



In this CPD issue:

As we move towards the end of 2009, this is the second to the last edition for the year. The CPD articles are diverse and cover interesting topics that I hope you will enjoy. The first article titled "Alzheimer's disease in family practice" by OBW Greeff is a unique one as it deals with an important illness that affects the aged. It is estimated that 10-15% of those above 65 years suffer from some form of dementia and that senile dementia is more common in women than in men, especially in the less fertile women. The author indicates that the cause of dementia is still unclear but macroscopically the condition is associated with brain shrinkage. The microscopic picture is that of neuron loss in the hippocampus and basal forebrain. Interestingly Alzheimer's disease can only be confirmed on cerebral histology during autopsy, as in the clinical setting its diagnosis remains difficult. Most of the special investigations mentioned in the article are not available at the primary care level hence a good neurological examination is essential. The management in patients with this disease is multi-faceted and the available drugs either control cholinergic deficiency, are anti-oxidants, or anti-amyloids. In conclusion, the author reminds the clinician to care for the caretakers who are usually emotionally drained. For more information on this condition, visit www.alzheimers.org.za.

The term "atopy" refers to a complex genetic background with familial polygenic inheritance. The article on atopic dermatitis by HF Jordaan and WI Visser is informative as it reports that the incidence of atopic dermatitis (AD) in South Africa is unknown but a Cape Town study among 13-14 year old school children found a one-year prevalence rate of 8.3%. Asthma and allergic rhinitis develop in 30% and 35% of children with AD respectively. The authors list the criteria and minor diagnostic features in tables I & II. A number of photographs are included to demonstrate the condition in terms of the usual locations on the body. The skin prick or radioallergosorbent tests have a 95% negative predictive value and one of the most common complications is the "allergic march". The differential diagnosis is a long list of dermatological conditions, while its drug management is complicated. It includes topical corticosteroids, immunomodulators, and systemic treatment such as antihistamines, ciclosporins, oral corticosteroids, azathioprine and UVA1.

The article on the approach to the patient with a post-nasal drip and rhinosinusitis by DE Lubbe gives a practical approach on how to differentiate the two conditions clinically. The presence of a post-nasal drip (PND) is characterised by excessive mucus production, a change in mucus viscosity or infected mucus. The causative factors of the condition are divided into allergic, infectious and non-allergic non-infective rhinitis.

Rhinitis is said to be present when a patient has two or more of the following symptoms: blockage, rhinorrhoea, itchiness and sneezing. The mainstay of treatment for allergic rhinitis is topical corticosteroids and oral antihistamines. The diagnosis of acute bacterial rhinosinusitis (ABRS) is based on symptoms that the family practitioner can elicit divided into major and minor symptoms. The most common organisms isolated from ABRS are *Streptococcus pneumonia* and *Haemophilus influenza*, and antibiotic therapy is usually only indicated 7-10 days after onset of symptoms.

Part 7 of the series on healthy lifestyle interventions in general practice by EW Derman et al focuses on hypertension. From the 1998 demographic and health survey conducted in South Africa using a blood pressure cut-off of 140/90 mmHg, the prevalence rate of hypertension was estimated to be 21% for both genders. Hypertension is more prevalent among African subjects (59%), although the sampling was skewed in favour of the location of the study, i.e. Soweto. The authors identified regular physical exercise as one of the most beneficial interventions when combined with optimal nutrition, weight management and stress reduction. Optimum nutrition includes the Dietary Approaches to Stop Hypertension (DASH) diet, which focuses on a low saturated fat, cholesterol and total fat intake and emphasizes consumption of fruits, vegetables and fat-free dairy products. In addition, the authors highlight the importance of smoking cessation in reducing both cardiovascular and non-cardiovascular morbidity and mortality associated with hypertension.

The last article in the section is on "Tuberculosis of the urinary tract and male genitalia" by AD Zarrabi and CF Heyns. This form of tuberculosis is very difficult to diagnosis unless there is a high index of suspicion. The most common presentations include haematuria, lower urinary tract symptoms, Gram-negative recurrent urinary tract infection, flank pain and scrotal swelling. The presence of sterile pyuria should arouse the family practitioner's suspicion of urogenital tuberculosis and the diagnosis is usually confirmed by urine culture for acid fast bacilli (AFB). The duration of anti-tuberculosis treatment should be for at least six months and monthly imaging follow-up is necessary following the risk of urinary tract obstruction due to fibrosis while on treatment. Till the last edition for the year, enjoy this copy of the SA Family Practice journal and write letters to the editor on any of the CPD articles.

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