



## In this CPD issue:

Welcome to the 2<sup>nd</sup> issue of the SAFP journal for 2010. The FIFA World Cup event is just round the corner and I have decided to share a few trivia about the global event before delving into the editorial of this issue.

Did you know that:<sup>1</sup>

- a. *The first World Cup soccer match kicked off on July 13th, 1930 with France beating Mexico 4 – 1*
- b. *There were a total of 13 teams in the first World Cup*
- c. *South American and European countries have each won the World Cup 9 times*
- d. *No European team has won a World Cup played outside of Europe*
- e. *Cameroon's Roger Milla is the oldest player at the World Cup – he was 42 years and 39 days old when he played his last match against Russia in 1994*
- f. *No other continent has produced a World Cup Champion*

The last trivium is critical for Africa to break the jinx of the South Americans and Europeans by becoming the other continent to produce a World Cup Champion. The ball is in the court of the six African teams to change the destiny of African football.

The first CPD article, which is the 10<sup>th</sup> in the series, focuses on "Healthy lifestyle interventions in general practice and arthritic conditions" by *Schwellnus MP et al.* Chronic musculoskeletal disease is one of the most common disabilities worldwide with considerable economic impact on health care. The authors cover two of the most important arthritic conditions namely osteoarthritis (OA) and rheumatoid arthritis (RA), with special emphasis on the former. The risk factors, diagnosis and management of OA are concisely presented. In terms of lifestyle interventions, the role of regular exercise has shown that it improves muscle strength and proprioception in osteoarthritic patients. Exercise is contraindicated if the joints are swollen and inflamed. The article covers practical guidelines for exercise prescription in patients with OA, and other lifestyle interventions such as nutritional, psychological and educational, are also discussed.

The pharmacology of anxiolytics by *Outhoff K* is a very interesting article that discusses anxiety disorders and their management. The pathophysiology of anxiety disorders identifies the *amygdala* as playing a pivotal role in threat processing. The article has a table which summarises anxiety disorders as defined by ICD-10 and DSM-IV-TR in a simple, reader-friendly format. In terms of pharmacopoeia, selective serotonin reuptake inhibitors (SSRIs) and serotonin-noradrenaline reuptake inhibitors (SNRIs) are considered first-line treatment, followed by tricyclic antidepressants (TCAs) and mono-amine oxidase inhibitors (MAOIs) as second line regimens. The author stresses that benzodiazepine use is generally confined to the first 2–4 weeks of treatment with SSRIs, SNRIs or TCAs to mitigate the worsening effects of these agents. Others agents are mentioned to a lesser extent and the article ends with management

of anxiety disorders in special situations such as in pregnancy and breastfeeding, children and adolescents, the elderly and in comorbid medical conditions.

Hypertriglyceridaemia: aetiology, complications and managements by *Blom DJ* is an abridged version of the article previously published in the JEMDSA with permission. It stresses that the management of hypertriglyceridaemia is often given less attention when compared with other forms of dyslipidaemia. It is important to note that severe hypertriglyceridaemia can trigger potentially fatal acute pancreatitis. The article covers the various classifications of the condition, clinical manifestations and treatment. The mainstay of treatment is the use of fibrates and marked restriction of dietary fat intake to about 20–30 gm per day. Niacin may lower triglycerides by up to 45% but it is most frequently prescribed in mild to moderate hypertriglyceridaemia, and statins lower triglycerides but are not effective in severe hypertriglyceridaemia. The author stresses that cholestyramine can raise triglycerides serum levels and should be avoided in hypertriglyceridaemia.

The article by *Kopke A and Greeff OBW* on hyperuricaemia and gout reinforces recent articles on this condition as the incidence of gout has increased substantially over the past few decades. The condition results from an imbalance between the rate of production and excretion of uric acid in the body. The authors mention four recognised clinical stages in the development of gout namely: asymptomatic hyperuricaemia, acute gouty attack (recurrent gout), inter-critical period, and chronic tophaceous gout. The latter is followed by the treatment which is divided into three groups, that is, drugs for acute gout, prevention of recurrence of gout and lowering of serum uric acid. It concludes with diet and lifestyle management of the gouty patient.

The last article is on Mouthwash by *van Zyl AW and van Heerden WFP*. It starts with a historical introduction that indicates that mouthwash use dates back 5 000 years when the Chinese recommended the use of a child's urine for the control of gingivitis. The first over-the-counter mouthwash for bad breath was launched in 1914 and since then various mouthwashes are now in use from antibacterial rinses to analgesic and anti-inflammatory mouthwashes. The authors succinctly explain the various clinical conditions present in the mouth and the appropriate mouthwashes to use. The article concludes that clinicians should be aware of possible interactions between mouthwashes and other topical preparations when they are used simultaneously and when in doubt, to consult a colleague.

Till the next issue of the SAFP, have a wonderful preparatory phase as we anticipate the greatest football event on the African soil.

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### Reference:

1. Topendsports. Soccer World Cup Trivia. <http://www.topendsports.com/events/worldcupsoccer/trivia.htm> [Accessed 27 April 2010]