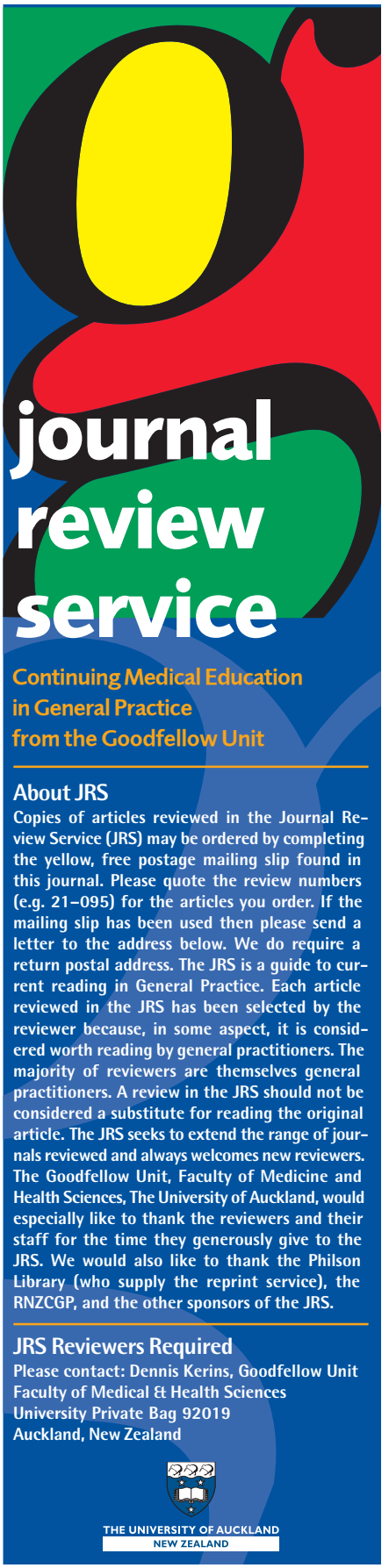

Journal Review Service

Continuing Medical Education in General Practice from the Goodfellow Unit

Journals Reviewed in this Issue

Acta Obstet Gynecol Scand*
Age Ageing*
Am J Obstet Gynecol*
Aust Fam Physician*
Auton Neurosci*
BMJ*
Br J Dermatol*
Drug Ther Bull*
Fam Pract*
J Fam Pract*
J Pain Symptom Manage*
JAMA*
Lancet*
Neurosci Lett*
Pain*
Sci Am*
*Journals indexed in Medline

Acupuncture

28–164 Acupuncture versus subcutaneous injections of sterile water as treatment for labour pain

Martensson L, Stener-Victorin E, Wallin G. Acta Obstet Gynecol Scand. 2008. Vol.87. No.2. p.171-7.

Reviewed by Dr Alex Chan

Review: This study compared the pain relieving and relaxation effects between acupuncture and subcutaneous sterile water injections during labour. The acupuncture points used were GV-20, LI-4, SP-6 and local points in the perceived pain areas while the injections were administered locally in the perceived pain areas only. It is interesting that subcutaneous injections were found to give significantly greater pain relief and relaxation to the participants than acupuncture.

Comment: Subcutaneous stimulation has always been an effective acupuncture technique. Additional physical stimulation from water injection would have significantly magnified the signals from subcutaneous stimulation. One could argue from the selection of stimulation sites in this study that the distal traditional acupuncture points might not have any added advantage provided local stimulation is adequate and appropriate. In this study, water injections were purposely given subcutaneously to avoid the burning pain from deeper injections.

28–165 Acupuncture in patients with dysmenorrhea: a randomized study on clinical effectiveness and cost-effectiveness in usual care

Witt CM, Reinhold T, Brinkhaus B, et al. Am J Obstet Gynecol. February 2008. Vol.198. No.2. p.166.e1-e8.

Reviewed by Dr Alex Chan

Review: This study consisted of a randomised controlled trial comparing acupuncture to routine care in the management of dysmenorrhoea with end points as indicated in the title. A non-randomised cohort was also included to investigate if there were any differences in the outcome measures if patients asked for acupuncture as the preferred form of treatment. Acupuncture was found to be more effective than routine care, with significantly lower average pain intensity and higher score in physical functioning on follow up, but it involved higher costs. Interestingly, response rates in the randomised and non-randomised acupuncture groups were found to be similar.

Comment: The incremental cost effectiveness ratio was estimated to be €3011 per additional Quality Adjusted Life Year gained. Is this cost-effective? The determination of cost effectiveness can be very subjective.

28–166 Investigation of specificity of auricular acupuncture points in regulation of autonomic function in anesthetized rats

Gao X-P, Zhang S-P, Zhu B, et al. Auton Neurosci. February 2008. Vol.138. No.1-2. p.50-6.

Reviewed by Dr Alex Chan

Review: In this study, mean arterial pressure, heart rate and intragastric pressure were recorded in rats when different parts of the rats' ears were stimulated manually or electrically. Similar patterns of autonomic response could be obtained from different areas of the ear by either manual or electroacupuncture. From this, the authors concluded that their findings did not support the generally held theory of a highly specific functional map in the ear.

Comment: Read the article and make your own comment.

28–167 Brain imaging of acupuncture: comparing superficial with deep needling

MacPherson H, Green G, Nevado A, et al. Neurosci Lett. 21 March 2008. Vol.434. No.1. p.144-9.

Reviewed by Dr Alex Chan

Review: The effects of superficial and deep needling at LI-4 on the blood oxygen level dependent responses in the brain (measured by fMRI) were found not to be significantly different in this study. In each session, the acupuncture needle was left in place for 12 minutes and stimulated continuously manually. Scores of deqi and of acute pain were similar in both groups.

Comment: This study demonstrated that superficial needling was not inert and had similar effects on the brain as deep traditional needling method. Superficial needling for placebo control in clinical trials in the past might not have given valid results. It will be interesting to know if attachment of the Streitberger placebo needle to the skin could have given to similar changes in the brain as traditional needling. Would someone pick up the challenge?

Adolescent Health

28–168 Pearls of adolescent communication wisdom

Parsons J. Aust Fam Physician. August 2007. Vol.36. No.8. p.581.

Reviewed by Dr Mary Tucker

Review: Issues relevant to a wide spectrum of problems related to adolescent health are covered in this month's issue. Common themes in all of these articles are the importance of engagement (allowing time to form a relationship and to discuss issues related to confidentiality), of good communication skills, of a history that covers psychosocial issues, and the setting of short-term, meaningful and achievable health-related goals.

Comment: Editorial setting the scene for this month's series of articles on adolescence (see 28-169 to 28-176). Non-threatening strategies for raising relevant issues are discussed in the theme articles under the mnemonic of HEADSS (Home, Education and employment, Activities, Drugs, Sexuality, Suicide and depression: An extra E is sometimes added for Eating patterns and an extra D to give Depression a category in its own right and an extra S for Safety from violence.)

28–169 The mental health of adolescents: assessment and management

Fleming GF. Aust Fam Physician. August 2007. Vol.36. No.8. p.588-9, 591-3.

Reviewed by Dr Mary Tucker

Review: The establishment of good rapport with adolescents is of paramount importance if mental health problems, that occur in one in seven adolescents, are to be diagnosed. Dr Fleming explores the format of an initial interview, highlighting key areas including confidentiality, safety, the provision of information with regard to crisis services and the importance of early intervention. He discusses differences in the presentation of adults and adolescents and outlines an approach to dealing with uncooperative adolescents. A full assessment, at a later date, should include a detailed medical history, examination and relevant investigations, a history of relationships and behaviour (peers, school and home), academic record (common themes in school reports), and the social environment. From this information a problem list is elicited and progress towards resolution of these problems, (often using a therapeutic alliance developed with parents, professionals and others with significant involvement with the patient,) can be made.

Comment: Management strategies to resolve problems identified in the course of assessment are discussed, the resolution of these problems providing a useful outcome measure. Links to on-line services and resources relevant to Australia and others of general interest are provided. *In the associated podcast Dr Fleming

emphasises the importance of the diagnosis of depression in adolescents, pointing out that the suicide rate in this age group is three times the national average. He touches on frameworks for assessment and diagnosis and offers some comments on intervention. (*http://www.racgp.org.au/AM/Template.cfm?Section=AFP_Podcasts&Template=/CM/ContentDisplay.cfm&ContentID=18072)

28–170 Sex, contraception and health

Kang M, Skinner R, Foran T. Aust Fam Physician. August 2007. Vol.36. No.8. p.594-6,598-600.
Reviewed by Dr Mary Tucker

Review: A decrease in the age of first sexual contact among Australian teenagers (now 16–17 years) and an increase in the number of sexual partners, when compared with previous generations, have contributed to the high rate of sexually transmitted infections (STIs) and of pregnancy in this age group. Coercion to engage in sexual activity and substance abuse are significant factors in some cases. More effective contraception in this age group is required. General practitioners should be proactive in obtaining a sexual history, screening for STIs, and making available appropriate contraceptive and preventative sexual health advice.
Comment: The authors discuss methods of introducing and exploring topics related to teenage sexuality and sexual health using case histories to illustrate important issues including confidentiality. Links to useful resources for GPs and for their patients are provided. *In the two associated podcasts raising the topic of sexual health in consultations and issues related to contraception and STDs in adolescents are discussed. (*http://www.racgp.org.au/AM/Template.cfm?Section=AFP_Podcasts&Template=/CM/ContentDisplay.cfm&ContentID=18072)

28–171 Substance abuse and harm minimisation in adolescents

Lampropoulos B. Aust Fam Physician. August 2007. Vol.36. No.8. p.602-4.
Reviewed by Dr Mary Tucker

Review: Substance abuse is prevalent among Australian teenagers and increases with increasing age. For some it is a short-lived risk-taking experience, for some it points to problems in other areas of their lives, while for others it is a prelude to addiction. The importance of engagement in the context of confidentiality is discussed and a framework for obtaining a psychosocial history is outlined. In the formulation of a management plan the importance of ascertaining the stage of change (pre-contemplation, contemplation, action or maintenance) is emphasized as well as the importance of setting appropriate, achievable goals and motivational enhancement to support the young person through the stages of change.
Comment: While this article focuses on substance abuse in the individual, the importance of treating co-morbid problems and also of addressing issues within the family are mentioned.

