

Journal Review Service

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

Journals Reviewed in this Issue

Am J Clin Nutr*
Am J Sports Med*
Ann Emerg Med*
Ann Intern Med*
Aust Fam Physician*
BMJ*
Br J Sports Med*
Control Clin Trials*
Drug Alcohol Rev*
Eur J Pain*
Evidence-Based Medicine*
Homeopathy*
Int Congr Ser*
J Fam Pract*
J Tradit Chin Med*
Lancet*
N Engl J Med*
New Zealand Journal of Sports
Medicine
Physician and Sportsmedicine*
Postgrad Med*
Sci Am*
Thorax*

*Journals indexed in Medline

Acupuncture

24-332 The effects of acupuncture in treatment of coronary heart diseases.

Meng J. J Tradit Chin Med. March 2004.
Vol.24. No.1. p.16-9.

Reviewed by Dr Joan Campbell

Review: In the 1970s clinical studies reported that the use of the acupuncture point Neiguan (PC 6) for angina pectoris and acute MI reduced the dose of nitroglycerin by 87.9%, with an improvement in ECG changes in 66.89%. A clinical study was conducted with 77 cases using objective measures and validated criteria. Ex-

perimental studies using a myocardial infarct model in dogs was also carried out. Neiguan is combined with other points.

Comment: In the clinical study acupuncture was found to be superior to isosorbide dinitrate and nifedipine ($p < 0.01$) with an effective rate of 91.3%. Experimental studies, using dogs, demonstrated that electroacupuncture could decrease the elevated ST segments in ECGs and reduce the infarct areas induced by coronary ligation.

24-333 Treatment of melancholia in Germany by acupuncture method for resuscitation.

Zhang C, Li J, Wang S. J Tradit Chin Med. March 2004. Vol.24. No.1. p.22-3.

Reviewed by Dr Joan Campbell

Review: Sixty-eight outpatients (not randomly assigned to experimental and control groups) were evaluated, differentiated into a Traditional Medicine diagnosis, and treated accordingly. Rhenzhong (GV 26) was included in the treatment prescription. Total effective rate following acupuncture treatment 95.59%.

Comment: An interesting use of the point Rhenzhong (GV 26). The author argues that this point is useful not only to physically resuscitate the body but also to resuscitate the mind (Shen).

24-334 Introduction to the points singly used for stiff neck.

Li H, Yu G. J Tradit Chin Med. March 2004.
Vol.24. No.1. p.30-2.

Reviewed by Dr Joan Campbell

Review: Twelve well known points (such as Houxi SI 3) are presented. Their locations and indications for use are outlined.

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The JRS is a guide to current reading in General Practice. Each article reviewed in the JRS has been selected by the reviewer because, in some aspect, it is considered worth reading by general practitioners.

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

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

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Comment: A useful clinical summary. Single needle therapy is a cost effective and pain relieving treatment for an acute stiff neck.

24-335 Sixty-two cases of simple obesity treated by acupuncture combined with massage.

Bei Y, Fang X, Yao Z. *J Tradit Chin Med*. March 2004. Vol.24. No.1. p.36-9.

Reviewed by Dr Joan Campbell

Review: Sixty-two women with obesity were divided into two groups. One group (of 32) was treated with auricular seed-embedding therapy plus massage, the other group (30 cases) was treated with ear therapy and body needling. Treatment was given 3x a week for eight weeks. The total effective rate for significant weight reduction was 91.93%, although between group comparison was not statistically significant.

Comment: A non-dietary way to treat obesity. Personally, I have found the use of body needles combined with auricular seed/magnet-embedding therapy the most successful combination.

24-336 Aging and acupuncture effects on hippocampal gene expression profile of SAMP10.

Han J, Ding X, Y J, et al. *Int Congr Ser*. February 2004. Vol.1260. p.379-82.

Reviewed by Dr Alex Chan

Review: The effect of acupuncture at CV-17, CV-12, CV-6, SP-10 and ST-36 on the expression of aging-related genes in the hippocampus of Senescence-Accelerated Mice (SAMP10) was investigated. Ten mice received acupuncture; 10 had pseudo-acupuncture; 10 were in the control group and another 10 homologous strain mice SAMR1 were also used as control. The process lasted for 15 days with a break on the 7th day. cDNA expression array technique was used to examine changes in the hippocampus. In the control and pseudo-acupuncture groups, down-regulation of genes was found, but in the acupuncture group, there was partial or complete

reversal of the effect of aging on hippocampal gene expression.

Comment: Chinese traditional physicians have used acupuncture and moxibustion themselves for health maintenance for centuries. This animal study only showed one of the many positive effects of acupuncture and moxibustion on the body.

24-337 Stop Hypertension with the Acupuncture Research Program (SHARP): clinical trial design and screening results.

Kalish LA, Buczynski B, Connell P, et al. *Control Clin Trials*. February 2004. Vol.25. No.1. p.76-103.

Reviewed by Dr Alex Chan

Review: This article describes a randomised, blinded, and controlled trial on the effect of acupuncture in the treatment of hypertension conducted in the Massachusetts General Hospital (MGH). It also intended to test whether individualised acupuncture treatment according to Traditional Chinese Medicine was better than standardised treatment. Systolic blood pressure was used as the endpoint because a pilot study showed that it provided a more efficient treatment comparison. Serious attempts were made in 'masking' the diagnosing and treating acupuncturists, the patients who were randomised to individualised, standard or placebo treatment groups, and the blood pressure assessors. The success of patient masking was also assessed afterwards.

Comment: The study demonstrated an improvement of methodology in clinical acupuncture research. Those who are interested in running their own studies would benefit a lot from taking note of the design of this study. Well worth reading, though there are 28 pages in all.

24-338 Acupuncture for chronic headache in primary care: large, pragmatic, randomised trial.

Vickers AJ, Rees RW, Zollman CE, et al. *BMJ*. 27 March 2004. Vol.328. No.7442. p.744-7.

Reviewed by Dr Alex Chan

Review: A randomised, pragmatic trial to compare the effects of a policy of 'use acupuncture' versus 'avoid acupuncture' in 401 patients with chronic headaches. Headache score, SF-36 health status and use of medications and resources were assessed. Individualised acupuncture was given in addition to standard care from general practitioners. Patients who received acupuncture were found to have persisting benefits comparing with the other group even at 12 months from baseline. Medication scores were lower in the acupuncture group (37%) than in the control group (23%), with improved quality of life and less visits to the general practitioners.

Comment: A pragmatic trial without placebo as control. However, the large number of patients in the trial gave credence to the significance of the findings. It is a good example of Patient Orientated Evidence that Matters (POEMs).

24-339 Peripheral effects of needle stimulation (acupuncture) on skin and muscle blood flow in fibromyalgia.

Sandberg M, Lindberg L-G, Gerdle B. *Eur J Pain*. April 2004. Vol.8. No.2. p.163-71.

Reviewed by Dr Alex Chan

Review: A scientific investigation into the effect of acupuncture on blood flow in fibromyalgia patients. Deep intramuscular insertion of needle at acupuncture point ST-36 produced a larger increase in skin and muscle blood flow compared to baseline than did subcutaneous insertion of needle. However, subcutaneous acupuncture in these patients was also followed by a significant increase in both skin and muscle blood flow as opposed to the findings in a previous study in healthy subjects in which there was no significant change. The difference in findings was thought to be related to a greater sensitivity to pain and other somatosensory input in fibromyalgia.

