

Reviewed by Dr Helen Moriarty

Review: This is a long article, but one I would recommend to those involved in IPA management especially. It asks what HSR is and what it can achieve, how can we measure clini-

cal performance, access to care, assess outcomes and redesign services or reallocate resources based on such research. It highlights the need to ensure such research is well grounded.

Comment: GPs are increasingly being caught up in Health Services Research as a part of the primary care data collection processes, and should think about their role in this research and utility.

Respiratory System

22-236 Management of chronic obstructive pulmonary disease in the twenty-first century.

Frith P, McKenzie D, Pierce R. Intern Med J. December 2001. Vol.31. No.9. p.508-11.

Reviewed by Dr Helen Moriarty

Review: This disease is a major cause of death and disability. It is costly, an escalating burden. The Thoracic Society of Australia and NZ are developing guidelines in association with a WHO initiative. This article outlines the COPD-X approach.

Comment: This is very suitable for primary care. The 'package' includes modules on smoking cessation, pulmonary rehabilitation, domicillary oxygen use, and incorporates questionnaires and information for patients.

Rheumatic Diseases

22-237 Evaluation and treatment of the patient with osteoarthritis.

Easton BT. J Fam Pract. September 2001. Vol.50. No.9. p.791-7.

Reviewed by Dr Bruce Adlam

Review: This is quite a good article, if a little lengthy, on evaluation and treatment of osteoarthritis showing the RCT benefit of exercise, physical therapy, and TENS (for pain only) with ambivalence about spa and low-level laser therapy. Group education programmes, including telephone support, may show some benefit decreases in pain and visits to the doctor at very low cost of implementation. Interestingly, educating patients during regularly scheduled appointments had no benefit and even resulted in worsening physical functioning. Review of medication indicates Paracetamol and NSAIDs have similar efficacy and the safest of the nonselective NSAIDs is still Ibuprofen. The recommendation is that Paracetamol and Ibuprofen should remain the first line agents. Topical NSAIDS are superior to placebo. COX inhibitors are discussed at length with regard to their safety in patients with gastrointestinal risk. Glucosamine is currently showing modest to large improvements in RCT, Chondroitin also but combined preparations have not been proved. Avocado/Soyabean unsaponifiables can provide long-term symtomatic relief. Missing here is discussion of emerging evidence for the use of Vitamin C and E in over the counter medications. Acupuncture probably shows benefit in improving pain but not function. Less convincing therapies include therapeutic touch and electromagnetic fields are also discussed both indicating some benefit. Injections of hyaluronic acid are effect in OA knee. Note steroids only have a beneficial effect lasting a few weeks. Surgery improves quality of life. Other studies show consistency in results with total hip replacement but results with total knee replacement is not quite so consistent.

Comment: Missing somewhat is discussion around modifiable risk factors. An example from other studies has shown that a reduction in weight of 5kg reduces the odds of developing OA of the knee by 50% (New Ethicals Jan 2000; p21-32).

22-238 Polymyalgia rheumatica and giant cell arteritis.

de Jager JP. Aust Fam Physician. July 2001. Vol.30. No.7. p.643-7.

Reviewed by Dr Barry Suckling

Review: Polymyalgia rheumatica (PMR) exists in a continuum with giant cell arteritis (GCA). They hardly ever occur under the age of 55. Newly arising headache or a different type of headache and amaurosis fugax are warning signals for GCA. Newer investigations, including high resolution ultrasound of the temporal arteries, may be helpful in directing artery biopsy.

Comment: If the response to treatment does not follow the usual course, re-evaluation is imperative. With prolonged steroid use prophylactic treatment should be used to prevent osteoporosis.

Sex and Sex Roles

22-239 Sexual problems of male patients in family practice.

Aschka C, Himmel W, Ittner E, et al. J Fam Pract. September 2001. Vol.50. No.9. p.773-8.

Reviewed by Dr Bruce Adlam

Review: Little is known about men's expectations of their family physicians regarding sexual disorders. This study evaluated the frequency of sexual problems among male patients in family practice and assessed their need for help. Their findings revealed a high frequency of self-reported sexual disorders, 93% reported at least one sexual problem from which they suffered (seldom or more often). The most common problems were low sexual desire (73%) and premature ejaculation (66%). Occupational stress was considered causative by more than half of the men. Forty-eight per cent considered it important to talk with their physicians about sexual concerns. However, most physicians initiated a discussion about sexual concerns only seldomly or occasionally.

Comment: The hesitancy of family physicians to deal with this topic signals a neglected area in primary health care. Certain conditions, such as occupational stress, which may be associated with sexual concerns, may be a useful way of approaching the subject.

Sports and Sports Medicine

22-240 Computerised cognitive assessment of athletes with sports related head injury.

Collie A, Darby D, Maruff P. Br J Sports Med. October 2001. Vol.35. No.5. p.297-302.
Reviewed by Dr Chris Milne

Review: Traditional neuropsychological assessment of concussed players involves 'pencil and paper' testing. In recent years, a number of computerised cognitive assessment test batteries have been developed. These appear to offer high test - retest reliability with only a small 'practice effect' on retesting.

Comment: These tests could well be the way of the future. Once validated, they have the capacity to offer the sensitivity equal to that of prolonged testing by clinical psychologists.

22-241 Provocation by eucapnic voluntary hyperpnoea to identify exercise induced bronchoconstriction.