28–172 Adolescent overweight and obesity – how best to manage in the general practice setting

Steinbeck K. Aust Fam Physician. August 2007. Vol.36. No.8. p.606-9, 611-2.
Reviewed by Dr Mary Tucker

Review: One in four adolescents in Australia is overweight, predisposing them to significant medical and psychosocial complications. These young people have a greater than 80% risk of becoming obese adults making the management of obesity a high priority in this age group. General practitioners are best placed to manage this problem and are likely to have greatest success using motivational techniques, engaging adolescents around what is important to them and setting realistic goals that are theirs. Lifestyle change forms the basis of weight management and involves a reduction in dietary intake and sedentary activities, an increase in physical activity and long term behavioural change. In this article case histories are used to highlight significant issues.
Comment: It is important to view overweight as a chronic condition requiring short term intensive therapy and long term maintenance over years to achieve a successful outcome. A useful resource is the link to the BMI calculator and curves from the Royal Children's Hospital in Melbourne (http://www.rch.org.au/genmed/clinical.cfm?doc_ id=2603). *The associated podcast reviews salient points in the management of overweight problems in adolescents. (*http://www.racgp.org.au/AM/Template.cfm?Section=AFP_Podcasts&Template=/CM/ContentDisplay.cfm&ContentID=18072)

28–173 Eating disorders in adolescents

Gonzalez A, Kohn MR, Clarke SD. Aust Fam Physician. August 2007. Vol.36. No.8. p.614-9.
Reviewed by Dr Mary Tucker

Review: The spectrum of eating disorders (Anorexia Nervosa (AN), which presents as protein calorie malnutrition, Bulimia Nervosa (BN), which reflects chronic purging, and a partial syndrome that does not fulfil the diagnostic criteria for either of these conditions) occurs equally in males and females before puberty and forms the third commonest chronic illness in adolescence. This article reviews the assessment and management of eating disorders in adolescents, discusses the indications for hospital admission and emphasises the key role of general practitioners in intervention in incipient cases, in early diagnosis and management, in the facilitation of hospital admission for nutritional rehabilitation in those patients for whom outpatient management has failed and in long-term management to prevent relapse.
Comment: Information about normal development and the importance of healthy eating, exercise and social contact may be all that is required for those at risk to prevent development of an eating disorder. Key diagnostic features of AN and BN are

graphically portrayed in this article and a plan for diagnosis and management is clearly set out. Involvement of the family is of vital importance if a successful outcome is to be achieved, ongoing family therapy providing the best known outcome. Links to useful resources are provided (BMI calculators and curves (http://www.cdc.gov/growthcharts/), The Eating Disorders Foundation Inc (http://www.edf.org.au/) and Centre for Eating & Dieting Disorders (http://www.cedd.org.au/).

28–174 Adolescents with chronic disease: the double whammy

Sawyer S, Drew S, Duncan R. Aust Fam Physician. August 2007. Vol.36. No.8. p.622-7.
Reviewed by Dr Mary Tucker

Review: The challenges associated with the management of chronic physical disease in adolescence are discussed in this article. The importance of self-management in chronic illness is well recognised in adults and the importance of fostering the emerging ability of adolescents to take responsibility for the management of their own chronic conditions is explored. These young people are doubly disadvantaged because of the greater negative impact, in the presence of chronic illness, of the health risk behaviours and mental health problems that occur in adolescents. The importance of education about the illness, support in the development of treatment routines and identification of patient centred goals that would encourage adherence to treatment is emphasised.
Comment: Clinicians need to work closely with parents to achieve a smooth and appropriate transition from parental responsibility for care to self management of care by the adolescent.

28–175 Premenstrual disorders in adolescent females – integrative management

Singleton G. Aust Fam Physician. August 2007. Vol.36. No.8. p.629-30.
Reviewed by Dr Mary Tucker

Review: The value of complementary therapies in the management of premenstrual syndrome, dysmenorrhoea and mastalgia in adolescent females is discussed.
Comment: General practitioners should understand the value of these preparations and be aware of their side effects and their potential interactions with prescribed medication.

28–176 Adolescents and confidentiality

Bird S. Aust Fam Physician. August 2007. Vol.36. No.8. p.655-6.
Reviewed by Dr Mary Tucker

Review: Case history providing a platform for the discussion of confidentiality in the provision of health care to adolescents.
Comment: The discussion is based on the common law position that a child under the age of 18 years (a 'mature minor') may have the capacity to consent to medical treatment on their own behalf and without their parents' knowledge. This duty to confidentiality is not absolute – situations in which exceptions occur are outlined. GPs should encourage adolescents to inform parents about their medical treatment but, if an adolescent refuses, confidential health care can be provided if the GP is satisfied that the adolescent is a 'mature minor' and the treatment is in their best interest.

Alcohol and Substance Abuse

28–177 Diagnosis and management of alcohol use disorders

Parker AJ, Marshall EJ, Ball DM. BMJ. 1 March 2008. Vol.336. No.7642. p.496-501.
Reviewed by Dr Len Brake

Review: It is fair comment that alcohol is treated fairly lightly – once over by some of us. What with smoking, hypertension, obesity, cholesterol etc., alcohol use is at the end of the list. This review reminds us of the new improved measuring tools now available – one called appropriately 'FAST' takes about 20 seconds to complete. So 'excessive use of time' is not an excuse any longer!
Comment: This is a concise update which includes a realistic medical detox scheme using benzodiazepines which is a good reference to have.

Asthma

28–178 Antibiotics in first year of life is associated with asthma, later

J Fam Pract. September 2007. Vol.56. No.9. p.712.
Reviewed by Dr Bruce Adlam

Review: Increased use of antibiotics is associated with an increased risk of asthma later in life. These findings provide another reason for judicious use of antibiotics for respiratory infections and otitis media in a child's first year of life. (Level of evidence: 2b) The researchers in this study used a province-wide database in Manitoba that included information about physician visits, prescriptions, and hospitalisations. Records for children were linked to those of their mother, to allow researchers to adjust for maternal factors, such as maternal history of asthma. The adjusted odds ratio for asthma among patients receiving one or two courses of antibiotics was 1.21 (95% CI, 1.01-1.46). For those receiving three or four courses, it was 1.30 (95% CI, 1.04-1.63) and for those receiving more than four courses, it was 1.46 (95% CI, 1.14-1.88). (Original article reviewed: Chest 2007; 131:1753-1759.)
Comment: The authors here are proposing an association and not a causal relationship between asthma in later life and antibiotics.

28–179 The needs of older people with asthma

Cousens NE, Goeman DP, Douglass JA, et al. Aust Fam Physician. September 2007. Vol.36. No.9. p.729-31.
Reviewed by Dr Mary Tucker

Review: Seven to 15% of Australians aged >65 years suffer from asthma. Studies suggest that a significant number of these go undiagnosed or

are undertreated with resulting impaired quality of life. Elderly patients often attribute breathlessness to age and other co-morbidities, under-report their symptoms, underestimate their severity and are often reluctant to use preventers (inhaled corticosteroids) regularly. Poor compliance with medication regimes, physical disability and cognitive dysfunction contribute to poor outcomes in older patients. The importance of simple treatment regimes and use of large volume spaces to aid delivery is emphasised.

Comment: Asthma must always be considered as a possible cause of breathlessness in the elderly. The importance of addressing their specific needs with tailored education intervention and appropriate care is emphasised.

Cerebrovascular System

28–180 Folate prevents stroke?

J Fam Pract. September 2007. Vol.56. No.9. p.705.

Reviewed by Dr Bruce Adlam

Review: Yes, it appears that folic acid supplementation for at least 36 months prevents stroke – especially for patients with no prior history of stroke (Number needed to treat = 104) The caveat here, though, is that the researchers' search strategy may have missed some eligible studies. (Level of evidence: 1a) (Original article reviewed: Lancet 2007; 369:1876-1882.)

Child and Adolescent Psychiatry

28–181 Children and autism: Part 1 – recognition and pharmacological management

Angley M, Young R, Ellis D, et al. Aust Fam Physician. September 2007. Vol.36. No.9. p.741-44.