Comment: The study showed that even subcutaneous insertion of needle

dles could exert some physiological effects in patients with fibromyalgia. Whether this occurs in other patients with chronic pain or not requires further studies. However, it points to the fact that subcutaneous insertion of needles may not be a credible placebo in clinical acupuncture trials.

Adolescent Health

24-340 Conditional goal setting in adolescent athletes.

Schofield GM, Mummery WK, Street H. New Zealand Journal of Sports Medicine.

Summer 2003. Vol.31. No.4. p.82-7.

Reviewed by Dr Rob Campbell

Review: Conditional goal setting is the process where the fulfilment of a higher order goal (e.g. happiness) is made conditional on achieving a specific concrete lower-order goal (e.g. making a team or winning a race). This pattern of goal setting has been correlated with a higher incidence of depression and anxiety.

Comment: An excellent research based paper relevant to most of us (e.g. parents and type A personalities).

Alcohol and Substance Abuse

24-341 Development of a structured generic drug intervention model for public health purposes: a brief application of motivational interviewing with young people.

McCambridge J, Strang J. Drug Alcohol Rev.

December 2004. Vol.22. No.4. p.391-9.

Reviewed by Dr Helen Moriarty

Review: Randomised trial involving 200 young persons (16-20 years) involved in illegal drug use on 'more than an occasional basis'. Opiate and IDU drug use were excluded. The aims were for brief intervention or 'education-as-usual'. The benefits of the intervention applied across multiple drugs.

Comment: Motivational interviewing as brief intervention has risks and benefits. In the young population the benefit is that it is not excessively directive.

24-342 Being stoned: a review of self-reported cannabis effects.

Green B, Kavanagh D, Young R. Drug

Alcohol Rev. December 2003. Vol.22. No.4. p.453-60.

Reviewed by Dr Helen Moriarty

Review: One of few research projects that look at the subjective aspects of cannabis, and assists in the understanding of why this substance is used. This is a literature review of previous studies. The most surprising result was the variety in reported effects of cannabis on individual users.

Comment: Cannabis use is clearly not the same for all users. In order to assist individuals with their usage it is necessary to take a closer look at what the good and bad aspects are for individuals.

24-343 Impact of the heroin 'drought' on patterns of drug use and drug-related harms.

Longo MC, Henry-Edwards SM, Humeniuk RE, et al. Drug Alcohol Rev. June 2004.

Vol.23. No.2. p.143-50.

Reviewed by Dr Helen Moriarty

Review: In the early 2000s there was a crisis in illicit heroin supply in Australia, which is believed to have driven drug use patterns toward methamphetamine and morphine. This was a pattern seen in NZ, with escalation of amphetamine use particularly - even though heroin use was not at the level in NZ as Australia.

Comment: The graphs illustrate increasing harms from the methamphetamine phenomenon, a pattern we have seen in NZ in recent years. The call for strategy and research in methamphetamine use is timely.

24-344 A brief intervention for risky drinking - analysis of videotaped consultations in primary health care.

Seppa K, Aalto M, Raevaara L, et al. Drug

Alcohol Rev. June 2004. Vol.23. No.2. p.167-70.

Reviewed by Dr Helen Moriarty

Review: A videotaped study of 83 consecutive GP consultations, by eight GPs, was designed in Finland. The consultations were transcribed and analysis focussed on (1) whether the health problem could be alcohol-related, (2) if alcohol history was elicited, (3) use of open or closed questions, (4) brief intervention included. GPs knew that the study was to examine doctor-patient communication about alcohol consumption.

Comment: Alcohol was elicited in nine out of the 34 consultations where it was indicated, according to instructions. Authors conclude that

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more training is needed – but did not ask doctors about barriers to taking an A & D history.

24-345 The addicted brain.

Nestler EJ, Malenka RC. *Sci Am*. March 2004. Vol.290. No.3. p.50-7.

Reviewed by Dr Ron Vautier

Review: This describes biochemical and physical changes in the brain which occur with the euphoria, tolerance, dependence and craving associated with addictive drug use.

Comment: Worth a read for its intrinsic interest and for background understanding rather than to obtain any practically useful knowledge.

24-346 Cannabis and psychosis.

Sim MG, Khong E, Hulse G. *Aust Fam Physician*. April 2004. Vol.33. No.4. p.229-32.

Reviewed by Dr Barry Suckling

Review: A case study providing a practical approach for GPs managing patients with combined cannabis and mental health problems.

Asthma

24-347 How effective are leukotriene inhibitors for asthma in children?

Morden NE, St. Anna L. *J Fam Pract*. April 2004. Vol.53. No.4. p.325-6.

Reviewed by Dr Bruce Adlam

Review: Evidence on the use of leukotriene inhibitors in children is insufficient to permit conclusions regarding efficacy. Given the proven efficacy of inhaled corticosteroids in asthma management, leukotriene inhibitors should not replace inhaled corticosteroids for maintenance of asthma in children (strength of recommendation: B).

24-348 Individualised homeopathy as an adjunct in the treatment of childhood asthma: a randomised placebo controlled trial.

White A, Slade P, Hunt C, et al. *Thorax*. April 2003. Vol.58. No.4. p.317-21.

Reviewed by Dr Mimi Irwin

Review: This is a report on a randomised, double blind, placebo controlled trial in which individualised homeopathy and its impact was studied in 96 children. Outcome measures were assessed using the active quality of living subscale of the Childhood Asthma Questionnaire, both at baseline and 12 months later. Peak flow, medication usage and also days off school were noted. There were no clinically or statistically relevant changes noted between the homeopathically treated group and the placebo group.

Comment: The study design is good. The major flaw of this paper is that the asthmatics had such mild or well controlled disease that there was no room for improvement with homeopathy or any other treatment.

24-349 Does rhinitis lead to asthma? Evidence for the one-airway hypothesis.

Volcheck GW. *Postgrad Med*. May 2004. Vol.115. No.5. p.65-8.

Reviewed by Dr Chris Milne

Review: There are clear links between allergic rhinitis and asthma. Inflammation of airways is common to both, and treatment of the upper airway improves lower airway symptoms and can lead to improved asthma control. **Comment:** Nice to have something proven that I always suspected. Next time you treat an asthmatic patient in whom it is hard to get optimal lung function, consider if they have hay fever, and if so, treat this actively.

Cardiovascular System

24-350 Plasma natriuretic peptide levels and the risk of cardiovascular events and death.

Wang TJ, Larson MG, Levy D, et al. *N Engl J Med*. 12 February 2004. Vol.350. No.7. p.655-63.

Reviewed by Dr Raina Elley

Review: This longitudinal study of 3346 people without CHF in the community followed for an average of

5.2 years, found that elevations below diagnostic criteria in B-natriuretic peptide (>20 pg/ml) and N-terminal pro-atrial natriuretic peptide were associated with increased risk of death, first cardiovascular event, atrial fibrillation, stroke, TIA and heart failure, after adjustment for other risk factors. There was an obvious concentration-risk relationship.

Comment: The use of plasma natriuretic peptide levels may be a useful additional prognostic tool.

24-351 Intensive versus moderate lipid lowering with statins after acute coronary syndromes.

Cannon CP, Braunwald E, McCabe CH, et al. *N Engl J Med*. 8 April 2004. Vol.350. No.15. p.1495-504.

