

In this CPD issue



The year is coming to an end and this is the 5th edition of the SAFP journal in 2010. I hope that you will find the CPD articles in this edition stimulating and relevant to your practice. Your feedback will be appreciated.

The first article titled “Current approach to diagnosis and management of osteoarthritis” by C Ickinger and M Tikly reviews a very common chronic degenerative joint disorder. It is reported to be a major cause of pain and disability, especially in the elderly. The authors indicate that the exact prevalence and incidence rates of osteoarthritis (OA) are difficult to determine but it is known that the prevalence of OA for hands, knees and hips consistently increases with age. The strongest risk factors for progression of knee OA are malalignment and generalised OA. They reinforce the fact that there is no conclusive evidence that sport activities increase the risk of OA in a normal joint. Weight-bearing joints are commonly affected and obesity also plays an important role. The classification criteria used for OA are based on the symptoms, signs and radiographic findings. The ESR, full blood counts and C-reactive protein levels are usually normal in OA and should not be relied on for diagnosis. The article also covers the non-pharmacological modes of therapy which include patient education, exercise, assistive devices, nutraceuticals and vitamins. The range of pharmacological therapies follows the WHO step-wise pain control management which includes paracetamol, NSAIDs and opioids.

The second CPD article on “The assessment and management of dementia” by Z Vally raises the importance of dementia in South Africa as the aged segment of the population increases and HIV-related neuropsychiatric complications are encountered more frequently. With the relatively moderate prevalence of HIV/AIDS, cognitive impairment and dementia are commonly associated symptoms of AIDS. The author concisely covers the diagnosis, assessment and management of dementia. The special investigations listed are dependent and tailored to the causes. The list of dementia drugs presented is related to the causes of dementia, the holistic management of dementia is multidisciplinary, and the family practitioner should be aware of his/her limitations in managing these patients.

DK Sur and S Scandale present the third article on the treatment of allergic rhinitis, which is reprinted with permission

from the American Family Physician journal. Allergic rhinitis is a common chronic respiratory illness, which is immunoglobulin E-mediated and affects the quality of life. This article presents a summary of treatment options in detail recommending intranasal corticosteroid for mild to moderate disease, and for moderate to severe disease that does not respond to intranasal corticosteroid, it presents the options of antihistamines, decongestants, cromolyn, etc. The algorithm on the treatment of allergic rhinitis, which the reader can enlarge and place in the consulting room for easy access, is clear and concise.

The fourth article by EW Henn on “Menopause and its effect on the female lower urinary tract” presents this important topic in an evidence-based approach. Menopause is literarily defined as “cessation of the monthly cycle” and the average age of menopause is 50 years. The author clearly explains that the female lower urinary tract (LUT) symptoms due to oestrogen deficiency tend to develop over time and may only present many years after menopause. The most common LUT symptom is urinary incontinence and oestrogen therapy is useful for the treatment of urinary incontinence and LUT symptoms. He points out that oestrogen vaginal preparations are superior to systemic therapy for the treatment of LUT symptoms although oestrogen therapy requires time to be effective.

The last article by MH Motswaledi and MC Mayayise provides a helpful clinical atlas on nail changes in systemic diseases. Common nail conditions are presented with photographs to illustrate their presentations. For example koilonychia (spooning of the nail) is commonly associated with iron deficiency anaemia and haemochromatosis. It is interesting to be reminded that three forms of geometric assessments can be performed for finger clubbing namely: Lovibond’s angle (junction between the nail plate and proximal nail fold, which is normally < 160°); Curth’s angle (at the distal interphalangeal joint, which is normally approximately 180 °); and Schamroth’s window (seen when the dorsal aspects of two fingers from opposite hands are apposed). This article is worth reading with the high resolution photographs to illustrate the nail changes.

The Nov/Dec 2010 edition promises to be a bumper issue, which will include six ethics articles. So watch the space.

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