Reviewed by Dr Mary Tucker

Review: Autism typically develops in the first three years of life and is characterised by a triad of deficits in language/communication, social skills and behavioural repertoire. Aetiology is complex, presentation variable and outcomes are widely divergent. The prevalence and possible aetiologies are discussed and red flags for autism spectrum disorder are highlighted. Early diagnosis and intensive early intervention (educational and behavioural therapy as well as speech therapy, physiotherapy and occupational therapy) is beneficial. The GP has an important role to play in early diagnosis and specialist referral, in addressing specific health care needs of the child and in supporting the family. Medication – (selective serotonin reuptake inhibitors [for children with obsessions / compulsions], psychostimulants [for children with coexistent ADHD], antipsychotics [for those with destructive behaviour], antihistamines or anxiolytics) – may be beneficial in the overall management of some children with maladaptive behaviours that limit their social and developmental progress.

Comment: The risks versus benefits of medications currently available must be carefully considered before prescribing for patients with autism. Because of the risk of adverse effects many parents and carers of children with autism have turned to complementary and alternative medicines (CAMs). The use of CAMs is discussed in part 2 of this article. (See October 2007 issue of AFP – article yet to be reviewed.)

Communicable Diseases, Infections and Parasites

28–182 Managing scalp ringworm in children

Drug Ther Bull. December 2007. Vol.45. No.12. p.89-92.

Reviewed by Fiona Corbin

Review: This article updates a 1996 DTB bulletin on the topic of management of scalp ringworm. According to the author this is a 'significant public health problem in the UK'. An interesting fact relates to the use of a Wood's lamp in diagnosis. Apparently, in the UK, this test is no longer considered reliable because Trichophyton tonsurans is now the commonest cause of scalp ringworm in the UK and spores of Trichophyton species collect only inside the hair shaft, such that there is no fluorescence for detection under ultraviolet light. In contrast the fungal spores of Microsporum species form a sheath on the outside of the hair and fluoresce bright green under ultraviolet light. The article reviews data comparing efficacy of oral antifungals used in the treatment of scalp ringworm. It concludes that the newer antifungals, terbinafine, fluconazole and itraconazole, are similarly effective to, and as well tolerated as, griseofulvin, and require shorter courses of treatment. It is a dilemma that griseofulvin is the only drug licensed for this condition in children in the UK.

Comment: This is an interesting article. The availability and licensing restrictions pertaining to the various oral antifungals used in management are different in the UK to the New Zealand environment.

28–183 All creatures great and small

Gray P. Aust Fam Physician. August 2007. Vol.36. No.8. p.633-5.

Reviewed by Dr Mary Tucker

Review: The presentation of Q fever with fever, rash, lethargy, headache, vomiting, photophobia and generalised aches and pains in a man and his grandson following a visit to a NSW farm is described. Appropriate investigations, treatment and the course of the illness are discussed.

Comment: Risk groups for the development of Q fever are detailed. Electronic resources related to Q fever vaccination are listed

Dermatology

28–184 No type of dressing stands out as best for leg ulcers

J Fam Pract. November 2007. Vol.56. No.11. p.892.
Reviewed by Dr Bruce Adlam
Review: No type of dressing product – hydro-colloid, foam, hydrogel, or alginate – was found to be better than the standard low-adherent dressing, or better than one another, with regard to healing in this meta-analysis. Cost, ease of use, and pain on application or removal can be used to guide your choice. (Level of evidence: 1a) (Original article reviewed: BMJ 2007; 335:244.)

28–185 Efficacy of tetracyclines in the treatment of acne vulgaris: a review

Simonart T, Dramaix M, De Maertelaer V. Br J Dermatol. February 2008. Vol.158. No.2. p.208-16.
Reviewed by Dr Shane Reti
Review: A systematic review comparing Tetracycline, Minocycline, Doxycycline and Lymecycline determined equal efficacy amongst all of the these with no impact of dose on efficacy.
Comment: This is a good reminder for cost-benefit studies, preferred medicines lists etc.

28–186 Skin microbiota: a source of disease or defence?

Cogen AL, Nizet V, Gallo RL. Br J Dermatol. March 2008. Vol.158. No.3. p.442-55.
Reviewed by Dr Shane Reti
Review: An interesting article examining current information on bacterial skin flora including Staphylococcus, Corynebacterium, Propionibacterium, Streptococcus and Pseudomonas with a view to these organisms being an important party to host defence of the skin.

28–187 Repair of photoaged dermal matrix by topical application of a cosmetic 'antiageing' product

Watson RE, Long SP, Bowden JJ, et al. Br J Dermatol. March 2008. Vol.158. No.3. p.472-7.
Reviewed by Dr Shane Reti
Review: Comparisons between a simple moisturiser and topical OTC antiageing products from the Boots range with 2% total active complex (lipopentapeptide, white lupin peptides and antioxidants) and 6% total active complex (lipopentapeptide, white lupin peptides, antioxidants and retinyl palmitate (< 0.2%)) showed some evidence for dermal repair and regeneration for the OTC products, significantly so for the 6%, but not to the same level as 'gold standard' topical Retinoic Acid.

28–188 Pitfalls of prescribing acne therapies including isotretinoin for pilots

Taibjee SM, Charles-Holmes R. Br J Dermatol. March 2008. Vol.158. No.3. p.653-5.
Reviewed by Dr Shane Reti
Review: The article stresses the importance of taking a full occupational and recreational history in patients presenting with seemingly 'routine' conditions.
Comment: The British Civil Aviation Authority prohibits pilots taking a Retinoid from flying due to potential visual complications, and pilots taking a Tetracycline are restricted from flying for two weeks after starting to ensure no side effects.

Diagnosis

28–189 It's 5 pm Friday; the caller thinks he has strep – do you write that script?

Centor RM, Shah M, Chester W. J Fam Pract. November 2007. Vol.56. No.11. p.922-4.
Reviewed by Dr Bruce Adlam
Review: While most would agree that a thorough examination is preferred over telephone management, this article suggests physicians need a strategy to apply when the adult patient cannot come to the clinic and suggest a tool for that late Friday call. If an adult patient caller has a son or daughter who currently has strep, the prior probability of strep causing the parent's sore throat is estimated at 50% (otherwise a population prevalence of 10%). (a) Using the tool with a scoring system, 0 to 3 (absent, mild, moderate, severe) for each of three symptoms: Fever; Difficulty Swallowing; Cough. (b) Add the scores for difficulty swallowing and fever and then subtract the cough score. Authors recommend a score of +2 or greater as a reasonable cut-off for telephone management in this situation (sensitivity = 85%, specificity = 42%). The authors have previously published an examination based score and ROC curve areas for this telephone tool did not significantly differ from the areas of the scoring rule, which includes physical examination.
Comment: The authors suggest the tool as described should be only used in adults.

28–190 First do no harm...

Chong YY, Mensah E. Aust Fam Physician. August 2007. Vol.36. No.8. p.647.
Reviewed by Dr Mary Tucker
Review: The presentation of a patient, aged in the 60s, with unilateral headache, scalp tenderness and visual symptoms is described.
Comment: The importance of considering a patient's past medical history when making a diagnosis is highlighted.

Ethics

28–191 The art of medicine – brain-based ethics?

Rose S. Lancet. 2-8 February 2008. Vol.371. No.9610. p.380-1.
Reviewed by Dr Tony Hanne
Review: Traditionally codes of ethics have derived from religion or philosophy. All that was first seriously challenged in 1975 by Edward O. Wilson's book *'Sociobiology: the New Synthesis'* which first suggested that ethics might really be biological as first hinted at by Charles Darwin. Wilson's idea was that ethics might somehow be built into our genes. This article briefly reviews the floodgates of wild speculation and argument which were opened by this book.
Comment: The essay is worth reading just to open the minds of the ordi-

nary reader to the extraordinary flights of fancy which in modern times underlie solemn pronouncements on matters of ethics made by those who seek to lead us. Particularly helpful is the distinction between 'ought' and 'is' in human behaviour, and the danger of confusing the two. Perhaps our forefathers in more certain times were on to something?

Family Practice

28–192 Moving to the UK as a GP – the process explained

Hays R. Aust Fam Physician. September 2007. Vol.36. No.9. p.757-9.
Reviewed by Dr Mary Tucker

Review: Many general practitioners may be interested in working in the United Kingdom. Since 2005 the process has become more difficult, complex and expensive. This article guides potential applicants through the complexity, providing details of each step and citing the necessary resources.
Comment: A useful guide to the complex path to be followed if an overseas graduate is to work in the United Kingdom.

