



In this CPD issue

This is the 4th edition of the SAFP journal in 2010. With the 2010 FIFA World Cup behind us and Spain having made history, we are back to the usual day to day issues in South Africa.

The first CPD article by *Schwellnus MP et al* is the 12th in the series, focusing on “Healthy lifestyle interventions in general practice and depression”. Depression is a mental health problem ranging from dysphoria of mood to the clinical disorder of major depressive disorder (MDD). The latter is characterised by periods of depressed mood and/or loss of interest or pleasure that lasts at least two weeks. The authors indicate that apart from the use of antidepressants and psychotherapy, alternative or additional lifestyle-based strategies exist including exercise therapy, dietary modification or other psychosocial interventions. It has been well established that physical inactivity is associated with an increased risk and prevalence of depression, but has been difficult to determine causality from the cross-sectional studies on depression. However, there are a number of physiological benefits of physical exercise in depressed patients which the authors list, for example, the release of endogenous opioids and enkephalins which cause relative euphoria after vigorous physical activity. Psychosocial interventions covered include cognitive behavioural therapy, brief psychodynamic therapy, interpersonal psychotherapy to mention a few. With dietary interventions for patients with depression, consumption of high carbohydrate content has been hypothesised to relieve depressive moods in the short term. The postulation is that high carbohydrate meals increase serotonin synthesis, resulting in enhanced mood. The roles of micronutrients and polyunsaturated fatty acids are not very clear at this stage. However, the metabolic syndrome has been associated with reduced function of the serotonergic system. I recommend this article to the family practitioner who manages depressive patients that may prefer alternative or additional lifestyle-based strategies to manage their condition.

The article on “A Therapeutic approach to atopic eczema” by *Potter PC* focuses on a common inflammatory disorder of the skin which often begins early in infancy. The author stresses that not all eczematous skin diseases are atopic and provides a table with a list of the different forms of eczematous skin diseases. The article covers the pathophysiology, patterns of reactions to foods, diagnostic considerations and prevalence of allergy in atopic dermatitis. Diagnosis is by a detailed history followed by careful skin tests or ImmunoCap RAST tests. Treatment of atopic dermatitis consists of avoidance of known trigger factors, prevention of drying of the skin and specific anti-inflammatory therapy, which includes emollients and topical steroids. The author ends the article with other forms of treatment such as phototherapy, cyclosporine, systemic corticosteroids and probiotics to mention a few.

The article on Infertility: An update for the family practitioner by *Kruger TF and van der Merwe JP* reviews this common condition among couples, which has an incidence of approximately 15–20%

(one in every five to six couples). The article covers the causes of male and female infertility in a simple and systematic manner. The algorithm for the management of the infertile couple classifies the female patient into one of two categories, namely ovulatory or anovulatory. Evaluation of the male involves semen analysis (SA) which they caution should be interpreted with care. They advise that the family practitioner should not rely on one abnormal SA and that a second SA is necessary when there is any abnormality with the first analysis. The authors’ approach is very practical and they conclude that the family practitioner should strive to help the couple achieve their desirable goal of pregnancy, but this is not always possible.

The fourth CPD article covers the “Assessment of patients with Chronic Pain”. According to a World Health Organization survey of approximately 26 000 primary care patients globally, pain was reported in 22% of participants as the most common reason for seeking medical attention. Chronic pain is defined as “pain that persists for longer than the time expected for healing, which is usually taken to be 3 months”. The authors explain in detail the “biopsychosocial model” in chronic pain and give a rational approach to the assessment of the chronic pain sufferer, which includes a detailed history of the pain, psychosocial history, quantification of the intensity of pain using various pain scales, physical examination and special investigations that may be useful to diagnose causes of chronic pain. They conclude that chronic pain has three dimensions namely sensory, affective and cognitive and treatment monitoring should be focused on the 4As namely **A**nalgesia, **A**ctivities of daily living, **A**dverse effects and **A**berrant behaviour (suggestive of drug abuse).

The last CPD article on “Nicotine-replacement therapy” by *Robson N* points out that cigarette smoking presently kills about four million annually and that cigarette smoking is a major public health concern in South Africa. Since nicotine has been identified as the main substance responsible for tobacco dependence, the use of nicotine replacement therapy (NRT) helps smokers to alleviate withdrawal symptoms associated with smoking cessation by replacing a proportion of the nicotine formerly obtained from cigarettes. The article covers various NRT formulations namely nicotine gum, patch, nasal spray, mouth spray and inhaler. Review of various trials support the hypothesis that NRT is effective for smoking cessation at six months and at one year. In terms of safety, NRT causes fewer cardiovascular effects than nicotine delivered by tobacco, does not increase the risk of heart attacks and does not produce the rapid, high arterial nicotine concentration that cigarettes do. The author concludes that NRT has been available for more than two decades and has been shown to be safe and effective for stopping smoking.

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