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The article on Human Papilloma Virus (HPV) vaccine by F Guidozi indicates that though HPV infection of the anogenital tract is very common, persistent infection of the female genital tract is uncommon and the overwhelming majority of infections in women below 35 years of age will regress spontaneously. Globally, about 630 million people are infected annually with HPV but in the vast majority, the infection is transient and clears away due to cell-mediated immune response. Due to the established link between HPV infection and cervical cancer, HPV vaccines, which are formulations of the major capsid proteins L1 of the natural HPV particle are of utmost importance in the prevention of cervical cancer. The primary target for vaccination is young girls aged 11-12 years, before they become sexually active. The HPV vaccine is safe and simultaneous administration with other vaccines is not contraindicated. Family practitioners should advocate this vaccine as part of the public health strategy in reducing the burden of HPV and cervical cancer especially in sub-Saharan Africa.

P Joshi and S Joshi present type 2 diabetes, which is a worldwide pandemic disease with significant morbidity and mortality citing the most current randomised controlled trials. In the US-based DPP trial, a 30-min per day of moderate physical activity, coupled with a 5-10% reduction in body weight, produced a 58% reduction in diabetes, whilst pharmacological intervention using metformin produced a 31% reduction in high-risk patients. This is significant as advocacy for exercise and weight reduction should form part of the management of most patients as a strategy of reducing the prevalence of type 2 diabetes in the community. Other clinical trials in this article focus on various aspects of diabetic care that is enriching information for the family practitioner, for example, glycosylated hemoglobin is currently not recommended for the diagnosis of diabetes.

NO Ndjeka et al attempt to cover various issues on the diagnosis, treatment and referral of tuberculosis (TB) patients. The World Health Organization early in 2008, ranked South Africa seventh among the 22 high burden countries for TB. With the challenges of drug-resistant TB, limited laboratory capability, high HIV prevalence and increasing defaulter rates, the authors advocate the involvement of the private family practitioners in the district TB control programme. The private family practitioner operates at the entry point of patients into the "professional" health sector and TB district control should be one of the areas of the public-private partnership that the government talks about and should strongly advocate.

The review of medicines for the management of chronic persistent asthma by EM Irusen reminds the reader that airway inflammation is the fundamental problem in asthma and anti-inflammatory therapy in the form of inhaled corticosteroids is the single most important intervention.

The article also discusses beta-adrenoceptor agonists, leukotrienes modifiers, theophylline and anticholinergic agents in a very clear manner with supporting evidence of when they should be used or added to inhaled corticosteroids.

JL Roos covers depression in later life and clearly states that there is no evidence that supports the notion that depressive episodes are more prevalent with advancing age and that healthy older people are at no greater risk of depression than the general population. He also defines 'dysthymia' as a chronic depression of at least two years duration, often co-existing with episodes of major depression. The classification of antidepressants with examples is useful information as newer antidepressants are often recommended as first-line treatment for depressive disorders in the elderly, when in more severe depression in the elderly; tricyclic antidepressants are more effective than selective serotonin-reuptake inhibitors (SSRIs).

Healthy lifestyle interventions in general practice (Part 1) by EW Derman *et al*, touch on poor lifestyle choices that patients make which include physical inactivity, adverse nutrition and tobacco use. The latter are strongly associated with heart disease, diabetes, respiratory disease and cancer. The role of regular exercise is reinforced with information provided on the updated exercise participation guidelines. Dietary modification is a touchy issue with over-weight and obese patients but family practitioners should encourage their patients on the importance of daily fruit and vegetables consumption, lean proteins, whole-grain foods whilst limiting trans fats, cholesterol, sugars and salts. The 21st century lifestyle is stressful and stress has a profound effect on a number of physiological systems and adversely affects autonomic and hormonal homeostasis. Stress is manageable and patients should be encouraged to participate in stress management programmes.

Finally, the ethics article by Knapp van Bogaert and Ogunbanjo GA on "Don't ask, don't tell" – Ethical issues concerning learning and maintaining life-saving skills", explores ethical issues on the traditional way of skill acquisition of - "See one, do one, teach one". Although the saying may be a misrepresentation of the reality, it should not be an optional educational approach. Patients undergoing a procedure under general anaesthesia are often not informed of the possibility that they could be used for "ghost procedures" - a trainee performs part or whole of the procedure. An attitude of "don't ask, don't tell" devalues patients' autonomy and the trainee's moral integrity. The authors conclude that in view of the polarisation of the views about teaching, acquiring, and maintaining technical skills, institutions should consider and deliberate on these principles and reach consensus on a set of guidelines to clarify and limit the practice of learning technical skills on patients and on the newly dead.

NB: Comments on any of the CPD articles is appreciated

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