Gastroenterology

28–193 Presentations of nausea and vomiting

Britt H, Fahridin S. Aust Fam Physician. September 2007. Vol.36. No.9. p.682-3.
Reviewed by Dr Mary Tucker

Review: Statistics with regard to the presentation of nausea and vomiting in general practice, derived from the BEACH programme (April 2000–March 2006), set the scene for the focus of this issue. 1.6% of GP consultations in this period related to nausea or vomiting. Vomiting was commonest in children: 3.1% (<15 yrs), the incidence decreased with increasing age to 4/1000 (>65 yrs). Nausea was commonest between 15–24 yrs (1.1%). Among those who were symptomatic: gastroenteritis was the commonest diagnosis and accounted for 40% of those under 45 yrs of age. Migraine was rarely diagnosed in children (<1%) with the incidence peaking between 45 and 64 yrs of age (6%). Gastritis accounted for 5–6% of cases over all age groups but was commonest at 15-24 yrs (9%). The incidence of oesophageal disease (mainly reflux) rose steadily with age from 2% (<25 yrs) to 8% in the oldest age group. Adverse effects of medication accounted for 3% of all cases increasing with age to 8% of those aged >65 yrs reflecting greater polypharmacy with increasing age.
Comment: While the commonest cause of nausea and vomiting overall was gastroenteritis, the cause of 10% of cases remained undiagnosed. The frequency of the occurrence of other conditions varied with the age of the patient.

28–194 The vomiting child – what to do and when to consult

Allen K. Aust Fam Physician. September 2007. Vol.36. No.9. p.684-7.
Reviewed by Dr Mary Tucker

Review: Vomiting is a common, non-specific sign of a range of childhood illnesses. Although gastroenteritis is the commonest cause, other infections (e.g. urinary tract infection, meningitis, septicaemia or appendicitis), surgical problems (e.g. pyloric stenosis, intussusception or volvulus), metabolic illness (e.g. diabetic ketoacidosis) or food allergy may present acutely with vomiting. In the acute situation, assessment of the degree of dehydration is vital and indications for hospital admission are discussed. Guidelines for assessment and management of the vomiting child are offered and red flags (projectile vomiting, abdominal distension or tenderness, fever, tachycardia or hypotension, neck stiffness or photophobia) are highlighted. In childhood gastroenteritis, anti-emetics and anti-diarrhoeals are not useful. The differential diagnosis of chronic vomiting is discussed and the management of infant regurgitation, gastro-oesophageal reflux and cow's milk allergy are discussed in more detail. Indications for specialist assessment in chronic cases are offered.
Comment: A useful review of the diagnosis and management of childhood vomiting. Links to the Royal Children's Hospital (Melbourne) guidelines and patient-friendly fact sheets and the Australasian Society of Clinical Immunologists and Allergists (contains fact sheet: Cow's Milk Allergy) are provided.

28–195 Nausea and vomiting in adults – a diagnostic approach

Metz A. Aust Fam Physician. September 2007. Vol.36. No.9. p.688-92.
Reviewed by Dr Mary Tucker

Review: Most cases of nausea and vomiting can be diagnosed on history, examination and simple investigations. Gastroenteritis and food poisoning are usually self-limiting and cause the majority of acute cases, however, it is important to screen for conditions which require hospitalisation (surgical causes, metabolic problems, severe dehydration). Medication side effects should be suspected where new medication has been commenced or the dosage has been changed. Pregnancy should be considered in women of childbearing age. For chronic cases, differential diagnosis, appropriate investigations, the role of anti-emetic therapy, dietary modification and the indications for specialist referral are discussed.
Comment: Chronic nausea and vomiting has many potential causes. A significant number of cases present a diagnostic challenge.

28–196 Functional nausea and vomiting

Talley NJ. Aust Fam Physician. September 2007. Vol.36. No.9. p.694-7.
Reviewed by Dr Mary Tucker

Review: Three specific syndromes are associated with functional nausea and vomiting: cyclical vomiting syndrome (CVS), functional vomiting (FV) and chronic idiopathic nausea (CIN). CVS is rare, may occur at any age, but most commonly in middle age, and is characterised by stereo-

typed episodes of vomiting of acute onset. Three or more episodes, lasting <1week, occur during a year. Patients are asymptomatic between episodes. There may be a family history of migraine. Cannabis use may cause a similar syndrome – it is important to screen for this. Sumatriptan may be used at the onset of an acute episode and tricyclic antidepressants or anti-epileptic medication may be of value in prophylaxis. When episodes are related to menstruation, an oral contraceptive may prevent symptoms. FV (recurrent unexplained vomiting at least once a week that is not cyclical) is very rare. Maintenance of nutrition and psychological support are essential and tricyclic antidepressants may be of value. It is important to exclude an eating disorder or rumination syndrome (regurgitation without nausea or retching) which is easily treated by using diaphragmatic breathing to halt regurgitation. In CIN it is important to exclude gastro-oesophageal reflux or gastroparesis. Therapeutic options include domperidone, metoclopramide, tricyclics, prochlorperazine, promethazine or, in refractory cases, Ondansetron.

Comment: Functional nausea and vomiting syndromes should be diagnosed with caution and other explanations for symptoms (motility disorders of the upper GI tract, metabolic and central nervous system disease) should be carefully excluded. Low dose tricyclic antidepressant therapy appears to be of use in all these syndromes. The suggested duration of therapy is three to six months. A patient-based support organisation, the Cyclical Vomiting Syndrome Association, provides information for patients (link included).

28–197 Integrative management of nausea and vomiting

Singleton G. Aust Fam Physician. September 2007. Vol.36. No.9. p.733-4.

Reviewed by Dr Mary Tucker

Review: Acupuncture and acupressure have been shown to be of value in the management of chemotherapy induced and of postoperative nausea and vomiting. Ginger (1G) given preoperatively can minimise postoperative nausea and ginger and pyridoxine can be of benefit in nausea related to pregnancy.

Comment: A brief, evidence-based review of some integrative therapies used in the management of nausea and vomiting.

Geriatrics

28–198 HDL-cholesterol and physical performance: results from the ageing and longevity study in the Sirente geographic area (ilSIRENTE study)

Landi F, Russo A, Cesari M, et al. Age Ageing. September 2007. Vol.36. No.5. p.514-20.

Reviewed by Fiona Corbin

Review: The researchers used data from a cross-sectional age and longevity study conducted in the Sirente area of central Italy to determine the relationship between HDL-cholesterol levels and measures of physical performance, muscle strength and functional status in community dwelling people aged 80 years or older. In this study, elderly subjects with higher HDL-cholesterol levels demonstrated significantly better physical performance as measured by the 4-m walking test and short physical performance battery (SPPB), after adjusting for potential confounding influences.

Comment: Of interest in this paper was the finding that out of the 359 study subjects (mean age 85.9 years and approximately 70% with diagnosed hypertension), only 20 (approximately 6%) were using any sort of lipid lowering agent (e.g. statin) according to the report.

28–199 Application of the voluntary step execution test to identify elderly fallers

Melzer I, Kurz I, Shahar D, et al. Age Ageing. September 2007. Vol.36. No.5. p.532-7.

Reviewed by Fiona Corbin

Review: This study was designed to test the efficiency of the Voluntary Step Execution Test to identify fallers. The researchers proved that performance of an attention-demanding dual task has a destabilising effect on the postural control of elderly fallers compared with completion of a single task. Moreover, the results suggest that delayed completion of a voluntary step during a dual attention-demanding task may be an indicator for an increased risk of falling in that study participants with dual-task step execution times of = 1,100ms had five times the risk of falling than participants with execution times of <1,100ms.

Comment: The study findings feel intuitively correct. This is quite a technically complex paper. Applicability in real world general practice is limited.

28–200 Bleeding risk with warfarin is high among elderly

J Fam Pract. September 2007. Vol.56. No.9. p.709.

Reviewed by Dr Bruce Adlam

Review: The risk of major haemorrhage among older patients taking warfarin is higher than commonly reported (13.7% during the first year for patients who are 80 years of age and older), particularly in the first three months of treatment. If the decision is made to use anticoagulation, patients should be aware of the risks and early warning signs of bleeding, and they should be followed closely during the first three months in particular to assure that the international normalised ratio (INR) does not exceed 3.0. (Level of evidence: 2b) (Original article reviewed: Circulation 2007; 115:2689-2696.)

Guidelines

28–201 Why do GPs not implement evidence-based guidelines? A descriptive study

Cranney M, Warren E, Barton S, et al. Fam Pract. August 2001. Vol.18. No.4. p.359-63.

Reviewed by Dr Len Brake

Review: It all seems so blindingly obvious and logical. To implement

evidence-based medicine GPs should use evidence-based guidelines. Using treatment of hypertension in the elderly as an example, the researchers had lunchtime meetings with the GPs at practices in Merseyside, the aim being to elicit the barriers to implementing the current research-based guidelines on this topic. For starters, fewer than half of the GPs interviewed were even aware of a practice protocol for management of hypertension. Of those who were aware of such a protocol some said they 'ignored it and that the protocol was outdated'. There was a sense that the guidelines were drawn up by idealists and that the subjects of many of the studies did not match the demographics of their own practice population. An area of concern was the adverse effects of aggressive antihypertensive pharmacology, 'That's the trouble with treating blood pressure...they come in expecting nothing. They felt fine, thank you very much, we go along and make them impotent!' A minority felt that elderly patients who had reached their life expectancy should have their remaining years as comfortable as possible. 'You have to die of something, yet for every 18 who are on this treatment for a long time one lives longer but the other 17 feel miserable.'

