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This is the second issue (March/April 2008) of the new look CPD section of the South African Family Practice journal. In each issue, 6 – 8 CPD articles are published in very reader-friendly formats with practical tips. The focus of this section is to present relevant articles in family practice with evidence-based information to assist clinicians with management decisions.

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The article on “Management of upper respiratory tract infections in children” by Cotton MF *et al* stresses the impact of upper respiratory tract infections (URTIs) in both children and adults as major causes of absenteeism from work, school and unnecessary medical care. Most causes of URTIs are viral in origin and despite being common very little epidemiological data is available from developing countries. Treatment of URTIs is symptomatic and the use of antibiotics when 90% of the infections are of viral origin remains contentious. The authors suggest that there is a role for antibiotic use in defined indications such as in severe acute rhinosinusitis of more than ten days duration and severe acute otitis media. Some studies on the use of complementary and alternative medicine in URTIs were reviewed. The results were inconclusive as to their efficacy in URTIs. On the other hand, hand washing in house holds significantly reduces the incidence of both respiratory and gastrointestinal infections in children from both impoverished and well resourced communities. Neuraminidase inhibitors shorten the duration of the disease and reduce complications but their high cost prohibits their use in children with URTIs.

“Contraception for first-time users” by Lindeque BG classifies contraceptive methods based on their degree of reliability to prevent pregnancy into 4 main categories – highly reliable, very reliable, reliable and unreliable. He lists the non-contraceptive benefits of oral contraceptives in a concise manner and offers options for first-time users. The article focuses on the combined oral contraceptives (COCs) as the preferred option of contraception in this group of users, followed by the barrier contraception when COCs are not available. The author encourages doctors to motivate sexually active teenagers to use ‘double’ contraception, namely COCs as well as condoms to prevent unwanted pregnancy and at the same time minimize the risk of transmission of sexually transmitted illnesses.

The brief update on the clinical use of the prostate specific antigen (PSA) by Heyns CF and Van der Merwe A is an interesting article to read as it provides a detailed approach to the interpretation of serum PSA in men. The authors emphasize that there is no ‘normal’ PSA, because even with a PSA below 4ng/ml, prostate cancer can be

detected on biopsy in up to 20% of men. The good news is that the prevalence of high-grade prostate cancer is relatively low at low PSA values. The article offers reasonable and clear recommendations on PSA screening, how and when to use free-to-total PSA ratio and PSA density to decide on which patients need prostatic biopsy. The authors end the article by stating that the greatest clinical value of PSA is in predicting and following the response to treatment of patients with prostate cancer, and that it should be used with caution, especially at low PSA values, because of the risk of over-diagnosis.

The article on “Asthma control – practical suggestions for practicing doctors in family practice” by Green RJ *et al* indicates that many surveys on asthma care suggest that only 5% of asthmatic patients are complying with the ‘goals of asthma management’ as set out in the Global Initiative for Asthma (GINA) guidelines. The GINA guidelines (in press) specify six goals for the long-term control of asthma which on the face value may explain why only few asthmatics achieve control. The new guidelines focus more on control (rather than severity assessment) as control drives exacerbations, quality of life and health care costs. The amount of exhaled nitrous oxide (FE_{NO}) using hand-held nitric oxide sensors is a surrogate measurement of eosinophilic inflammation, with an elevated FE_{NO} being highly predictive of asthma. Its application extends to the diagnosis of steroid-responsive airway disease and monitoring of steroid requirements of asthmatic patients.

“Tick bite fever in South Africa” by Frean J *et al* addresses the clinical dilemma doctors face when diagnosing and managing this disease. In South Africa, the most common rickettsial disease is tick bite fever and there are two species responsible for most of the cases namely - *Rickettsia conorii* and *Rickettsia africae*. The former is usually transmitted by dog ticks in peri-urban settings, while the latter is typically transmitted by specific cattle and game ticks. The disease presents like any febrile illness but the classical triad of fever, eschar and rash occurs in the majority of cases (50-75%) and serological tests are often negative early in the disease. The recommended therapy for all patients is doxycycline for 5 to 7 days.

As we approach the winter season in South Africa, the article on “Influenza: prevention, prophylaxis and treatment” by Jones S and Jones R is appropriate. The virology of the influenza virus indicates that it is an RNA virus of the orthomyxoviridae family, with three antigenic types namely A, B and C. Influenza C has rarely been reported to affect humans while types A & B are responsible for most of the presentations in humans. It is important to note that the influenza

vaccines available in South Africa are all *inactivated* vaccines and this makes them suitable for HIV-infected individuals who have a higher influenza-attributable mortality rate than the general population. The authors list various high-risk groups who should benefit from vaccination and discuss the use of oseltamivir an antiviral agent (neuraminidase inhibitor), which shortens duration, reduces severity and prevents complications of influenza. The relatively high cost maybe a factor negating its regular use in the public health system but it should be considered for post-exposure prophylaxis in high-risk individuals who come in contact with patients who exhibit influenza-like symptoms

The article on "Diffuse Infiltrative Lymphocytosis (DILS)" by Levay PF and Botes ME is a short article on a syndrome that is not well known, although first reported in 1989 from New York in a cohort of 12 HIV positive patients with parotid enlargement, pulmonary insufficiency and lymphadenopathy. The syndrome is characterized by a persistent CD8+ lymphocytosis and lymphocytic infiltration of various organs. Patients with DILS generally present in an early HIV stage, have higher CD4+ counts (>200/ μ l) and fewer opportunistic infections. From the authors' experiences, it appears that there has been a significant decrease in the prevalence of DILS with the introduction of highly active antiretroviral therapy (HAART) for the treatment of HIV/AIDS.

The ethics article on "Post-birth rituals: Ethics and the Law" by Knapp van Bogaert D and Ogunbanjo GA discusses ethical and legal

considerations regarding post-birth rituals with special reference to the South African Human Tissue Act. They reviewed the beliefs and practices of various cultures across the globe on disposal of the placenta and umbilical cord. In many cultures, the placenta and umbilical cord are regarded as 'holders' of great power. When chapter 2 of the South African Tissue Act is scrutinized, the requirements for the disposal of the placenta and umbilical cord (human tissue) need the consent of the Minister of Health and can only be used for medical or dental purposes. This makes the traditional practice of post-birth rituals using the placenta and umbilical cord incompatible with the law. On the other hand, the constitution of the Republic of South Africa (Section 9(3) of Act 108 of 1996) 'prohibits unfair discrimination directly or indirectly against anyone on one or more grounds, including culture'. Your guess is as good as mine – 'is the Human Tissue Act anti-constitutional'? I leave you to read the article and make up your mind.

In conclusion, after reading the articles, the CPD section has questions based on them which are available for those interested in obtained Continuing Education Units (CEUs) for the HPCSA's continuing professional development programme.

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Theme: "Turning Evidence into Practice"

Venue: Rustenburg Civic Centre

Date: Fri 8th - Sun 10th August 2008

Convener: Prof GA Ogunbanjo - Email gao@intekom.co.za

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