Reviewed by Dr Raina Elley

Review: This was a multi-centre double blind randomised controlled trial comparing 40mg pravastatin daily (standard therapy) with 80mg Atorvastatin (intensive therapy) following acute coronary syndrome (MI or high risk unstable angina) amongst 4162 patients without other comorbidities. Follow-up was 18-36 months (mean 24). There was a 16% reduction in the rate of primary endpoint events (death from any cause, MI, hospitalised with unstable angina, revascularisation and stroke) of 22.4% vs 26.3% when comparing the intensive with the standard therapy group. The reductions were similar to LDL levels achieved (1.60mmol/l vs 2.46mmol/l, respectively). However, the intensive group had more liver-related side-effects than the standard therapy. Those with a higher LDL level at baseline benefited more than those with a lower level.

Comment: A target LDL level for secondary prevention of 2.6mmol/l is recommended by the NZ Guidelines for the Assessment and Management of Cardiovascular Risk. However, lower LDL levels are likely to be associated with further reduction in cardiovascular events. However, this trial only enrolled patients without

co-morbidities, so conclusions and side-effect rates may be different for many of our patients with IHD and co-morbidities. In addition, as the trial used different drugs, you cannot be sure that the difference in outcomes was associated with the difference in dose alone, rather than the difference in particular drug. The authors do acknowledge that these results need to be replicated using the same drug at two different doses.

24-352 Comparing stress testing methods: Available techniques and their use in CAD evaluation.

Tak T, Gutierrez R. *Postgrad Med.* June 2004. Vol.115. No.6. p.61-70.

Reviewed by Dr Chris Milne

Review: ECG stress testing is one of the most widely used investigative techniques in medicine. If the stress ECG is not diagnostic, stress echocardiography may be considered. This is usually carried out with a dobutamine infusion. Its sensitivity is comparable to nuclear perfusion imaging (i.e. 70-80%). In addition, it provides useful information regarding cardiac valves and wall thickness. **Comment:** Useful article about an advancing technology.

24-353 Pharmacotherapy for heart failure in patients with renal insufficiency.

Shlipak MG. *Ann Intern Med.* 3 June 2003. Vol.138. No.11. p.917-24.

Reviewed by Dr Mike Slatter

Review: This perspective article offers evidence-based insights into the balance between benefit and harm when treating heart failure in the presence of renal insufficiency. At least one third of patients with heart failure have renal insufficiency. Clinicians should rely more on the GFR (using Cockcroft-Gault equation) rather than the serum creatinine levels. NSAIDs and aspirin should be avoided.

Comment: Patients with renal insufficiency have been under represented in clinical trials of heart failure treatment. ACE Inhibitors have a place in mild to

moderate renal impairment. Beta Blockers, spironolactone and digoxin have not been fully evaluated in moderate and severe renal insufficiency.

Cerebrovascular System

24-354 Lessons from the Stroke Prevention in Atrial Fibrillation Trials.

Hart RG, Halperin JL, Pearce LA, et al. *Ann Intern Med.* 20 May 2003. Vol.138. No.10. p.831-8.

Reviewed by Dr Mike Slatter

Review: This review article presents the major results and clinical implications of the SPAF (Stroke Prevention in Atrial Fibrillation) trials and offers unique perspectives on the optimal use of antithrombotic therapies in patients with atrial fibrillation. The SPAF I, II and III trials involved 3950 participants running from 1987 to 1997.

Comment: Atrial fibrillation (AF) carries a six-fold increased risk for stroke. However nearly one third of patients with AF are at low risk and may be sensibly treated with Aspirin. In AF one has to consider stroke risk subgroups which are clearly delineated in this article.

Dermatology

24-355 Does treatment of acne with Retin A and tetracycline cause adverse effects?

Kelly BF, Burroughs M. *J Fam Pract.* April 2004. Vol.53. No.4. p.316-8.

Reviewed by Dr Bruce Adlam

Review: Adverse reactions to long-term tetracycline therapy are rare, and most will occur within two months of initiating therapy (strength of recommendation [SOR]: B). Bacterial resistance can occur but antibiotics for acne do not appear to interfere with oral contraceptive efficacy (SOR: B). Short-term follow-up reports on topical tretinoin note no systemic, teratogenicity, and neg-

ligible systemic absorption (SOR: B, outcome studies).

24-356 Juvenile plantar dermatosis: Can sweat cause foot rash and peeling?

Gibbs NF. *Postgrad Med.* June 2004. Vol.115. No.6. p.73-5.

Reviewed by Dr Chris Milne

Review: Juvenile plantar dermatosis usually affects children. This is thought to be because children tend to wear more occlusive shoes, and often wear the same pair day after day without allowing time for the shoes to dry fully. Certain synthetic shoe materials are impervious to water and breathe less than leather (in my early postgraduate years in the 1980s this was called the 'Bata Bullet' syndrome!). Treatment includes allowing the child to go barefoot for about three weeks, plus use of leather or other natural materials for footwear.

Comment: Good summary of a condition that is still seen occasionally today.

Education

24-357 General practitioners' diagnostic skills and referral practices in managing patients with drug and alcohol-related health problems: implications for medical training and education programmes.

Fucito LM, Gomes BS, Murnion B, et al. *Drug Alcohol Rev.* December 2003. Vol.22. No.4. p.417-24.

Reviewed by Dr Helen Moriarty

Review: 110 central Sydney GPs completed a survey of their competence with A & D issues, designed and conducted by the Drug Health Services of University of Sydney. None of the GPs provided 'clinically appropriate responses' to all six drug categories in the survey.

Comment: It is not clear if the findings were as 'bad' as they seem, or if the specialist service research was examining responses in a paradigm not well suited to primary care.

Emergency Medicine

24-358 Insights into shock.

Landry DW, Oliver JA. *Sci Am.* February 2004. Vol.290. No.2. p.24-9.

Reviewed by Dr Ron Vautier

Review: After reviewing some of the physiology of shock, this article goes on to describe a recent therapeutic advance, which is the administration of the hormone vasopressin.

Comment: I think the insights on offer here are both interesting and valuable.

24-359 Intravenous sodium valproate versus prochlorperazine for the emergency department treatment of acute migraine headaches: A prospective, randomized, double-blind trial.

Tanen DA, Miller S, French T, et al. *Ann Emerg Med.* June 2003. Vol.41. No.6. p.847-53.

Reviewed by Dr Mike Slatter

Review: This is a randomised controlled trial of 40 patients comparing Valproate IV and Prochlorperazine IV in acute migraine. Prochlorperazine was statistically and clinically superior to valproate for treatment of pain and nausea associated with acute migraine headaches.

Comment: Confirms the usefulness of prochlorperazine in acute migraine. It is a useful alternative to try in the acute setting before resorting to opioids.

24-360 Clinical policy: critical issues in the evaluation and management of adult patients presenting with suspected lower-extremity deep venous thrombosis.

ACEP Clinical Policies Committee and the Clinical Policies Subcommittee on Suspected Lower-Extremity Deep Venous Thrombosis. *Ann Emerg Med.* July 2003. Vol.42. No.1. p.124-35.