Comment: The idea is that identification of the barriers is an effective 'first step' to better use of evidence-based guidelines in general practice. An interesting paper, although a little dated, and comforting to read the human responses of the GPs involved. '...at 6 o'clock on Friday, I'm not that fussed whether it's 160 or 164 – I just want to go home.'

Gynaecology

28–202 How effective is tinidazole for treatment of vaginosis?

J Fam Pract. November 2007. Vol.56. No.11. p.891.

Reviewed by Dr Bruce Adlam

Review: Tinidazole is an effective option for treating bacterial vaginosis. Both the five-day and the two-day regimens studied provided effective treatment for bacterial vaginosis. (Level of evidence: 1b) In this multicentre randomised controlled trial, the investigators compared two dosing regimens of tinidazole with placebo for the treatment of bacterial vaginosis in 235 women at 10 geographically diverse US centres. Cure was demonstrated in 37% of women using the five-day regimen (number needed to treat [NNT]=3; 95% confidence interval [CI], 2-5), 27% of women using the two-day regimen (NNT=5; 95% CI, 3-9), and 5% of women taking placebo. There were no serious adverse effects. (Original article reviewed: Obstet Gynecol 2007; 110:302-309.)

Immunology and Allergy

28–203 Does the age you introduce food to an infant affect allergies later?

Kovich H, Huntington J, Safranek S. J Fam Pract. September 2007. Vol.56. No.9. p.749-50.

Reviewed by Dr Bruce Adlam

Review: Evidence-based answer: In children at high risk for atopy (those with a family history of allergy, asthma, or eczema in at least one first-degree relative), breastfeeding or giving hydrolyzed protein formula during the first four to six months reduces the risk of atopy in the first year of life, when compared with introducing cow's milk or soy formula (strength of recommendation: B).

Comment: There is inconsistent evidence to show that early introduction of solid food increases the incidence of atopic disease.

Men's Health

28–204 Does marijuana use play a role in the recreational use of sildenafil?

Eloi-Stiven ML, Channaveeraiah N, Christos PJ, et al. J Fam Pract. November 2007. Vol.56. No.11. p.932.

Reviewed by Dr Bruce Adlam

Review: In this descriptive study of 231 male sildenafil users (ages 18 to 80), participants were divided into two groups: those with erectile dysfunction (as defined by their physician) and those without. Results: The overall prevalence of erectile dysfunction was 40.3% (n=93). Of those without erectile dysfunction, 76% (n=105) admitted to cannabis use, compared with 7.5% (n=7) of the subjects with erectile dysfunction. Patients without erectile dysfunction and history of cannabis use reported obtaining sildenafil from friends and street vendors significantly more often than non-cannabis users with erectile dysfunction (54.3%, n=57 vs 9.3%, n=8; P<.0001).

Comment: Methodology here appears rather weak but the described association is interesting.

Neurology

28–205 White matter matters

Fields RD. Sci Am. March 2008. Vol.298. No.3. p.42-9.

Reviewed by Dr Ron Vautier

Review: Diffusion tensor imaging is a new type of MRI scanning which clearly delineates the white matter of the brain i.e. the myelin-coated axons. The degree of myelination of an axon in relation to its diameter determines its conduction velocity, and thus the rate of signalling between different brain regions is modulated. Faulty or missing myelination can cause multiple sclerosis, cerebral palsy and Alexander disease. It is also suspected in schizophrenia, autism, bipolar disease and dyslexia.

Comment: This article is clearly written, well-illustrated and should reward any GP with half an hour to spend on improving their understanding of brain function.

28–206 Observation is an option for patients with sciatica >6 weeks

J Fam Pract. September 2007. Vol.56. No.9. p.704.
Reviewed by Dr Bruce Adlam
Review: Patients with sciatica for six or more weeks who do not have progressive or serious neurologic deficits should be offered the option of conservative treatment with pain medications, as well as immediate surgery. Some patients may prefer to have surgery and a shorter duration of pain, while others may prefer to put up with a longer duration of pain to avoid surgery. (Level of evidence: 1b) In this study by Dutch researchers 283 adults with severe sciatica for six to 12 weeks were randomised microdiskectomy or conservative therapy (pain medications from their primary care physicians, encouragement about the condition's favourable prognosis, and physical therapy if indicated). (Original article reviewed: N Engl J Med 2007; 356: 2245-2256.)
Comment: Patients in the surgery group felt better faster, however, after one year outcomes were identical to those in the conservative treatment group (approximately 95% in each group had recovered). On average, patients in the conservative group took eight weeks longer to recover (four weeks versus 12 weeks).

Nutritional and Metabolic Diseases

28–207 Bariatric surgery lowers all-cause mortality in the morbidly obese

J Fam Pract. November 2007. Vol.56. No.11. p.893.
Reviewed by Dr Bruce Adlam
Review: This nonrandomised controlled trial showed that bariatric surgery not only results in sustained weight loss of 14% to 25% after 10 years, but also reduces all-cause mortality (5.0% versus 6.3%; P=.04; number needed to treat to prevent one death at 10 years=77). After 10 years, all three surgical groups had regained some of the weight, but the weight gain stabilized at approximately eight years. Weight loss at 10 years was: (a) 14% for banding; (b) 16% for VBG; (c) 25% for gastric bypass. (Level of Evidence: 2b) (Original article reviewed: N Engl J Med 2007; 357:741-752.)
Comment: Because of the 1% to 5% mortality rate associated with bariatric surgery, six of the seven ethics review boards in Sweden did not permit this to be a randomised controlled trial. Males had a BMI of at least 34 kg/m2 and women had a BMI of at least 38.

28–208 Understanding bulimia

Hay PJ. Aust Fam Physician. September 2007. Vol.36. No.9. p.708-13.
Reviewed by Dr Mary Tucker
Review: The criteria for the diagnosis of Bulimia Nervosa and other eating disorders are discussed, predisposing factors, common comorbidities and adverse physical effects are highlighted. Treatment is outlined, the most effective therapy being cognitive behavioural therapy (CBT). High dose fluoxetine (60mg per day) may be effective. The importance of treating medical and psychological comorbidities is emphasized.
Comment: CBT has been translated into guided self help and self help forms. While pure self help approaches may not be very effective a Melbourne study showed that GPs with an interest in the area, minimal training and modest supervision were able to provide CBT in guided self-help form with results as good as those achieved by specialists. Links to on-line resources are provided.

Obstetrics

28–209 Does bed rest for preeclampsia improve neonatal outcomes?

Cabrera M, McDiarmid T, Mackler L. J Fam Pract. November 2007. Vol.56. No.11. p.938-9.
Reviewed by Dr Bruce Adlam
Review: No. Strict bed rest in the hospital for pregnant women with preeclampsia does not appear to lower rates of perinatal mortality, neonatal mortality, or neonatal morbidity, including preterm birth, endotracheal intubations, or neonatal intensive care unit (NICU) admissions (strength of recommendation: B).
Comment: Changing long-standing practices is always a challenge. We've said goodbye to magnesium for preterm labour, and now it looks like bed rest for preeclampsia is not far behind.

28–210 Hyperemesis gravidarum – assessment and management

Sheehan P. Aust Fam Physician. September 2007. Vol.36. No.9. p.698-701.
Reviewed by Dr Mary Tucker
Review: Hyperemesis gravidarum – intractable nausea and vomiting leading to fluid, electrolyte and acid-base imbalance, nutritional deficiency and weight loss – affects a small number of pregnant women (0.3–1.5%). Psychosocial morbidity (secondary depression) affects 60% of patients. Assessment of dehydration, investigation to exclude medical and surgical causes of vomiting and indications for hospital admission for intravenous rehydration (severe dehydration with ketonuria >2+) are discussed. Management, including dietary and lifestyle advice to prevent dehydration, is outlined. Of the medications shown to be effective, Pyridoxine (25mg three times a day) has the fewest side effects but metoclopropamide 10mg three or four times a day is commonly used. Meta-analysis shows no evidence of teratogenicity associated with Debendox which was withdrawn in 1983. Doxylamine 25mg nocte and 12.5mg mane with 10mg pyridoxine recreates the original formulation. Alternative therapies of benefit (ginger, acupuncture and acupressure) are discussed.
Comment: Anti-emetics are probably underutilised in hyperemesis and their judicious use to alleviate morbidity is important.

Oncology

28-211 Surveillance of second cancer after previous childhood cancer treatment

Ng SK, Mackay S, Seymour JF. Aust Fam Physician. August 2007. Vol.36. No.8. p.643-5.
Reviewed by Dr Mary Tucker

Review: Survivors of childhood cancer have a predisposition to late morbidity and an increased risk of early mortality. One study found that, of 10 000 survivors, 62.3% reported at least one chronic health condition such as second cancers, cardiovascular disease, renal dysfunction, musculoskeletal problems and endocrine dysfunction. Survivors are also at increased risk of educational, behavioural and social impairment requiring intervention and are at increased risk of mental health problems. A case study illustrates problems that may be encountered.

Comment: General practitioners have an important role to play in providing long-term surveillance of physical and psychological sequelae of cancer therapy and are ideally placed to emphasise the increased risk of tobacco and alcohol use and the benefits of exercise and weight management in this situation.

