

## In this CPD issue:



The year 2009 starts with a bang with the reorganisation of the CPD section. This year, the focus is to present the CPD section of each issue of the journal with a main theme on which most of the articles will be based. The Jan/Feb 2009 issue is based on the main theme of diabetes mellitus. The article on the *Management of Type 2 diabetes* by Joshi S and Joshi P succinctly covers the treatment goals and guidelines for the management of Type 2 diabetes as recommended by the International Diabetes Federation and American Diabetes Association (ADA). It highlights the current approaches to therapy in a practical manner that the family practitioner can easily follow. The main stay of the current approaches includes lifestyle modifications, diet, oral hypoglycaemic agents and insulin therapy. The article concludes that physicians should be aware that cardiovascular risk is increased even before the diagnosis of diabetes. Hence it is important to embark on intensive treatment to reduce mortality in diabetic patients.

The second article on *Oral hypoglycaemic* drugs and newer agents by the same authors (Joshi P and Joshi S) reviews the use of oral hypoglycaemic agents in the management of Type 2 diabetes. It clearly explains their pharmacological mechanisms of action, indications, side-effects and contraindications. It is an article that should be read to understand the rationale for the choice of oral hypoglycaemic drugs that should be prescribed for Type 2 diabetic patients. The availability of newer drug groups, namely non-sulphonylurea secretagogues, thiazolidinediones and  $\alpha$ -glucosidase inhibitors add more to our knowledge of oral hypoglycaemic agents and offer choice when control is not achieved with the use of biguanides and sulphonylureas.

The management of diabetes is incomplete without reviewing issues of healthy lifestyle interventions. The fourth article in its series by Schwellnus MP *et al* addresses this comprehensively. The main indication for referral to a lifestyle intervention programme is any patient with either pre-diabetes or established diabetes mellitus and it is an essential component of the primary and secondary prevention (management) of diabetes mellitus. The main elements of the intervention programme are nutritional intervention, exercise training (minimum of 150 minutes at moderate intensity per week), psychosocial support and education. The article advocates regular monitoring to be conducted during training sessions, and follow-up assessment indicated after 2–3 months to assess progress and to re-set goals. It stresses that longer-term (5–6 months) intervention programmes are associated with better long-term outcomes.

The ethics article titled "*Hippocratic Oath: Revisited*" by Ogunbanjo GA and Knapp van Bogaert D reviews the relevance of the Hippocratic Oath in modern day medical practice. Traditionally the physician-patient relationship was rooted in the Hippocratic Oath which condoned paternalism. But the current emphasis on autonomy and distributive justice has changed this relationship to such extent that one might argue that the Oath has become irrelevant. The authors cover the historical transition of various oaths relevant to medical practice in understanding the origin of the current ethical principles of autonomy, beneficence, non-maleficence and distributive justice. The article argues that the Hippocratic Oath can no longer be viewed as the action-guiding inspiration of current medical practice and advocates for a refocus of the physician-patient relationship through a 'communitarian' approach. A discourse on the latter is overdue.

Enjoy this issue of the SA Family Practice and let us receive your positive feedback on any of the articles.

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