Reviewed by Dr Mike Slatter

Review: This Clinical Policy Paper focuses on three major areas of interest and/or controversy: (1) Utility of d-dimer testing in diagnostic evaluation of lower extremity DVT, (2) Utility of venous doppler ultrasonography in the

same condition, and (3) Indications for fibrinolytic therapy in DVT. The importance of assessing the pre-test probability of DVT enables stratification into high, moderate and low risk.

Comment: Useful resource to assist with assessing pre-test probability of DVT. A negative d-dimer or US Scan on the low risk group reliably excludes DVT. In symptomatic patients (moderate to high risk) venous ultrasonography has a positive predictive value of 94-97%.

Endocrinology

24-361 Exercise training: can it improve cardiovascular health in patients with type 2 diabetes?

Stewart KJ. *Br J Sports Med.* 1 June 2004. Vol.38. No.3. p.250-2.

Reviewed by Dr Chris Milne

Review: Yes – it can. This leading article is a comprehensive review of the topic. Patients with type 2 diabetes should accumulate a minimum expenditure of 1000 kcal per week. Warm up and warm down are important. Diabetics should aim for a heart rate of 55-79% of maximum – starting at the lower end of this range.

Comment: Useful review of an important topic which is much in the news. Includes 48 references.

24-362 Prevalence, care, and outcomes for patients with diet-controlled diabetes in general practice: cross sectional survey.

Hippisley-Cox J, Pringle M. *Lancet.* 31 July 2004. Vol.364. No.9432. p.423-8.

Reviewed by Dr Tony Hanne

Review: Nearly 8000 patients with type 2 diabetes, from 42 practices in the UK were studied to determine how their care varied if they were treated with diet only compared with those on hypoglycaemic medication. About one third were on diet only. The levels of HbA1c, and blood pressure, as well as renal, retinal and foot screening in the two groups were determined as were the fre-

quency of complications. Screening was much poorer in the diet only group. Levels of abnormality were tolerated which would normally be triggers for medication. Complication rates were lower in those on diet only but still four times the non-diabetic population.

Comment: The obvious conclusion was that management by diet only was associated with a much more casual approach to follow up. Even high levels of complications had not apparently led to consideration of medication. Also significant was the large inter-practice variation in the proportion of those treated by diet only suggesting that too many GPs were unaware of the proven value of tight control of diabetes in preventing complications.

Geriatrics

24-363 Depression in the elderly: Tailoring medical therapy to their special needs.

Raj A. *Postgrad Med.* June 2004. Vol.115. No.6. p.26-42.

Reviewed by Dr Chris Milne

Review: Depression in the elderly is common, and may present differently to that in younger patients. Depressed elderly patients often focus on somatic symptoms (e.g. bowel problems or back pain). The lack of drive may indicate an associated dementia (or pseudo dementia, which is less common). Anticholinergic side effects of drugs (e.g. tricyclics) can be particularly hazardous in older patients, so SSRIs are recommended as first line treatment.

Comment: Good comprehensive article – especially worth reading if you have lots of elderly patients or have a large rest home clientele.

24-364 Falls, osteoporosis and atrial fibrillation.

Sturmberg JP. *Aust Fam Physician.* April 2004. Vol.33. No.4. p.211-6.

Reviewed by Dr Barry Suckling

Review: Outlines the assessment, investigations and management of falls and atrial fibrillation in the elderly.
Comment: The third article in the series on comorbidity (see 24-373 and 24-396 and 24-404).

Guidelines

24-365 An experimental study of determinants of group judgments in clinical guideline development.

Raine R, Sanderson C, Hutchings A, et al. *Lancet*. 31 July 2004. Vol.364. No.9432. p.429-37.

Reviewed by Dr Tony Hanne

Review: How do guideline groups actually reach agreement on recommendations and are their conclusions sound? This study looked at the process by which groups of GPs with or without other mental health professionals agreed on guidelines for managing chronic fatigue syndrome, irritable bowel syndrome and chronic back pain in the light of the evidence with which they were presented. The modified nominal group technique of decision making was used in which essentially individual members commit themselves on paper before meeting for discussion and are then able to modify their opinions afterwards. The main conclusion was that recommendations only corresponded to the evidence about half the time. Many other factors influenced them including experience and previous beliefs. Cost and availability of a treatment had little influence.

Comment: We are bombarded with guidelines of varying quality. Some are driven by a genuine gap in an important area between best and actual practice. Others are the result of political pressure or the desire for cost saving. It is often a mysterious process puzzling out how such conclusions resulted from such weak evidence. This study casts light on the mystery. Guideline writers are also human.

Homeopathy

24-366 An observational study of patients receiving homeopathic treatment.

Van Wassenhoven M, Ives G. *Homeopathy*. January 2004. Vol.93. No.1. p.3-11.

Reviewed by Dr Mimi Irwin

Review: This is an observational study conducted in Belgium on one day in eighty homeopathic general practices. The homeopathic physicians and patients completed questionnaires and severity scores for a wide range of conditions. Seven hundred and eighty-two patients were studied. Patient satisfaction was high (95% fairly or very satisfied), 52% of patients discontinued their previous conventional treatment and prescription costs overall were one third the average cost for general practice. Eighty-nine per cent of the patients said that their presenting condition had improved.

Comment: It would have been interesting if there had also been a control or non homeopathic arm to this study. In a sense the patients acted as their own controls in reporting on their past experience of conventional treatment for the presenting condition. There are now many reports of similar studies that indicate both doctors and patients who use homeopathy have high levels of satisfaction. This may relate to the longer consultation. Incorporating homeopathy into general practice reduces the number of doctor visits the patients have per year and also the cost of conventional medication. In particular, antibiotic prescribing appears to be reduced.

24-367 *Trifolium pratense* for breast disease: a case series.

Parvu E. *Homeopathy*. January 2004. Vol.93. No.1. p.45-50.

Reviewed by Dr Mimi Irwin

Review: Eight cases histories in patients presenting with breast disease and hyperoestrogenic symptoms are reported. The characteristics of *Trifolium pratense* both in its herbal ac-

tivity and homeopathic use are fully discussed.

Comment: This paper gives a good insight into how homeopathy can be used alongside conventional medicine – even in serious disease.

24-368 *Elaps* in advanced pathology: a case study.

Rosenbaum P, Waisse-Priven SI, Schunemann C. *Homeopathy*. January 2004. Vol.93. No.1. p.51-3.

Reviewed by Dr Mimi Irwin

Review: The case of a severely ill 70 year old woman with rectal adenocarcinoma, hypertension, anxiety and social isolation is discussed. She presented for homeopathic care five years after her initial surgery. She was prescribed *Elaps corallinus* and at follow-up at one year had improvement in her well being and function.

Comment: The authors stress that in serious complicated disease a multidisciplinary approach is worthwhile and were obviously delighted by the improvement in health and enjoyment of life that this patient experienced with this approach.

24-369 Evaluation of a GP practice based homeopathy service.

Slade K, Chohan BPS, Barker PJ. *Homeopathy*. January 2004. Vol.93. No.1. p.67-70.

Reviewed by Dr Mimi Irwin

Review: This observational study set out to look at the impact of GP homeopathy on the symptoms, well being, activity, consultation rate and use of conventional medication in 97 consecutive patients. The patients filled in questionnaires and self rated symptom severity, well-being etc. at the initial homeopathic consultation. Sixty-six per cent filled in a follow up questionnaire 134 days later, data was also collected from patient notes. The results show a reduction in doctor visits, 57% of patients in the study reduced or stopped their conventional medication. Eighty per cent of those who managed to return their follow up questionnaire felt that the homeopathic treatment had improved their symptoms.

