



In this CPD issue:

As usual, the CPD section of the SA Family Practice journal features relevant articles for family practitioners and we start this edition with an informative article on swine flu compiled by

M Venter and L Blumberg of the National Institute of Communicable Diseases, South Africa. The new H1N1 influenza A strain of swine origin is different from the seasonal H1N1 influenza as it is a quadruple recombinant strain that has genetic elements of swine, avian and human influenza. The authors indicate that globally most cases of swine flu have been characterised by mild disease which resolves without treatment, but a number of fatalities have been reported. The current patterns of serious disease and deaths have been observed in young persons (10–45 years), including those who were previously healthy and those with pre-existing medical conditions or pregnancy. The symptoms of swine flu are similar to those of seasonal flu. The most appropriate specimens for testing are upper respiratory tract specimens which must be transported in viral transport media. Rapid antigen detection tests are not currently supported as their sensitivity and specificity for swine flu are suboptimal. In terms of antiviral therapy, these are only indicated for individuals with moderate to severe disease and those at risk for development of severe disease. Unfortunately, the swine flu virus is resistant to amantadine and rimantadine. The antiviral agents available are oseltamivir and zanamivir and the recommended duration of treatment is five days. There is some light down the tunnel as there is a candidate re-assortant vaccine virus (CBER-RG2) currently being tested in ferrets for efficacy.

The article on pleural effusion in HIV by *C Mostert and N Pannell* indicates that pleural effusions are frequently encountered in patients with AIDS with mortality rates ranging between 10–40%. The authors advocate a pragmatic approach in the analysis of pleural effusions (transudate vs exudate) in these patients and explain the most common causes of pleural effusion in HIV. Although pneumonia and tuberculosis account for the majority of pleural effusion in HIV positive patients, other causes of an effusion should always be considered. They stress the standard initial approach to effusion as suggested using the Light's criteria. The article is easy to read and the suggested approach is evidence-based.

The modern management of rheumatoid arthritis (RA) article by *M Tikly* is a very detailed article on this important chronic inflammatory joint disease that affects approximately 1% of the adult population, with a peak age onset of 40 to 60 years. Between 30–40% of patients experience work disability within five years of disease onset and the author advocates early aggressive medical treatment to improve the long-term outcomes of the disease. The cause of RA is unclear but the synovial inflammation seen in RA appears to be triggered by exposure to exogenous/infectious agents in genetically susceptible individuals. The article covers clinical features, relevant laboratory tests, and management goals of treatment, which include reduction of pain and discomfort, and preventing or minimising physical disability. The various treatment modalities are adequately covered and I personally recommend this article to you to update your knowledge on RA.

The use of smokeless tobacco (SLT), which is non-smoked tobacco, used intranasally or intraorally is on the increase globally as antismoking campaigns and government legislation have resulted in a decline in cigarette smoking. The article on this topic by *OB Omole and GA Ogunbanjo* reviews available literature mostly from the developed world and locally available studies on SLT use, associated health risks and adverse health outcomes. Some studies showed increased carcinogenesis, dental anomalies and poor pregnancy outcomes

among SLT users when compared to non-tobacco users. In South Africa, available data estimate the prevalence of SLT use to be 6.7% and across all racial groups about 13.2% of women engage in SLT use in the form of 'snuff'. It is estimated that the nicotine concentration in SLT varies between 2 and 15 times that found in cigarettes and the assumption is that SLT may be more harmful than cigarette smoking. The article covers the various effects of SLT on the cardiovascular system, diabetes mellitus, and oral, gastrointestinal and respiratory diseases. Its use in pregnancy is associated with reduced birth weight and may affect the neural cell proliferation and differentiation of the fetus. The article concludes that global SLT use is associated with increased risks of cancers, poor pregnancy outcomes, nicotine dependence/addiction, periodontal disorders and more local studies on the health outcomes of SLT use are needed to confirm some of the findings of the developed world studies.

The article on antidepressant-induced sexual dysfunction by *K Outhoff* discusses the intertwined relationship between depression and sexual dysfunction which are common in family practice. He defines *sexual complaint* as an expression of discontent or pain associated with sexual experience, while *sexual dysfunction* is pain associated with sexual activity or a disturbance in sexual functioning. It is estimated that 34% of men and 41% of women experience some form of sexual problem and that many causes have been linked to the disruption of the normal sexual response cycle. It is known that a significant percentage of depressed patients exhibit overactivity of the autonomic system and dysregulation of the neuroendocrine hypothalamic-pituitary-adrenal axis. Considering the various groups of antidepressants, the use of selective serotonin reuptake inhibitors and serotonin (SSRI) and serotonin noradrenaline reuptake inhibitors (SNRI) is attributable to a high incidence of sexual dysfunction. The article discusses the management of antidepressant-induced sexual dysfunction which includes cognitive behaviour therapy, couple therapy and counselling. Evidence-based recommendations for the pharmacological management of this condition are in short supply. But the use of phosphodiesterase type 5 (PDE5) inhibitors has proved effective in men for antidepressant-induced erectile dysfunction, and more recently, although not licensed for this group, in women with SSRI- and SNRI-induced sexual adverse effects.

The last article by *GA Ogunbanjo and D Knapp van Bogaert* discusses the ethical issues of the recent medical doctors' strike action related to the government's failure to implement the Occupation Specific Dispensation (OSD). It points out that strikes are rare events in the history of medicine and that when they occurred, they were initiated by junior doctors. From a utilitarian perspective, strike action can only be justifiable if there is evidence of great long-term benefit to doctors and their families, a positive improvement in health care delivery and the concurrent increase in benefits to those who are the most in need of health care. Doctors are deemed to work under a special ethical commitment because of the nature of the doctor-patient social contract which places them in a distinctive moral position to care for their individual patients. The article covers issues on the social contract between doctors and patients, the Hippocratic Oath, fidelity, beneficence and professional activism. It ends with the question – "Can strike action by doctors ever be morally justifiable?" The answer is "Yes, but always at a cost". Your comments will be appreciated on this particular article. Till the next edition, enjoy this copy of the SA Family Practice journal.

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