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*Welcome to the new look CPD section of the South African Family Practice journal. In each issue, six to eight CPD articles relevant to family practice will be presented in very reader-friendly formats with practical tips. The focus of the articles will be to present topics with current information that is evidence-based to support management decisions.*

The article 'Assessing risk for future cardiovascular disease in children and adolescents' by DN Patel highlights the importance of chronic diseases of lifestyle which are leading causes of morbidity and mortality in developed and developing countries. The World Health Organization (WHO) estimated that in 2005 more than 80% of the 35 million deaths globally from chronic diseases occurred in low- and middle-income countries. The author stresses the central role of childhood obesity as a significant risk factor for the development of coronary heart disease in later life and offers a practical approach on its management including body mass index (BMI) plotting and measurement, and screening tests for chronic diseases in adolescents.

In the article on the current management of hypercholesterolaemia in children and young adults, FJ Raal gives the reader food for thought. It is now a well established fact that atherosclerosis begins in childhood and it is not uncommon that its first presentation is sudden death. The article recommends that all children and adolescents with high-risk lipid disorders, diabetes mellitus or other cardiovascular disease risk factors or with a family history of premature coronary artery disease should be considered for lipid-lowering therapy if diet and lifestyle interventions fail. Statins are now recommended in all male children with familial hypercholesterolaemia from the age of ten and at the onset of menses in females with the same condition.

The article on reducing upper gastrointestinal bleeding in family practice by HR Schneider focuses on non-variceal bleeding and reminds us that peptic ulcer disease accounts for 50–70% of the cases. Eradication of *Helicobacter pylori* infection contributes significantly to the reduction of upper gastrointestinal bleeding. He stresses the importance of warning our patients about the life-threatening complications of aspirin and NSAIDs which are often over-prescribed. The 'points for the practice' table presented on the last page of the article summarises the crucial points to prevent and manage this life-threatening condition.

The travel medicine article 'An approach to fever in the returning traveller' by Brink GK et al, stresses the importance of a comprehensive history, assessment and knowledge of diseases prevalent in the areas visited by the traveller. Malaria remains the first differential diagnosis in travellers returning from an endemic area irrespective of precautions taken. The article covers the more common causes of fever which include malaria, dengue fever, tick bites, typhoid fever, viral haemorrhagic fever etc. It concludes by stressing that an initial negative malaria rapid test does not exclude malaria and that it is prudent to repeat the test until a positive test is obtained or a positive diagnosis of another infection is made.

'Anaphylaxis in family practice' by WGJ Kloeck is a very practical approach on how to deal with anaphylaxis after exposure to a causative antigen. He informs that the most important aspect in the

management of anaphylaxis is to prevent the condition that causes it and always to be prepared with the necessary skills, drugs and emergency equipment. Adrenaline still remains the undisputed drug of choice in anaphylaxis and the recommended concentration is 1:1000 given intramuscularly (0.3–0.5 ml stat). The algorithm at the end of the article clearly explains the step-wise approach to follow and should be available in all emergency rooms.

The article 'Diagnosis and treatment of diabetic ketoacidosis (DKA)' by DG van Zyl is another emergency condition that presents regularly in family practice as the number of diabetic patients increases in the community. DKA occurs in both types 1 and 2 diabetic patients with non-specific clinical features. The article gives the diagnostic criteria and severity of DKA adapted from the American Diabetes Association (ADA) position statement. This classifies DKA as mild, moderate or severe and serves as a useful tool when confronted with a DKA patient. The article reviews various aspects of the management of DKA in terms of the IV fluids, insulin and electrolyte replacement in a logical manner. He concludes that DKA is preventable if proper patient education, training on how to manage sick days and when to contact a health provider are introduced.

The last article in the CPD section is on preventing osteoporosis in postmenopausal women. It emphasises that osteoporotic fractures are common and will affect at least a third of women over the age of 50 years. He dispels the false impression created that black South Africans are not prone to osteoporosis. The information presented covers the pathophysiology, prevention and treatment of osteoporosis in postmenopausal women and empowers the family practitioner to manage these patients efficiently.

In conclusion, after reading the articles, the CPD section which has questions based on them is available for those interested in obtaining Continuing Education Units (CEUs) for the Health Professional Council of South Africa's continuing professional development programme.

Please note that the CPD programme is FREE to all Academy members and subscribers and that answers must now be submitted online. The loose CPD sheet has been included for all readers in this issue only and is simply a tool to make it easier to participate in the CPD activities and to enable you to keep record of your answers for your portfolio. Read more about the CPD administration on page 17 and on the loose CPD answer sheet.

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