Comment: This study is consistent with a number of similar studies. There is a growing enthusiasm for homeopathy in the UK at present. This is patient-led but GPs are finding homeopathy fascinating and useful also. In Scotland 25% of GPs have basic training in homeopathy.

24-370 Anti-inflammatory activity of Arnica montana 6cH: preclinical study in animals.

Macedo SB, Ferreira LR, Perazzo FF, et al. Homeopathy. January 2004. Vol.93. No.1. p.84-7.

Reviewed by Dr Mimi Irwin

Review: The anti-inflammatory activity of homeopathic Arnica montana (6cH) was studied using acute and chronic inflammation models. The swelling in rat paws after exposure to carrageenin (acute model) and Nystatin (chronic inflammation model) was measured. Swelling was reduced in both models if the rats were pretreated with Arnica for three days. The study was controlled.

Comment: This study is interesting for two reasons. Firstly it demonstrates that ultradilutions can be shown to have a measurable effect on a living organism. The second important feature of this study was that the organism needed to be pretreated with the Arnica for three days to benefit from its anti-inflammatory effects. In practice this could mean advising patients to use Arnica 6c BD for three days prior to surgery.

24-371 Homeopathy as a supportive therapy in cancer.

Rajendran ES. Homeopathy. April 2004. Vol.93. No.2. p.99-102.

Reviewed by Dr Mimi Irwin

Review: This is a collection of three case histories in which the patients had diagnoses of cancer. The author used homeopathy and prescribed medication on constitutional features. The cases included a 64 year old man with adenocarcinoma of the rectum, a 77 year old woman with terminal squamous carcinoma of the cheek and a 70 year old male with carcinoma of the

larynx. Two of the patients died but all appear to have had symptom relief.

Comment: Homeopathy has a role to play in the management of patients with serious disease, and can be integrated with conventional care.

Law and Medicine

24-372 Discussing benefits and risks with patients: PSA testing.

Bird S. Aust Fam Physician. April 2004. Vol.33. No.4. p.266-7.

Reviewed by Dr Barry Suckling

Review: Dr DM saw a 53 year old patient for a health check. No urinary symptoms. No family history of cancer. He discussed the risks and benefits of PSA screening. It was agreed not to screen. Some time later, the patient saw another GP who requested PSA screening. The level was high. The patient had advanced prostatic cancer. Dr DM was served with court proceedings alleging failure to diagnose prostate cancer.

Comment: A good article exploring the issue of shared decision making, and outlines risk reduction strategies in general practice.

Metabolic Diseases

24-373 Managing 'metabolic syndrome' and multiple risk factors.

Nelson MR. Aust Fam Physician. April 2004. Vol.33. No.4. p.201-5.

Reviewed by Dr Barry Suckling

Review: 'Metabolic syndrome' (the cluster of fasting hyperglycaemia, abdominal adiposity, dyslipidaemia and hypertension) is associated with both insulin resistance and behaviourally modifiable risk factors such as smoking, physical activity and unhealthy diet.

Comment: This article gives pragmatic guidance on conditions that are life-style based and present as a number of disease states that require multiple interventions. Management of comorbidity and multiple risk factors

is discussed using a case vignette. The first in a series of four articles about common comorbid clusters (see 24-364 and 24-396 and 24-404).

Musculoskeletal System

24-374 Plantar fasciitis.

Buchbinder R. N Engl J Med. 20 May 2004. Vol.350. No.21. p.2159-66.

Reviewed by Dr Raina Elley

Review: This is a useful summary of the evidence for diagnostic methods and management of Plantar Fasciitis, the most common cause of pain in the inferior heel. The article also summarises the epidemiology, pathological features, risk factors, and clinical course (80% will resolve regardless within 12 months). The evidence around clinical diagnosis and imaging for the condition, and treatments are covered (there is limited evidence for any of the treatments, although benefit is suggested by several). A table of differential diagnoses and distinguishing features as well as good diagrams of the anatomy of the foot and involved structures are presented. The author concludes that management should start with simple calf muscle and plantar fascia stretches, avoid flat shoes, use arch supports and heel cushions and limit weight-bearing exercise +/- anti-inflammatories. More invasive procedures such as immobilisation or surgery should be reserved for more resistant cases.

Comment: Limited evidence is partly because few good quality trials have been undertaken. An interesting summary.

24-375 Exercise and antidepressants improve fibromyalgia.

Quisel A, Gill J, Walters D. J Fam Pract. April 2004. Vol.53. No.4. p.280-91.

Reviewed by Dr Bruce Adlam

Review: 1. Fibromyalgia is diagnosed based on a patient's report of widespread pain of three months' duration or longer, and identification of 11 of 18 possible tender points (C).

2. Fibromyalgia is functionally disabling and diminishes well-being; therefore, supportive care and evidence-based interventions should be offered (C). 3. Aerobic exercise and antidepressants have been shown to moderately relieve symptoms of fibromyalgia in the short term (A).

Comment: Good article that discusses the initial difficulties in establishing exercise programmes. Although not suggesting fibromyalgia and chronic fatigue syndrome share the same pathogenesis, GPs treating both groups of patients may be interested in a similar article in May MJA that suggests graded exercise in chronic fatigue syndrome may be beneficial. (See Andrew R Lloyd, MJA 2004; 180 (9): 437-438 or http://www.mja.com.au/public/issues/180_09_030504/llo10096_fm.html)

24-376 Anatomic structures at risk during minimal-incision endoscopically assisted fascial compartment releases in the leg.

Hutchinson MR, Bederka B, Kopplin M. Am J Sports Med. September 2003. Vol.31. No.5. p.764-9.

Reviewed by Dr C Hanna

Review: This cadaveric study compared percutaneous with endoscopically assisted compartment releases followed by formal dissection to assess completeness of release and proximity of structures at risk.

Comment: An excellent paper with interesting conclusions.

24-377 Chronic extertional compartment syndrome: The controversial 'fifth' compartment of the leg.

Hislop M, Tierney P, Murray P, et al. Am J Sports Med. September 2003. Vol.31. No.5. p.770-6.

Reviewed by Dr C Hanna

Review: An empirical anatomic cadaveric study using injected radio-opaque dye, radiographs and dissection to investigate the presence of a fifth compartment in the leg. No consistent fifth compartment was

found, but subcompartments formed by muscle fascial attachments were found in some limbs.

Comment: This is an interesting paper by an ACSP Registrar.

24-378 What is 'inflammation'? Are we ready to move beyond Celsus?

Scott A, Khan KM, Cook JL, et al. Br J Sports Med. 1 June 2004. Vol.38. No.3. p.248-9.

Reviewed by Dr Chris Milne

Review: Inflammation is a widely used (and abused) term. This article gives a historical perspective leading up to our current understanding of the complexities of the inflammatory response. The authors summarise as follows – inflammation is not a single process, nor is it binary (i.e. on or off).

Comment: Very good article putting our current understanding within a historical framework.

24-379 Posterior knee pain and its causes.

Physician and Sportsmedicine. March 2003. Vol.32. No.3. p.22-30.

Reviewed by Dr Rob Campbell

Review: A review of the possible causes of posterior knee pain. A list of structures possibly involved is followed by a short discussion of each in a clinical setting.