28-212 Body-mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies

Renehan AG, Tyson M, Egger M, et al. Lancet. 16-22 February 2008. Vol.371. No.9612. p.569-78.
Reviewed by Dr Tony Hanne

Review: This review of a very large number of studies showed some strong associations between a BMI over 30 and specific cancers. In men the clearest associations were with oesophageal adenocarcinoma, thyroid, colon and renal cancers. In women the links were to endometrial, gallbladder, renal cancers and oesophageal adenocarcinoma. Other links were definite but weaker. Association varied in different populations. Breast cancer was commoner in obese women in the Asia–Pacific region but not elsewhere. Possible mechanisms needing further study are suggested. (See 28-213 for Comment.)

Comment: Most of the proposed mechanisms are linked to the biochemistry of insulin. The projected increase in the already horrific rates of adult obesity in North America and Europe imply a similar rise in some cancers as well as the already well known risk of type two diabetes and its sequelae.

28-213 Excess body fatness: an important cause of most cancers

Larsson SC, Wolk A. Lancet. 16-22 February 2008. Vol.371. No.9612. p.536-7.
Reviewed by Dr Tony Hanne

Review: See 28-212.

28-214 Ovarian cancer and oral contraceptives: collaborative reanalysis of data from 45 epidemiological studies including 23257 women with ovarian cancer and 87303 controls

Lancet. 26 January - 1 February 2008. Vol.371. No.9609. p.303-14.
Reviewed by Dr Tony Hanne

Review: The group did a remarkable job of analysing data from 21 countries over 50 years. They demonstrated a substantial reduction in risk of ovarian cancer proportional to the length of time contraceptives were used and persisting up to 30 years after cessation of use. They claim that oral contraceptive use has already prevented 200 000 cases of ovarian cancer worldwide and 100 000 deaths and that this effect will increase over the next few decades.

Comment: Having become accustomed in recent years to hearing only bad news about the hazards of female hormone use this study will allow us to offer some encouragement that good things have also happened. (See 28-215 for Editorial and 28-216 for Comment.)

28-215 The case for preventing ovarian cancer

Lancet. 26 January - 1 February 2008. Vol.371. No.9609. p.277-8.
Reviewed by Dr Tony Hanne

Review: See 28-214 for Review Article and 28-216 for Comment.

28-216 Ovarian cancer and oral contraceptives

Franco EL, Duarte-Franco E. Lancet. 26 January - 1 February 2008. Vol.371. No.9609. p.277-8.
Reviewed by Dr Tony Hanne

Review: See 28-214 for Review Article and 28-215 for Editorial.

28-217 Chemotherapy induced nausea and vomiting – prevention and treatment

Feeney K, Cain M, Nowak AK. Aust Fam Physician. September 2007. Vol.36. No.9. p.702-6.
Reviewed by Dr Mary Tucker

Review: Chemotherapy induced nausea and vomiting (CINV), is generated through multiple pathways – combinations of anti-emetics (serotonin receptor antagonists [e.g. ondansetron], neurokinin-1 receptor antagonists [e.g. aprepitant], Corticosteroids [e.g. dexamethasone], dopamine receptor antagonists [e.g. metocloprapamide, prochlorperazine, promethazine, haloperidol] plus benzodiazepines [as anxiolytics] improve control of CINV. Guidelines for the prevention of CINN, based on the emetogenic potential of the drugs used, are summarised, the differential diagnosis of nausea and vomiting in cancer patients is explored, and appropriate management of breakthrough CINV is discussed (in general, addition of a drug not used in the routine prophylactic schedule and consideration of rectal, sublingual or intravenous therapy).

Comment: The GP has an important role to play in reinforcing the benefits of prevention of CINV, educating patients about the effectiveness of modern regimes, explaining dosage and timing of medications and rescuing patients who develop symptoms in spite of first line therapy.

Orthopaedics

28–218 What steps can reduce morbidity and mortality caused by hip fractures?

Grover MG, Edwards F, Hitchcock K. J Fam Pract. November 2007. Vol.56. No.11. p.944-6.

Reviewed by Dr Bruce Adlam

Review: (a) Surgery within 24 hours of hip fracture is a critical step in reducing complications, and may decrease mortality compared with conservative care (Strength of recommendation [SOR] B). (b) Give patients heparin at the time of admission to prevent venous thromboembolism (VTE) (SOR: A). (c) Anticoagulation should be continued in some form for 10 days or until the patient is fully ambulatory (SOR: A). (d) Patients should also get prophylactic antibiotics in the two hours before surgery (SOR: A). (e) Reduce the risk of postoperative delirium by avoiding certain medications, minimising sleep disturbances, and providing adequate analgesia (SOR: B). (f) Aggressive pain management. Higher pain scores are associated with longer hospital stays, delayed ambulation, and long-term functional impairment (SOR: C, extrapolation from a single cohort study).

Comment: Most of these measures are outside the sphere of influence of the GP.

Paediatrics

28–219 Does dexamethasone improve bronchiolitis in infants?

J Fam Pract. November 2007. Vol.56. No.11. p.890.

Reviewed by Dr Bruce Adlam

Review: No. In this study of 600 infants with moderate-to-severe bronchiolitis, treatment with a single oral dose of dexamethasone (1mg/kg to max 12mg) did not significantly change the hospital admission rate, the respiratory status after four hours, or later outcomes. (Level of evidence: 1b) (Original article reviewed: N Engl J Med 2007; 357:331-339.)

Comment: There was no difference between groups in hospitalisation rates, length of stay, subsequent hospitalisations, respiratory rate improvement, or symptom scores.

Pain Management

28–220 Nitrous Oxide–Oxygen mixture during care of bedsores and painful ulcers in the elderly: a randomized, crossover, open-label pilot study

Paris A, Horvath R, Basset P, et al. J Pain Symptom Manage. 2 February 2008. Vol.35. No.2. p.171-6.

Reviewed by Dr Bruce Foggo

Review: A multicentre study involving 34 elderly patients, who required dressings of painful wounds. All patients received pre-wound care treatment with nitrous oxide-oxygen mixture (ENTONOX), morphine, and nitrous oxide-oxygen mixture + morphine. Each treatment option was used twice for each patient over six days. The gas mixture was inhaled for five minutes prior to and during the procedure. The morphine was given by s/c injection 30 minutes prior. Pain was assessed pre- and post-treatment using a scale for the evaluation of pain in non-communicating elderly (ECPA) and was significantly better in the gas group. There was no added advantage using the gas + morphine. The tolerability of the gas mixture was acceptable and there were no more adverse events with the gas than with the morphine.

Comment: Good analgesia without unwanted and lingering side effects for painful procedures and incident pain is difficult to achieve. ENTONOX has been available in other settings for acute pain relief for many years and may be an underutilised option for patients in residential and palliative care settings who require brief analgesic cover for the duration of a procedure.

28–221 What patients with cancer want to know about pain: a qualitative study

Bender JL, Hohenadel J, Wong J, et al. J Pain Symptom Manage. 2 February 2008. Vol.35. No.2. p.177-87.

Reviewed by Dr Bruce Foggo

Review: A study involving semi-structured interviews with 18 women with breast cancer to explore questions these women had about pain related to cancer. Recurring themes were identified and a checklist of questions about cancer pain developed. Seven main themes were identified: (i) Understanding cancer pain, (ii) Knowing what to expect, (iii) Options for pain control, (iv) Coping with cancer pain, (v) Talking with others with cancer pain, (vi) Finding help managing cancer pain, and (vii) Describing pain.

Comment: As clinicians our discussions about pain with patients are often treatment directed, rather than exploring wider concerns that patients may have about their pain. While difficult to encompass all these themes in brief consultations the study does alert us to issues that may underlie the acute pain presentation and the need to acknowledge them and look at ways of providing not only pain relief, but also information and support.

28–222 Pharmacologic management of neuropathic pain: evidence-based recommendations

Dworkin RH, O'Connor AB, Backonja M, et al. Pain. 5 December 2007. Vol.132. No.3. p.237-51.

Reviewed by Dr Bruce Foggo

Review: These are the current recommendations from the Neuropathic Pain Special Interest Group of the International Association for the Study of Pain. First Line Treatment:- Secondary amine tricyclic antidepressant (nortriptyline or desipramine) or a selective serotonin noradrenaline reuptake inhibitor (SSNRI – duloxetine or venlafaxine), Calcium channel a2 d ligands (gabapentin or pregablin), Topical lignocaine. Second line treatment:- Opioids (morphine, oxycodone, methadone), Tramadol.

Changes from previous recommendations include opioids and tramadol being assigned to second line treatment except during titration of a first line drug, acute neuropathic pain, breakthrough pain or cancer pain.

Comment: Neuropathic pain is difficult to treat and this is acknowledged in the paper and accompanying editorial (The treatment of neuropathic pain: from hubris to humility pp 225 – 226, See 28-223). Despite best of care neuropathic pain will remain unrelieved for 40–60% of patients. Inevitably in a review from an international journal, some of the recommended drugs will not be available in NZ. However two of the first line options are with nortriptyline, (recommended over the traditional standby amitriptyline on basis of safety and fewer side effects), being freely available and Gabapentin on special authority. Acknowledged in the paper too that most of the studies have been carried out in patients with post-herpetic neuralgia and painful diabetic neuropathy and the evidence base for extrapolating to other pain syndromes and cancer pain is lacking.

