In this CPD issue:

This is the last issue of the SAFP journal for 2009 and as usual we end the year with a bumper edition. The first CPD article, which is the 8th in the series focuses on "Healthy lifestyle interventions in general practice and dyslipidaemia" by *Schwellinus MP et al*. Dyslipidaemias relate to raised plasma concentrations of total cholesterol (TC), low density lipoprotein cholesterol, triglycerides and reduced plasma concentration of high density lipoprotein cholesterol (HDL-C). The prevalence of hypercholesterolemia in the South African population groups is generally lower in Africans and markedly raised in other population groups (Coloureds, Indians and Whites). The authors stress that the cornerstone of management of all patients with dyslipidaemias is lifestyle intervention which consists of dietary intervention, physical activity, stress management, and smoking cessation. Evidence exists that there is a correlation between high work-related stress and an increase in both plasma TC and the TC/HDL-C ratio. Smoking increases both cardiovascular and non-cardiovascular morbidity and mortality. In addition, lipid lowering drugs especially the statins have an important role to play in dyslipidaemias but the musculoskeletal side-effects may mask the pains associated with physical exercise.

The general practitioner's approach to pelvic organ prolapse (POP) by *Cronje HS* is a comprehensive article that I recommend to all readers as this condition together with urinary incontinence is extremely common. It affects 50% of parous women by the age of 50 years. About 11% of affected women will need surgery and a third will receive a second operation within two years. The three most important factors responsible for POP are genetic, pregnancy with vaginal childbirth, and hysterectomy. The author stresses the importance of preventing POP through good obstetric practice (prevention of prolonged labour), prevention of obesity, healthy lifestyle including exercise, and prevention of hysterectomy, where possible. The staging of POP using the POP-quantification system is very simple to understand as it assists the family practitioner to identify the patients in need of surgery. Guidelines on POP management are clearly presented including the principles of surgery, post-operative care and mesh complications. The article ends on the important role of physiotherapy and the indications for referral to the physiotherapist.

The third CPD article is on recurrent urinary tract infections (RUTI) in non-pregnant adult women by *Henn EW*. RUTI occurs in approximately 5% of adult women and 50-60% of women will report at least one urinary tract infection (UTI) in their lifetime. UTIs are more prevalent among premenopausal than postmenopausal women. The peak incidence of infections occurs in young, sexually active women aged 18 to 24 years and the natural history of most UTIs is acute and uncomplicated. The article discusses protective and risk factors associated with RUTI. Approximately 80% of bacteria isolated in UTIs are Gram-negative bacilli from the family *Enterobacteriaceae* which are sensitive to a 5-10 day course of nitrofurantoin, trimethoprim and sulphametaxole, or fosfomycin. Resistance to amoxicillin is relatively high. Non-antimicrobial prevention of RUTI includes daily cranberry products which decreases RUTI frequency and urinary alkalinisers which is reserved for uncomplicated UTIs only.

Management of gout: Primary care approach by *Omole OB and Ogunbanjo GA* is the follow-up article on "evolution of gout (an old lifestyle disease)". Gout is the commonest form of inflammatory disease of the joint in men over the age of 40 years, where an excess of serum uric acids leads to the formation of monosodium urate crystals in various body tissues. The article covers the American Rheumatism Association criteria for the diagnosis of gout and stresses that serum urate level is not a reliable criterion for diagnosing acute attacks of gout. The management of gout at the primary care level is discussed in terms of behavioural modification, anti-inflammatory agents during acute attacks, urate lowering agents in chronic gout, and future developments related to newer drugs available in the lowering of serum urate e.g. Febuxostat and IL-1 inhibitors.

The last article – The Human Genome and Gene "Therapy" by *Knapp van Bogaert D and Ogunbanjo GA* discusses some ethical issues related to gene therapy using the example of prenatal screening for genetic disorders. Contemporary medical and scientific knowledge in the field of gene therapy has the potential to inform us about many known inherited genetic conditions. Some ethical issues involved in prenatal screening for genetic disorders concern autonomy, cost and maternal anxiety which are explicitly discussed in the article. Therapy implies the remedy or alleviation of a defect or illness. One of the questions asked by the authors among others is – "Is it ethical to modify the human genome?" It will be appreciated if readers can respond to this question.

I wish you a peaceful and restful festive period. Have a prosperous 2010 and prepare for the FIFA World Cup coming to our shores next year.

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