Comment: A useful review of possible causes. Concentrate on the discussion of Baker's cyst, posterolateral corner examination and vascular sections to get the best out of this cookbook type article.

Neurology

24-380 The other half of the brain.

Fields RD. Sci Am. April 2004. Vol.290. No.4. p.26-33.

Reviewed by Dr Ron Vautier

Review: Actually the various glial cells form much more than half of the brain, and now evidence is accumulating to show that they influence where synapses form and the signal-

ling between neurons occurring there. Thus they would appear to be critical to learning and forming memories.

Comment: This article is largely about the experimental evidence, and is recommended for its intrinsic interest rather than any immediate practical application.

Obstetrics

24-381 Energy requirements during pregnancy based on total energy expenditure and energy deposition.

Butte NF, Wong WW, Treuth MS, et al. Am J Clin Nutr. 1 June 2004. Vol.76. No.6. p.1078-87.

Reviewed by Dr Charlotte Cox

Review: The question of how much more food a woman needs to consume during pregnancy is closely linked to the question of how much weight she should gain. It is now generally accepted that a total gestational weight gain of 12.5 kg is associated with the best reproductive outcome. The nutritional status of a woman before conception should also be taken into account when assessing optimal weight gain during pregnancy. Hence women with a BMI < 19.8 should gain as much as 12.5-18 kg, whereas a woman with a BMI between 19.8 and 26 need gain only 11.5-16 kg. For overweight women the weight gain should be smaller. It has also been generally accepted that the additional energy cost of pregnancy could be met without increased food intake due to the economy of activity. The results from this study suggest otherwise. In this study the energy requirements of 63 women with low, normal and high BMI were estimated at 0, 9, 22, and 36 weeks of pregnancy and 27 weeks postpartum. Basal metabolic rate (BMR) was measured by calorimetry, total energy expenditure (TEE) by doubly labeled water, and activity energy expenditure as TEE-BMR. Energy deposition

was calculated from changes in body protein and fat. Energy requirements equaled the sum of TEE and energy deposition. Energy costs of pregnancy depended on BMI group. In the normal-BMI group, the incremental needs during pregnancy during the first trimester were negligible, 350 kcal/day in the second trimester, and 500 kcal/day in the third trimester over non-pregnant values. These values are higher than current FAO/WHO/UNU recommendations.

Comment: This study was well worth reading (along with the editorial in the same journal *Am J Clin Nutr* 2004;79:933-934. See 24-382). Women frequently pose questions about what is a healthy weight gain during pregnancy and 'how many more calories do I need to eat?' This study supplies the answers not readily found in a textbook.

24-382 Energy requirements during pregnancy: old questions and new findings.

Forsum E. *Am J Clin Nutr*. 1 June 2004. Vol.79. No.6. p.933-4.

Reviewed by Dr Charlotte Cox

Review: See 24-381.

Orthopaedics

24-383 Medical and injury issues for sports doctors in the care of spinal cord injured athletes: Part II: Secondary medical complications.

Parker L. *New Zealand Journal of Sports Medicine*. Spring 2003. Vol.31. No.3. p.56-65.

Reviewed by Dr Rob Campbell

Review: This paper from Burwood Hospital, Christchurch explores: post traumatic syringomyelia, spasticity, contractures, pressure sores, pain syndromes, urological problems, bowel function, bone health, heterotopic ossification and DVT/Pulmonary embolism.

Comment: An outstanding paper with relevance to all spinal cord injured patients whether in a wheelchair or not. Highly recommended.

24-384 Clavicle fractures: individualizing treatment for fracture type.

Housner JA, Kuhn JE. *Physician and Sportsmedicine*. December 2003. Vol.31. No.12. p.30-6.

Reviewed by Dr Rob Campbell

Review: This article groups and types the fractures and describes the examination features. Occasionally neurological damage or a pneumothorax can occur so these need to be considered. Imaging including special views is discussed and then treatment options and surgery indications.

Comment: A full paper with a helpful patient advisor sheet. A good reference paper for your office.

Paediatrics

24-385 Review: Famotidine, pizotifen, cognitive behavioural therapy, and peppermint may be effective in recurrent abdominal pain.

Keller K-M. *Evidence-Based Medicine*. November/December 2003. Vol.8. No.6. p.177.

Reviewed by Dr Bruce Arroll

Review: A number of treatments may be effective for recurrent abdominal pain. These include famotidine for pain with dyspepsia, pizotifen for abdominal migraine, cognitive behavioural therapy and peppermint oil. (Original article reviewed: *Pediatrics* 20003; 111:e1-11).

Comment: The commentator says that we need to keep in mind undiagnosed coeliac disease.

Preventive Medicine and Screening

24-386 Should we discontinue Pap smear screening in women aged >65 years?

Curran DR, Stigleman S. *J Fam Pract*. April 2004. Vol.53. No.4. p.308-10.

Reviewed by Dr Bruce Adlam

Review: Women with a history of regular, normal Pap smear screening should discontinue screening by age

65 years (strength of recommendation [SOR]: B). Women without a history of serial normal Pap smears should continue screening (SOR: B).

24-387 Is the ThinPrep better than conventional Pap smear at detecting cervical cancer?

Andy C, Turner LF. *J Fam Pract*. April 2004. Vol.53. No.4. p.313-6.

Reviewed by Dr Bruce Adlam

Review: Current evidence supports the following: the ThinPrep is more sensitive than the conventional Papanicolaou (Pap) smear at detecting cervical cancer (strength of recommendation [SOR]: A). There is insufficient evidence to recommend one preparation over the other (SOR: B). Additional advantages of the ThinPrep include being able to perform human papillomavirus (HPV) testing on the liquid. The ThinPrep is a cost-effective screening tool if used at 3-year intervals (SOR B)

Comment: Conventional Pap smear is not defined in this review and does not indicate whether methods using 'brooms' and 'brushes' are included.

24-388 What we can and cannot expect from school-based drug prevention.

Caulkins JP, Pacula RL, Paddock S, et al. *Drug Alcohol Rev*. March 2004. Vol.23. No.1. p.79-87.

Reviewed by Dr Helen Moriarty

Review: A comparison of school-based drug prevention programmes in the USA. This interesting paper points out problems with good outcome measures in this setting. It is most unclear if prevention education has any enduring influence.

Comment: In light of this paper, it is salutary to wonder how effective NZ school programmes are: would the money be best spent on individuals at higher risk, than on all students?

24-389 Routine vitamin supplementation to prevent cancer and cardiovascular disease: recommendations and rationale.

U.S. Preventive Services Task Force. *Ann Intern Med.* 1 July 2003. Vol.139. No.1. p.51-5.

Reviewed by Dr Mike Slatter

Review: This clinical guidelines statement summarises the USPSTF recommendations on routine vitamin supplementation to prevent cancer and cardiovascular disease. There is insufficient evidence to recommend for or against use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease. Beta-Carotene supplementation in some trials was associated with a higher incidence of lung cancer and higher all cause mortality.

Comment: Some potential harms of vitamin supplementation are discussed. Although the health benefits of vitamin supplementation remain uncertain, there is more consistent evidence that a diet high in fruit, vegetables and legumes has important benefits; other constituents besides vitamins may account for the benefits of such diets. The article 'Routine Vitamin Supplementation To Prevent Cardiovascular Disease: A summary of the Evidence for the U.S. Preventive Services Task Force' should be read in conjunction with this summary (see 24-390).