28–223 The treatment of neuropathic pain: from hubris to humility

Cherny NI. Pain. 5 December 2007. Vol.132. No.3. p.225-6.

Reviewed by Dr Bruce Foggo

Review: See 28-222.

Palliative Care

28–224 Spinal cord compression in patients with advanced metastatic cancer – 'All I care about is walking and living my life'

Abrahm JL, Banffy MB, Harris MB. JAMA. 27 February 2008. Vol.209. No.8. p.937-45.

Reviewed by Dr Bruce Foggo

Review: A case-based study and commentary of a woman with metastatic breast cancer and impending spinal cord compression who underwent a combination of spinal surgery and radiotherapy with a good outcome. Patients with metastatic bone disease from breast, prostate, and lung cancer account for 60% of presentations. A combination of any of back pain, gait disturbance, sensory changes and bladder or bowel dysfunction should raise suspicion of spinal cord compression and a discussion with an oncologist or radiologist about an urgent MRI. Early intervention and treatment is essential to preserve or improve current level of function.

Comment: Impending spinal cord compression is one of the few palliative care emergencies and a high index of suspicion in patients with known bone disease will prevent delay and missed diagnosis. Even in the palliative setting intervention is often warranted to maintain as much physical function as possible – the difference between nursing a patient who can move in bed versus nursing of a paraplegic patient is immense. In the NZ setting, treatment is mostly with steroids (Dexamethasone 16mg daily usual though higher doses advocated in this paper) and radiotherapy, with surgery confined to patients at an early stage of their disease. A reminder too, that patients with metastatic bone disease often have a prognosis of months to some years.

Pharmacology

28–225 Do COX-2 inhibitors worsen renal function?

Wall R, Strickland C, Jamieson B. J Fam Pract. November 2007. Vol.56. No.11. p.957-8.

Reviewed by Dr Bruce Adlam

Review: No, COX-2 inhibitors, as a class, do not worsen renal function for those without renal disease. Celecoxib is the only COX-2 inhibitor available, and it is associated with a lower risk of renal dysfunction and hypertension when compared with controls. Available data do not allow for adjusted risk assessment for patients with pre-existing renal disease on COX-2 inhibitors (strength of recommendation: A).

Comment: Clinical commentary: Recommendation is to use celecoxib cautiously in patients at risk of serious complications. Recent studies have raised concerns about the safety of this class of medication. For example, rofecoxib was linked with increased cardiovascular events, leading to it being pulled from the market. The claim of decreased gastrointestinal bleeding with long-term use of COX-2 inhibitors has also been questioned.

28–226 Strontium ranelate – does it affect the mangement of post-menopausal osteoporosis?

Winzenberg T, Powell S, Jones G. Aust Fam Physician. August 2007. Vol.36. No.8. p.631-2.

Reviewed by Dr Mary Tucker

Review: The efficacy of strontium ranelate in the treatment of postmenopausal osteoporosis, based on a recent Cochrane review of four randomised controlled trials and its possible use in clinical practice is discussed. Therapy with strontium ranelate 2g/day produced a 37% reduction in vertebral fractures and a 14% reduction in non-vertebral fractures over three years. It does not produce gastritis

Comment: As there are no trials comparing strontium ranelate with other treatments for postmenopausal osteoporosis it is impossible to comment on its relative efficacy. Its efficacy and safety suggest that it could be particularly useful where bisphosphonates are contraindicated or are not tolerated. Its potential value is clarified by two case studies.

Physician–Patient Relations

28–227 Does the patient-centred approach help identify the needs of older people attending primary care?

Smith F, Orrell M. Age Ageing. November 2007. Vol.36. No.6. p.628-31.

Reviewed by Fiona Corbin

Review: The aim of this study was to investigate the effect of a general practitioner's 'patient-centredness' on identification of unmet needs in older adults. The study, described as 'a correlational questionnaire based study with a descriptive element', was conducted in two south London general practices and involved 67 participants.
Comment: The results this study reported are equivocal due to technical deficiencies in the research process. The authors acknowledge that the study 'may have been underpowered' and potential confounding factors do not appear to have been adjusted for in the analysis. However, the paper highlights several complementary screening and evaluative tools that may be useful in general practice research.

Physiology

28–228 Regrowing human limbs

Muneoka K, Han M, Gardiner DM. Sci Am. April 2008. Vol.298. No.4. p.36-43.
Reviewed by Dr Ron Vautier
Review: When a salamander has a limb amputated it will regenerate a complete new fully functional replacement one. By studying the histopathology and biochemistry, including gene functioning, involved in this process researchers are making progress towards an understanding of what it is that is different in other animals that prevents this total regeneration. A most important point to be aware of is that human beings do have some considerable ability to regenerate amputated finger tips, and that suturing a skin flap over such a wound will inhibit this regeneration, i.e. just clean the wound, apply a simple dressing and allow it to heal naturally.
Comment: This altogether highly fascinating and informative article should be enjoyed by most GPs, not to mention plastic surgeons. Is it too optimistic to suggest, as this article does, that the current rate of progress could lead to an ability to regenerate almost any human body parts within a decade or two?

Prescribing

28–229 Prescription of paracetamol-containing medications as indicator of quality of prescribing

Manyemba J, Batty GM, Grant RR, et al. Age Ageing. September 2007. Vol.36. No.5. p.582-4.
Reviewed by Fiona Corbin
Review: This research letter describes an audit of the prescribing of paracetamol-containing medications in medical in-patients in the UK. The researchers identified: (i) failure to specify the dose frequency; and (ii) prescribing more than one paracetamol-containing medication, as the two main problems contributing to an increased risk of exceeding the recommended dose of paracetamol.
Comment: Inadvertent, iatrogenic overdose of paracetamol is a preventable drug-related adverse event. This paper reminds us of good practice prescribing strategies to reduce the risk of this occurring.

28–230 A cautionary tale: delayed onset rhabdomyolysis due to erythromycin/simvastatin interaction

Campbell G, Jayakumar U, McCracken S, et al. Age Ageing. September 2007. Vol.36. No.5. p.597.
Reviewed by Fiona Corbin
Review: As evident from the title, this article describes a case study of delayed onset rhabdomyolysis in an 80-year-old male who took a four-week course of erythromycin whilst also taking simvastatin.
Comment: Medsafe has previously issued advice to New Zealand prescribers (via Prescriber Update) regarding this potentially fatal interaction. This advice, as well as the simvastatin product advice, suggests that simvastatin be discontinued for the duration of treatment with interacting drugs such as macrolide antibiotics.

Preventive Medicine and Screening

28–231 Double-dose vitamin D lowers cancer risk in women over 55

Schumann S, Ewigman B. J Fam Pract. November 2007. Vol.56. No.11. p.907-10.
Reviewed by Dr Bruce Adlam
Review: Increasing the dose of vitamin D3 from the current standard of 400-600 IU per day to 1000 IU per day lowers future risk of cancer in women older than age 55 who do not get adequate vitamin D from sun exposure or diet. (Strength of recommendation: A) Vitamin D is known to have cancer protective effects at the cellular level and previous population-based studies support the association between vitamin D and cancer prevention. Estimated relative risk reduction was 0.232. (95% CI: .09, 0.60. p<.005). The reviewers suggest 1000 IU of vitamin D is very safe for most patients, and that this single RCT is convincing as a practice changer. Foods that contain vitamin D3 include fortified milk and oily fish. Sun exposure for 10 to 15 minutes (without sunscreen) at least twice a week to the face, arms, hands, or back is considered sufficient to provide adequate vitamin D during summer or in warm climates. Vitamin D3 is labelled vitamin D3 or cholecalciferol. (Original article reviewed: Am J Clin Nutr 2007; 85:1586-1591.)
Comment: PURL is a new service supplied by the *Journal of Family Practice*. The style of writing is simple narrative , clear and concise. It will be interesting to see if this style is maintained for future issues.

Psychiatry and Psychology

28–232 How safe are antipsychotics in dementia?

Drug Ther Bull. November 2007. Vol.45. No.11. p.81-5.
Reviewed by Fiona Corbin

Review: This is a comprehensive but accessible review of the evidence underpinning the use of antipsychotic drugs for managing behavioural and psychological symptoms of dementia. It includes comparisons of clinical efficacy and unwanted effects between various conventional and atypical antipsychotic agents. A number of drug safety agencies around the world have issued warnings to prescribers regarding concerns about cerebrovascular events associated with the use of the atypical antipsychotics risperidone and olanzapine in this context. The data leading to these actions are also reviewed. The review concludes with useful practical advice for prescribers.
Comment: As is usual for articles appearing in Drug and Therapeutics Bulletins this is a concise yet comprehensive and very readable overview of the topic.

