

In this CPD issue:



It is always an opportunity to write the CPD editorial for this journal. In this edition, we have four interesting articles which I hope you will read and gain more insight about the conditions presented.

The first article is the fifth in the series on “Healthy lifestyle interventions in general practice”. It focuses on the role of lifestyle modification with specific reference to cancer. The article indicates that the leading cause of cancer deaths in South Africa is lung cancer, which has a clear epidemiological link with cigarette smoking (active and passive). In females, cervical and breast cancers predominate. The most convincing evidence for the benefits of physical activity on cancer prevention exists for colon and breast cancers. The article cites a study which found that moderate to vigorous aerobic activity for 30 to 60 minutes a day, reduces the risk of colon cancer by about 30%. Also physically active women have a lower risk of developing breast cancer compared to sedentary women. In addition, the authors clearly elucidated the positive role of physical exercise during and after cancer treatment. As part of the management of cancer, psychosocial interventions are important although meta-analyses on their effects on cancer survival are inconclusive. The dietary intervention has general dietary considerations that are simple to understand and advise the cancer patient. The section on nutritional supplements is interesting as high doses of antioxidant supplements such as vitamin A, C, E, beta carotene, zinc and selenium beyond the recommended daily allowances (RDA) may promote the survival of cancer cells. Beta carotene in high doses has been found to increase the risk of lung cancer. The recommendation is that if they have to be taken, the patient should consult a dietician or doctor.

The article on insulin and insulin regimens in type 2 diabetes by Joshi and Joshi is also part of our series on diabetes. The focus is on the use of insulin in type 2 diabetic patients and provides evidence that most type 2 diabetics would require insulin replacement for their control about 10-12 years after diagnosis. They identified a number of contributory factors that cause late commencement of insulin in type 2 diabetics which ‘psychological’ insulin resistance, needle phobia, and inadequate patient education. Various forms of insulin are discussed in depth including their dosing regimens. The section on designing an insulin therapeutic programme gives rationale and practical steps for the insulin options, the most popular option being the use of twice daily premix insulin. In the latter, it is stressed that this regimen of insulin administration is not a physiological one but it is important to administer the premixed insulin doses at about the same time everyday and that meals should also be regular to minimize hypoglycaemic episodes. The authors conclude and advocate that there should not be any delay initiating insulin therapy once oral hypoglycaemic agents are no longer effective in maintaining the HbA_{1c} below 7%.

The updated guideline for the management of upper respiratory tract infections in South Africa (2008) is reprinted with permission from the SAMJ. The motivation for this guideline is to discourage the inappropriate use of antibiotics for non-severe upper respiratory tract infections, many of which are viral in origin. The guideline stresses that antibiotic resistance to *Streptococcal pneumoniae*, the causative microorganism for most cases of acute otitis media and acute bacterial sinusitis is increasing. The article covers the most common upper respiratory infections, their causative agents and the appropriate antibiotics suggested based on evidence-based information.

The article on ethics discusses feminism and the ethics of care, defining feminism as an approach to social life politics and ethics that commits itself to correcting biases which lead to subordination of women. The article covers the various waves of feminism namely civic maternalism; sisterhood and ecomaterialism; and identity politics and ecofeminism. It advocates that in a world where the physician-patient relationship is dominated by “male” values of autonomy and rights, space must be given to the no less important “feminine” values of care and connectivity. Food for thought! Till next edition of the journal, keep this copy in your consulting rooms for your patients.

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