Anderson SD, Argyros GJ, Magnussen H, et al. Br J Sports Med. October 2001. Vol.35. No.5. p.344-7.
Reviewed by Dr Chris Milne

Review: Both laboratory and field tests have been used in the diagnosis of exercise induced bronchoconstriction (EIB). At present, the optimal laboratory challenge appears to be eucapnic voluntary hyperpnoea (EVH). This requires the athlete to hyperventilate dry air containing 5% carbon dioxide for six minutes at 30 times their FEV (this is equivalent to 85% of maximal voluntary ventilation).

Comment: The requirement for this objective measure was introduced at the 2002 Winter Olympics at Salt Lake City. Prior to those games, a doctor's letter had been deemed sufficient. Elite asthmatic athletes will need to have this testing performed well before they leave New Zealand for future Olympic competition.

22-242 Acromioclavicular joint injuries: Identifying and treating 'separated shoulder' and other conditions.

Johnson RJ. Physician and Sportsmedicine. November 2001. Vol.29. No.11. p.31-5.
Reviewed by Dr Rob Campbell

Review: This commonly injured joint in contact sports and by falling off bikes needs accurate assessment to ensure appropriate treatment. The six grades of injury are described and treatment is usually non surgical for grades 1–3 and surgical for grades 4–6.

Comment: This is an excellent article which also covers distal clavicle fractures, osteoarthritis and osteolysis of the distal clavicle. A patient adviser sheet is attached.

22-243 Spondylolysis in active adolescents: expediting return to play.

Moeller JL, Rifat SF. Physician and Sportsmedicine. December 2001. Vol.29. No.12. p.27-32.
Reviewed by Dr Rob Campbell

Review: This article explores the diagnosis and management of these lumbar spine fractures which are often overuse injuries. Complete union occurs in less than 50% of these fractures so this is a significant problem in sports medicine.

Comment: Strongly recommended reading for all GPs seeing adolescents with back pain.

22-244 Infectious mononucleosis: Ensuring a safe return to sport.

MacKnight JM. Physician and Sportsmedicine. January 2002. Vol.30. No.1. p.27-41.
Reviewed by Dr Rob Campbell

Review: There are significant potential complications from infectious mononucleosis with splenic rupture the most serious. Eighty per cent of enlarged spleens on ultrasound are not palpable and the liver enzymes do not always mirror the splenic enlargement and return to normal.

Comment: An excellent reference paper with sensible advice re return to sport safely. Ultrasound is the most reliable means to checking the spleen size.

22-245 Evaluating and treating exercise-related menstrual irregularities.

Harmon KG. Physician and Sportsmedicine. March 2002. Vol.30. No.3. p.29-35.
Reviewed by Dr Rob Campbell

Review: A compact review of this problem which is relevant to bone density. Investigations for a complete workout are described and management options discussed.

Comment: A reasonable review of the subject and worth keeping as a guide to assessing and investigating this problem.

Therapeutics

22-246 Do antihistamines impair school performance in children?

Marsland TW, Newton WP. J Fam Pract. September 2001. Vol.50. No.9. p.738.
Reviewed by Dr Bruce Adlam

Review: Good quality study indicating that children's school performance is not impaired by short-term administration of diphenhydramine or loratadine. (Original article reviewed: J Ped 2001; 138: 656-60).

Urology

22-247 Identifying and slowing progressive chronic renal failure.

Curtis B, Barrett BJ, Levin A. Can Fam Physician Med Fam Can. December 2001. Vol.47. p.2512-8.
Reviewed by Dr Mike Lyons

Review: Outlines aetiology, course, interventions and treatment options of chronic renal failure. Discusses serum creatinine and proteinuria measurements. Sets targets and risk factors. Reinforces BP less than 130/80 in diabetics.

Comment: May encourage us to continue to treat assiduously when we read 'only 16% of hypertension in

general is treated and controlled to less than 140/90'. A good reference article for the filing cabinet.

22-248 Estimating the glomerular filtration rate: Dos and don'ts for assessing kidney function.

Manjunath G, Sarnak MJ, Levey AS.
Postgrad Med. December 2001. Vol.110. No.6. p.55-62.
Reviewed by Dr Chris Milne

Review: The early stages of renal disease are silent and detectable only through laboratory analyses. By the time serum creatinine levels start to rise, a significant proportion of renal function has already been lost. With the accumulation of laboratory data on patient demographics and serum creatinine, an estimate of the GFR is possible, provided the limitations of this technique are recognised.

Comment: Useful article on a topic rarely covered in primary care journals.

22-249 Needs assessment of women with urinary incontinence in a district health authority.

MacKay K, Hemmett L. Br J Gen Pract. October 2001. Vol.51. No.471. p.801-5.
Reviewed by Dr Rob Henderson

Review: The study consisted of a cross section, postal survey of women 45 years and older, concerning urinary incontinence. Out of the respondents, 16% of women reported significant symptoms but did not consider the symptoms were a problem. A further 30% acknowledged significant symptoms and found these symptoms interfered with their life. However, out of this group only 32% had sought help from a health professional. The reasons given for not seeking help included, feeling 'they ought to cope on their own', 'that incontinence was inevitable' or 'that it was embarrassing to talk about their problem'. The authors conclude that there is a need for education as many of these women could be helped.

Comment: Probably an area we should pay more attention to.