24-390 Routine vitamin supplementation to prevent cardiovascular disease: a summary of the evidence for the U.S. Preventive Services Task Force.

Morris CD, Carson S. *Ann Intern Med.* 1 July 2003. Vol.139. No.1. p.56-70.

Reviewed by Dr Mike Slatter

Review: See 24-389.

Procedures and Techniques

24-391 Brief interventions: good in theory but weak in practice.

Roche AM, Freeman T. *Drug Alcohol Rev.* March 2004. Vol.23. No.1. p.11-8.

Reviewed by Dr Helen Moriarty

Review: A discussion paper that asks why proven interventions such as

BI are not taken up by frontline workers.

Comment: This has a GP-bashing element to it. GPs being the 'frontline' workers in question. A section looking at barriers does not identify problems of consultation time and appropriateness in context of the presenting complaint.

24-392 An overview of the use of urine, hair, sweat and saliva to detect drug use.

Dolan K, Rouen D, Kimber J. *Drug Alcohol Rev.* June 2004. Vol.23. No.2. p.213-7.

Reviewed by Dr Helen Moriarty

Review: A useful paper on the different ways in which drug use can be tested in the laboratory. Chart 1 is a good summary of the comparison of urine, hair, saliva and sweat tests: invasiveness versus detection period, false positives and negatives, risk of contamination and costs are all considered.

Comment: Hair and sweat analysis are fairly new to NZ. Hair grows slowly and risks environmental contamination (e.g. smoke) but cannot detect recent seven days' intake, and is not widely available even in Australia. Sweat patches have little advantage over urine.

Psychiatry and Psychology

24-393 A brief motivational intervention for substance misuse in recent-onset psychosis.

Kavanagh DJ, Young R, White A, et al. *Drug Alcohol Rev.* June 2000. Vol.23. No.2. p.151-5.

Reviewed by Dr Helen Moriarty

Review: Young psychiatry inpatients (<35) were screened for substance misuse. The trial was intended to randomly allocate patients to usual care, or a longer course (SOS) with motivational interviewing. Only 25 inpatients agreed to participate. SOS was 'relatively successful' with 61% initially engaged but the SOS group was different in pre-intervention measures.

Comment: This illustrates the difficulties in assessing brief intervention outcomes. Many potential partici-

pants were not motivated to participate in the study!

24-394 Decoding schizophrenia.

Javitt DC, Coyle JT. *Sci Am.* January 2004. Vol.290. No.1. p.38-45.

Reviewed by Dr Ron Vautier

Review: Recent research indicates that schizophrenia may arise from disturbances in neurotransmitter signalling via glutamate, and its NMDA receptors, rather than dopamine.

Comment: This is a fairly useful article for catching up on current thinking about the aetiology of schizophrenia.

24-395 Review: New generation antipsychotics do not induce fewer extrapyramidal side effects than low potency antipsychotics.

Lawrie S. *Evidence-Based Medicine.* November/December 2003. Vol.8. No.6. p.175.

Reviewed by Dr Bruce Arroll

Review: The new generation antipsychotics (NGA) have the same rate of extrapyramidal effects as the low potency antipsychotics (LPA). The NGAs may be more effective but have different side effects, such as weight gain. (Original article reviewed: *Lancet* 2003; 361: 1581-9).

Comment: Low dose LPA (i.e. <600mg chlorpromazine) may have similar rates of extrapyramidal effects as the new generation antipsychotics such as clozapine.

24-396 Psychiatric comorbidity in general practice.

Pierce D, Wilson I. *Aust Fam Physician.* April 2004. Vol.33. No.4. p.217-20.

Reviewed by Dr Barry Suckling

Review: Gives a framework to assist general practitioners in day to day clinical work with patients who have concurrent multiple physical and mental health problems.

Comment: The fourth in the series of articles on comorbidity (see 24-364 and 24-373 and 24-404).

24-397 Managing schizophrenia in general practice.

Blashki G, Keks N, Stocky A, et al. *Aust Fam Physician*. April 2004. Vol.33. No.4. p.221-9.
Reviewed by Dr Barry Suckling

Review: A good update on the physical, psychological and social management of patients with schizophrenia in general practice.

Public Health

24-398 Association between child and adolescent television viewing and adult health: a longitudinal birth cohort study.

Hancox RJ, Milne BJ, Poulton R. *Lancet*. 17 July 2004. Vol.364. No.9430. p.257-62.

Reviewed by Dr Tony Hanne

Review: This is a further finding from the Dunedin study of babies born in 1972-3 who were followed for 26 years. The mean weekday TV viewing time for five year olds was almost two hours rising to a peak of almost four hours by age 13 and declining slightly to three hours by aged 21. The longer the TV time, the higher the BMI, cholesterol and rate of smoking, and the lower the cardio-respiratory fitness by aged 26. Blood pressure was not significantly affected. It is proposed that the main reasons are inactivity and poor diet influenced by advertising.

Comment: This article makes depressing reading. There are almost certainly also major social, psychological and educational consequences of breeding a generation of couch potatoes. (see also 24-399)

24-399 Programming obesity in childhood.

Ludwig DS, Gortmaker SL. *Lancet*. 17 July 2004. Vol.364. No.9430. p.226-7.

Reviewed by Dr Tony Hanne

Review: See 24-398.

Respiratory System

24-400 Long-term effects of inhaled corticosteroids on FEV1 in patients with chronic obstructive pulmonary disease.

Highland KB, Strange C, Heffner JE. *Ann Intern Med*. 17 June 2004. Vol.138. No.12. p.969-73.

Reviewed by Dr Mike Slatter

Review: This brief communication paper is a meta-analysis which evaluated the effect of inhaled corticosteroids (ICS) on FEV1 decline observed in patients with COPD. They did not find any association between ICS use and rate of decline of FEV1. Their findings suggest that ICS should only be used where there has been a spirometric response to their uses or for frequent exacerbations of COPD that require use of oral corticosteroids or antibiotics.

Comment: This article more clearly defines the role of ICS in COPD. ICS are clearly not the answer to slowing the progression of COPD. The article 'Inhaled Corticosteroids and Chronic Obstructive Pulmonary Disease: Are We Barking Up the Wrong Tracheobronchial Tree?' should be read in conjunction with this communication paper (see 24-401).

24-401 Inhaled corticosteroids and chronic obstructive pulmonary disease: are we barking up the wrong tracheobronchial tree?

Epstein PE. *Ann Intern Med*. 17 June 2003. Vol.138. No.12. p.1001-2.

Reviewed by Dr Mike Slatter

Review: See 24-400.

Sex and Sex Roles

24-402 Pupil-led sex education in England (RIPPLE study): cluster-randomised intervention trial.

Stephenson JM, Strange V, Forrest S, et al. *Lancet*. 24 July 2004. Vol.364. No.9431. p.338-46.

Reviewed by Dr Tony Hanne

Review: If teacher-led sex education for high school young people is ineffective, perhaps sixth formers can do a better job? Over 8000 young people aged 13-14 in 29 schools were randomised between sex edu-

cation delivered by 16-17 year olds or the traditional teacher approach. Outcomes by age 16 in terms of sexual activity, unwanted pregnancies, and use of condoms were studied. There was very little difference between the two groups except that a majority preferred sixth formers to teachers teaching them the facts of life. Most girls would have liked girls only sessions. The boys enjoyed co-ed classes!

