



In this CPD issue:

This is the third edition of the SAFP journal in 2010. By the time you receive this issue, the 2010 FIFA World Cup event would have been completed and the winner known. It has been an historic event for Africa and South Africa.

The first CPD article, which is the 11th in the series, focuses on "Healthy lifestyle interventions in general practice and rheumatoid arthritis (RA) by *Schwellnus MP et al.* RA is a chronic, systemic, inflammatory auto-immune disorder that causes symmetrical polyarthritis of both large and small joints. The authors report that it affects females 2–5 times more than males but its prevalence in the general population is very low (0.5–1.0%). For diagnosis, the combination of the clinical diagnostic criteria, serological tests and radiological findings are necessary. The anticyclic citrullinated peptide antibody (anti-CCP) is a more sensitive and serological test in comparison to the rheumatoid factor. The authors indicate that physical exercise is beneficial for RA patients and can safely be implemented without harmful effects on disease activity and joint damage. Also increased intake of omega-3 fatty acids and reduced intake of omega-6 fatty acids help to modulate the inflammatory process in arthritic conditions. Hence, for patients with RA and other arthritic conditions, a diet rich in vegetables and fruits, whole grains and omega-3 fatty acids is recommended. Other lifestyle issues addressed in the article include psychological intervention and education, smoking cessation, use of massage, passive hydrotherapy, electro-physical modalities and splints or orthoses.

The evaluation and management of chronic low back pain by *Last AR and Hulbert K*, is a reprint with permission from the American Family Practice journal. Low back pain is a common problem in family practice and the authors cover important aspects of the initial evaluation of patients with chronic low back pain indicating that most cases are idiopathic (70%), 27% are mechanical in origin, with 2% resulting from referred pain and 1% due to non-mechanical pain. The red flags indicating serious causes of chronic back pain help the family physician to focus on specific investigations. The management of chronic back pain is divided into pharmacological (paracetamol and non-steroidal anti-inflammatory agents) and non-pharmacological (such as acupuncture, exercise therapy, behaviour therapy, etc). Epidural steroid injections may help patients with radicular symptoms but have only a small improvement for up to three months after injection. The authors report that most patients with back pain will not benefit from surgery but in those with anatomic abnormalities consistent with the distribution of pain, surgery may be indicated. Finally, for those who continue to experience severe functional impairment or unremitting pain, referral to a pain management specialist should be considered.

The third article is on obesity by *Ali AT and Crowther NJ*, which is an abridged, reprinted article with permission from JEMDSA. Obesity involves both increased fat cell size and number, and occurs when energy intake is greater than energy expenditure. The disease is associated with significant lifestyle changes especially increased availability and consumption of calorie dense, fatty foods. The article covers various factors namely socio-economic status and level of education, genetic factors and psychological factors. Stress increases consumption of food and shifts consumption towards high caloric foods. The authors end the article with other factors that have received less attention but may still be important aetiological factors such as sleep duration, smoking, medication, maternal age, endocrine disruptors, environmental temperature and reproductive fitness.

The article on Phosphodiesterase type 5 (PDE-5) inhibitors and erectile dysfunction by *Whittaker C* is a short synopsis on how the advent of this group of drugs revolutionised the management of erectile dysfunction. Erectile dysfunction (ED) is the inability to achieve and/or maintain an erection for satisfactory sexual intercourse. The common risk factors for ED are clearly classified and the author postulates that any asymptomatic man, who presents with ED, without an obvious cause, should be screened for vascular disease. The article reviews the 3 PDE-5 inhibitors registered in South Africa, namely sildenafil (Viagra[®]), tadalafil (Cialis[®]) and vardenafil (Levitra[®]), in terms of their pharmacology, pharmacokinetics, efficacy and safety and concludes that PDE-5 inhibitors are the first-line therapy for the management of ED. They are effective and well tolerated in the majority of patients.

The last article on jet lag by *Schwellnus MP and Derman EW* covers the effects of crossing multiple time zones on sports performance and forms part of an unpublished internal report on environmental issues expected during the recently completed 2010 FIFA World Cup. The "jet lag" syndrome develops in most individuals when they travel across three or more time zones, and practical guidelines to minimise the effects of jet lag on sports performance are comprehensively discussed in the article. Environmental issues such as temperature, allergens, atmospheric pollution and ultraviolet radiation are also covered. The question to ask is: "How did these factors affect the performance of the teams that competed in the 2010 FIFA World Cup?" The answer to this question may be difficult to answer as most teams arrived on time and hopefully adapted to South Africa's time zone (resynchronisation) and cold weather before their matches. A factor (not discussed in the article) that might have influenced the outcome of the 2010 FIFA World Cup relates to controversial decisions by some referees during crucial matches. I leave you to be the judge!

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