28–233 Proxy screening tools improve the recognition of dementia in old-age homes: results of a validation study

Kohler L, Weyerer S, Schaufele M. Age Ageing. September 2007. Vol.36. No.5. p.549-54.
Reviewed by Fiona Corbin
Review: In this study researchers describe validation of a proxy screening scale designed for use by professional caregivers to improve recognition of dementia in old-age homes. The efficiency of the Dementia Screening Scale (DSS) to screen for and classify severity of dementia in elderly residential care patients was compared with the efficiency of the Mini-Mental-State-Examination (MMSE) and the Dementia Scale of the Brief Assessment Schedule (BAS DEM). The researchers used diagnostic assessments made by clinical psychologists using the Washington University Clinical Dementia Rating (CDR) scale as the gold standard for diagnosis and classification of study subjects. The DSS was found to be unsuitable for the reliable detection of early stages of demential illness. However, it correlated well with the MMSE and the BAS DEM, which are based on cognitive testing. Compared to the MMSE, the DSS was faster and simpler to apply and resulted in less missing data.
Comment: This is another technically complex paper. The Dementia Screening Scale showed promise as a time efficient, easily applied screening tool to assist the planning and monitoring of dementia care in this validation study.

28–234 Effectiveness of antipsychotic drugs in first- episode schizophrenia and schizophreniform disorder: an open randomised clinical trial

Kahn RS, Fleischhacker WW, Boter H, et al. Lancet. 29 March - 4 April 2008. Vol.371. No.9618. p.1085-97.
Reviewed by Dr Tony Hanne
Review: Second generation antipsychotic medications have been in use now for over 10 years but doubts have persisted as to whether they were sufficiently superior to first generation treatments to justify the much greater cost. This trial which compared low dose Haloperidol to four newer agents, failed to show a significant benefit in either effectiveness or side effects by the end of one year in new schizophrenic patients. The reason for the higher discontinuation rate with Haloperidol may have been the lower expectations of the physicians involved.
Comment: More questions need to be asked about use of second generation agents in chronic schizophrenia. There were no placebo controls because it was considered unethical to treat schizophrenia with placebo since previous studies have shown this is clearly less effective. The implications of this study for Pharmac are considerable. (See 28-235 for Comment.)

28–235 Pharmacotherapy of first-episode schizophrenia

Rosenheck RA. Lancet. 29 March - 4 April 2008. Vol.371. No.9618. p.1048-9.
Reviewed by Dr Tony Hanne
Review: See 28-234 for Review Article.

28–236 Treating dementia: will the NICE guidance 2006 change our clinical practice?

Cerejeira J, Mukaetova-Ladinska EB. Age Ageing. November 2007. Vol.36. No.6. p.605-6.
Reviewed by Fiona Corbin
Review: The authors of this editorial highlight impending problems that will result from the predicted escalation in numbers of dementia patients against a background of limited resources to care for them in Western society's health care systems.
Comment: This is an interesting commentary on tensions that arise while striving to apply best practice (as defined by evidence-based guidelines) in patient-centred clinical practice, when managing dementia. (See also 28-237)

28–237 Cholinesterase inhibitors in dementia: yes, no, or maybe?

Lemstra AW, Richard E, van Gool WA. Age Ageing. November 2007. Vol.36. No.6. p.625-7.
Reviewed by Fiona Corbin
Review: The issue of cholinesterase inhibitor drug use in dementia recently became economic and political in the UK following release of National Institute for Health and Clinical Excellence (NICE) guidance relating to these drugs. This paper provides a critique and synthesis of the evidence of efficacy of cholinesterase inhibitor drugs in management of dementia that underpins the previous editorial comment (see 28-236). The authors suggest drug companies should facilitate access to trial data to allow post hoc analysis that may potentially validate predictors of response to cholinesterase inhibitors. This could, in turn, improve the overall effectiveness of these agents in dementia management.

Comment: The topic of this paper and the accompanying editorial is no longer 'breaking news'. However, the articles provide a quick, useful review and interesting commentary exploring the issue from various perspectives. Although the cholinesterase inhibitors are not publicly funded in New Zealand they are available and in clinical use.

Research Design and Methodology

28-238 Involving older people in health research

Fudge N, Wolfe CD, McKevitt, C. Age Ageing. September 2007. Vol.36. No.5. p.492-500.
Reviewed by Fiona Corbin

Review: This paper describes a review of studies published between 1995 and 2005 which involved older people (+65 years old) in commissioning, prioritising, designing, conducting or disseminating research. The objectives were to establish the scope and extent of the involvement of older people in health research, to identify facilitators and barriers to inclusion of older people in research and to determine the impact of involvement of older people on research processes and research participants. The studies reviewed therefore describe research with older people involved as active participants in the research process as opposed to being involved as subjects providing data for research. The review finds that involving people in research is interpreted in a variety of ways by researchers due in part to lack of a clear definition of user involvement and a myriad of terms used to described involvement activities (beyond being a research subject). The authors highlight that although it is a policy requirement to involve patients and the public in health research as active partners in the UK, the policy is in fact unclear and impacts of user involvement on research are not fully understood. Very few studies included in the review had any formal evaluation of the impact of user involvement on research process.
Comment: This is a rigorously executed review and an accessible, interesting and thought provoking paper. The fundamental issue of engaging population groups that are often marginalised as participants in, and as active partners in, research processes has implications in New Zealand for the elderly and also in respect of our Treaty of Waitangi obligations. (See 28-239 for the Editorial on this paper.)

28-239 Why involve older people in research

Walker, A. Age Ageing. September 2007. Vol.36. No.5. p.481-3.
Reviewed by Fiona Corbin
Review: See 28-238.

Rheumatic Diseases

28-240 Are DMARDs effective for rheumatologic diseases besides rheumatoid arthritis?

Goodemote P, Jamieson B. J Fam Pract. November 2007. Vol.56. No.11. p.933-4, 937.
Reviewed by Dr Bruce Adlam
Review: It's not clear as the question has apparently not been studied. As second-line therapy, the use of some DMARDs appears to be beneficial for patients with psoriatic arthritis (strength of recommendation: A) and ankylosing spondylitis (SOR: B). Data on the safety and efficacy of DMARDs as second-line therapy for other arthritic conditions is limited (SOR: C).
Comment: This article contains quite a good review of the options both old and new.

Sports and Exercise Medicine

28-241 Sit-to-stand as home exercise for mobility-limited adults over 80 years of age – GrandStand System may keep you standing?

Rosie J, Taylor D. Age Ageing. September 2007. Vol.36. No.5. p.555-62.
Reviewed by Fiona Corbin
Review: This report is based on a Randomised Controlled Trial carried out by researchers in the School of Physiotherapy at AUT University, Auckland. The purpose of the trial was to compare the effects of a home exercise programme consisting of repeated sit-to-stand manoeuvres with low-intensity progressive resistance training on performance measures in community dwelling, mobility-limited adults over 80 years of age. The sit-to-stand exercise programme using the GrandStand System™ significantly improved Berg Balance Scale mean score in the intervention group but not to a great extent (1.67 +/- 2.64 points, P = 0.001 cf. control group 0.73 +/- 3.63 points P = 0.258). There was no statistically significant effect of either intervention on the other outcome measures.
Comment: The authors do not describe how the volunteers were recruited for this study. The developer of the GrandStand System®, i.e. the intervention tested in the study, contributed funding although the authors declared that they and the other sponsors 'played no role in the design, execution, analysis and interpretation of data or in writing the study for publication'. Otherwise, the research process appears rigorous and the paper is well-written.

Travel Medicine

28-242 When should travelers begin malaria prophylaxis?

Clark SL, Crawford P, Nichols W. J Fam Pract. November 2007. Vol.56. No.11. p.950-2.
Reviewed by Dr Bruce Adlam
Review: Travellers should start on chloroquine one to two weeks before entering an area without chloroquine resistance (strength of recommendation [SOR]: C, based on expert opinion). In areas with chloroquine-resistant Plasmodium falciparum, travellers will need to take atovaquone/

proguanil, doxycycline, or primaquine one day before entering the area, or mefloquine two to seven weeks before travel (SOR: B, based on prospective patient-oriented outcomes and expert opinion). Before prescribing medications, determine malaria risk and sensitivity of Plasmodium species by country at wwwn.cdc.gov/travel/yellowBook Ch5-MalariaYellowFeverTable.aspx

Comment: Although the authors encourage travellers to finish their medication after they return and to report unexplained fevers for up to one year after travel, they do not discuss the post-travel duration of treatment which is the more difficult period in which to sustain compliance.

Vaccination and Vaccines

28–243 Herd immunity

O'Connor K. Aust Fam Physician. September 2007. Vol.36. No.9. p.677.

Reviewed by Dr Mary Tucker

Review: Clinical trials have proven the safety and effectiveness of the quadrivalent human papillomavirus (HPV) vaccine, Gardisil. Side effects experiences by schoolgirls, vaccinated en mass against HPV, have been dismissed as 'fainting episodes related to needle phobia'. Publicity by the media has fuelled public concern with regard to safety of the vaccine with the resultant likely parental withdrawal of consent for completion of immunisation in some cases. Twenty older girls, who attended a clinic for immunisation 'because they had to', had not been informed of the likely effectiveness of the vaccine, possible side effects or their choice in the matter of immunisation prior to attendance. They gave informed consent following education and experienced no side effects.

Comment: In this editorial the need for a balance between efficiency in achieving herd immunity and informed autonomy is highlighted and, with regard to the implementation of this process, the question is asked: 'Can we do better?'

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