Comment: It is noteworthy that the curriculum contained no hint of any moral basis for decisions about sexual activity. It would have been more useful to have compared the outcomes of sex education by two parents with either of the approaches described here. (See also 24-403.)

24-403 Teaching safe sex in English schools.

Short RV. *Lancet*. 24 July 2004. Vol.364. No.9431. p.307-8.

Reviewed by Dr Tony Hanne

Review: See 24-402.

Smoking

24-404 A smoking related triad: PAD, COPD and CCF.

Harris M. *Aust Fam Physician*. April 2004. Vol.33. No.4. p.207-10.

Reviewed by Dr Barry Suckling

Review: Discusses the complexities of managing this common, smoking related, triad of illnesses.

Comment: The second in the series of comorbid disease clusters (see 24-364 and 24-373 and 24-396).

Sports and Sports Medicine

24-405 Efficacy of cold gel for soft tissue injuries: A prospective randomized double-blinded trial.

Airaksinen OV, Kyrklund N, Latvala K, et al. *Am J Sports Med*. September 2003. Vol.31. No.5. p.680-4.

Reviewed by Dr C Hanna

Review: This study compared a cold gel compress with a placebo gel compress for the treatment of acute soft tissue injuries and found cold gel packs to be better than placebo for pain reduction and patient satisfaction.

Comment: It is interesting that the placebo was a non-cooling gel pack which would make subject blinding to treatment hard to achieve.

24-406 The diagnosis and treatment of superior labrum, anterior and posterior (SLAP) lesions.

Nam EK, Snyder SJ. *Am J Sports Med.*

September 2003. Vol.31. No.5. p.798-810.

Reviewed by Dr C Hanna

Review: This paper is described as a 'clinical sports medicine update' on the given topic. It describes the anatomy and biomechanics of the glenohumeral joint, and also discusses the classification, diagnosis and management of SLAP lesions.

Comment: Written from a surgical perspective, this is still a good overview of an interesting topic in sports medicine.

24-407 Gene doping.

Sweeney HL. *Sci Am.* July 2004. Vol.291.

No.1. p.36-43.

Reviewed by Dr Ron Vautier

Review: Focusing on muscle growth and repair, and how these are controlled by chemical signals, which are in turn controlled by genes, this article indicates that manipulation of such genes appears likely to be used not only therapeutically but also to enhance athletic performance.

Comment: This article should provide GPs with a useful level of understanding of the current state of play.

24-408 Identifying exercise-induced bronchospasm.

Hermansen CL, Kirchner JT. *Postgrad Med.*

June 2004. Vol.115. No.6. p.15-25.

Reviewed by Dr Chris Milne

Review: Not all athletes with exercise induced bronchospasm (EIB) actually have chronic asthma. The athletes with EIB will tend to have nor-

mal spirometry at rest, and about 50% will experience a refractory period during which further exercise will not stimulate an attack. They tend not to have an inflammatory component, so treatment with B2 agonists alone is usually sufficient.

Comment: It might seem like a nit picking distinction, but it's worth being aware of, as it does influence treatment.

24-409 Facial trauma in a softball player.

Patterson BL, Anan T. *Physician and Sportsmedicine.* December 2003. Vol.31.

No.12. p.26-29.

Reviewed by Dr Rob Campbell

Review: A case report which illustrates some important points. X-rays are not accurate enough in assessing orbital fractures. CT is usually needed. Examination needs to include eye movements especially upward gaze.

Comment: Have a high index of suspicion and refer early.

24-410 Exertional rhabdomyolysis: early recognition is key.

Brown TP. *Physician and Sportsmedicine.*

April 2004. Vol.32. No.4. p.15-20.

Reviewed by Dr Rob Campbell

Review: An uncommon but serious complication of exercise. Muscle necrosis followed by release of intracellular contents into bloodstream may lead to cardiac dysrhythmias, renal failure and possibly death.

Comment: A very good summary of the problem. Worth reading if you are looking after exercising groups including the military, school children and regular athletes.

24-411 Complex regional pain syndrome: Redefining reflex sympathetic dystrophy and causalgia.

Hayek SM, Mekhail NA. *Physician and Sportsmedicine.* May 2004. Vol.32. No.5.

p.18-25.

Reviewed by Dr Rob Campbell

Review: Complex regional pain syndrome (CPRS) is the new nomenclature which encompasses the

older entities of reflex sympathetic dystrophy (CRPS 1) and causalgia (CRPS 2). The division into two types is defined by whether the symptoms/pain are sympathetically maintained pain and sympathetically independent pain.

Comment: An excellent review which fully explores this very challenging problem. If you feel confused read this.

Therapeutics

24-412 The stem cell challenge.

Lanza R, Rosenthal N. *Sci Am.* June 2004.

Vol.290. No.6. p.60-7.

Reviewed by Dr Ron Vautier

Review: Stem cells have, in theory at least, the ability to differentiate in to many other cell types, raising the possibility of regenerating replacement body parts. The problems of reliably identifying such cells, and inducing them to change as described, are receiving intense study, with recent encouraging results in treating myocardial infarction.

Comment: This article is clear, comprehensive, and important.

Travel Medicine

24-413 Evaluation of fever in the international traveler: Unwanted 'souvenir' can have many causes.

Blair JE. *Postgrad Med.* July 2004. Vol.116.

No.1. p.13-29.

Reviewed by Dr Chris Milne

Review: As international travel becomes more common, more people return home with illnesses that may be caused by 'exotic' organisms. Dengue fever, malaria and the various enteric fevers are important causes to look out for. Do not assume it is just an unusual manifestation of 'the flu' and consult with a travel medical specialist if you are in any doubt.

Comment: Even though it has an American bias, this is a useful article about an important issue.

Urology

24-414 Management of overactive bladder.

Ouslander JG. N Engl J Med. 19 February 2004. Vol.350. No.8. p.786-99.

Reviewed by Dr Raina Elley

Review: Overactive bladder is a common problem (16% of men, 17% of women but 42% of men over 75 and 31% of women over 75). Overactive bladder can be associated with serious adverse events such as falls and fractures, as well as being distressing, disturbing of sleep and associated with reduced quality of life and sometimes depression. This article is a good review of the causes, mechanisms of action and effects of different types of overactive bladder. Diagnostic evaluation is described and non-pharmacologic and pharmacologic therapies reviewed with current evidence for each assessed.

Comment: A very comprehensive review of causes, mechanisms of action, diagnosis and management of overactive bladder with an emphasis on pharmacological therapy.

24-415 Finasteride reduced prostate cancer but led to more high grade tumours and sexual side effects.

Morris JC 3rd. Evidence-Based Medicine. November/December 2003. Vol.8. No.6. p.183.

Reviewed by Dr Bruce Arroll

Review: This study found that 5mg of finasteride (Androcur) lowered the rate of prostate cancer, urinary urgency and urinary retention. Unfortunately it was also associated with an increase in high grade prostate tumours and an increase in sexual dysfunction, with about 10% of the participants having erectile dysfunction or loss of libido. (Original article reviewed: N Engl J Med 2003; 349: 215-24).

Comment: These effects (sexual dysfunction) seem to be associated with the Androcur dose and not the Propecia (1mg) dose.

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