In this CPD issue

The year 2010 has been a momentous one, especially with the FIFA World Cup which took place for the first time on African soil. As the year winds down, I present the last issue of SA Family Practice, with five CPD articles. In addition, a new supplement of six ethics articles, for those struggling to meet their HPCSA continuing educational ethics requirements, form part of the package of this issue.

The first CPD article, entitled *A review of childhood vestibular disorders* by C Rogers, is about a disorder that is challenging for the family practitioner and involves other health care practitioners, from the audiologist to the psychiatrist. The author explains "dizziness" as an all-encompassing term often used by patients to describe any altered sensation of orientation to the environment. On the other hand, "vertigo" is defined as an hallucination of movement, which usually involves the vestibular system. The article covers the common presentations of childhood vestibular disorders, ranging from migraine equivalents and benign paroxysmal vertigo of childhood, to otitis media with effusion. What strikes the reader is the simplified approach the author provides for the evaluation of the dizzy child. The management of the various childhood vestibular disorders is relatively straightforward, and I encourage family practitioners who deal with paediatric patients to read this article.

The next CPD article focuses on the *Diagnosis and management of oral lesions and conditions in the newborn* (WFP van Heerden and AW van Zyl). This article deals with common lesions and conditions, which include natal and neonatal teeth, oral mucosal cysts, ankyloglossia and congenital epulis of the gingiva. What is critical is the ability of the family practitioner to differentiate these conditions. For example, the congenital epulis is an uncommon benign tumour of uncertain histogenesis that presents on the alveolar ridge of the newborn. The management of this congenital tumour is either by surgical excision, especially when obstructive respiratory or feeding problems exist, or a wait-and-see approach with smaller lesions, as spontaneous regression has been reported. Since the assessment of these oral lesions primary falls within the ambit of the dentist, if in doubt, the family practitioner is advised to refer.

Glaucoma: what should the general practitioner know? is an interesting article by MJ Labuschagne that highlights the fact that glaucoma is the second most common cause of blindness, after cataracts. In South Africa, the prevalence of all cases of glaucoma in those above 40 years of age is between 4.5% and 5.3%, and the percentage of blindness attributable to glaucoma is 22.9%. It is, therefore, an important condition for the family practitioner to identify, assess and refer appropriately. The diagnosis of glaucoma depends on the presence of three components, namely raised intraocular pressure (> 21 mmHg), structural damage to the optic nerve head, and loss of visual field in a characteristic way. The author discusses the various types of glaucoma indicating salient points of differentiation in terms of their symptomatology. The article offers practical tips when screening for glaucoma, and the medical management for acute attacks can be initiated by the family practitioner. Included, is the current South Africa Glaucoma Society algorithm for the management of glaucoma, which is available at www.sags.com.

The fourth article is entitled *Contraceptives: a guide to product selection* by PS Steyn and J Kluge. It is an established fact that contraception remains one of the most cost-effective public health measures to reduce rates of maternal and infant mortalities. The authors introduce the family practitioner to the World Health Organization (WHO) online tools to aid contraceptive choices. One of these is the WHO Medical Eligibility Criteria (WHO MEC) for Contraceptive Use, consisting of four tiers of recommendation linked to various methods of contraception. It is a very simple tool that helps with decision making for both the health practitioner and patient. Practical points on the various methods of contraception are presented in a concise format, and should assist when advising patients.

The last article is the 2009 *SEMDSA guidelines for the diagnosis and management of type 2 diabetes mellitus for primary care,* printed with the permission of the Society for Endocrinology, Metabolism and Diabetes of South Africa. The guidelines address diagnosis, glycaemic targets for control, lifestyle issues, and pharmacological treatment of blood glucose. Of note are the following targets: ideal waist circumferences for men and women, which should be < 94 cm and 80 cm respectively; total cholesterol, which should be < 4.5 mmol/l; and blood pressure in diabetic nephropathy, which should be ≤ 120/70 mmHg. The pharmacological treatment section still recommends metformin as the first-line oral medication, especially for overweight and normal weight patients. Sulphonylureas should be used in patients of normal weight, those who are intolerant of metformin, or when rapid control of hyperglycaemic symptoms is needed. The role of thiazolidenediones as first-line therapy in obese patients who cannot tolerate metformin is discussed. These guidelines should be circulated to all primary care settings in both private and public health sectors, and is available for download at www.semdsa.org.za.

Have a wonderful, restful Christmas and a promising, prosperous 2011. See you in the New Year.

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