In this CPD issue

This is the third issue of the *South African Family Practice* journal in 2011 and as usual the CPD section is full of interesting articles for you to read. The article on *Statins: adherence and side-effects* by DJ Blom reviews current literature on statins and provides the reader with insight on why patients on this group of medications have problems with adherence. Since dyslipidaemia is usually asymptomatic until complications set in, lipid-lowering medications do not seem to improve well-being, and at best, treated patients do not feel different. The side-effects are mainly due to myopathy and, rarely, to severe liver disease. Mild liver enzyme elevations are seen more frequently in patients starting stains, but are usually not clinically important. The benefits of statins outweigh their side-effects and the persistent use of statins prevents more cardiovascular events. The author explains adherence and persistence, predictors of statin nonadherence, and how to improve statin adherence and persistence. In addition, the adverse effects of statins are covered in detail with explanation on alternative management strategies, including the use of coenzyme Q10 and red yeast rice. I recommend this article to colleagues who manage patients with dyslipidaemia on statins.

For clinicians involved with smoking cessation in primary care, the article on the new drug varenicline by N Robson is a must read. The drug is now licensed in South Africa. Varenicline is an $\alpha_4\beta_2$ nicotinic acetylcholine receptor partial agonist. It acts by stimulating dopamine release upon binding to the $\alpha_4\beta_2$ receptors. However, the dopamine release due to varenicline is less when compared to the effect of nicotine, hence the craving and withdrawal symptoms are partially reduced. The prescription of this medication is ideal for a smoker who is motivated to stop smoking, as a set date to stop smoking has to be made and varenicline prescribed a week before the quit date. The recommended treatment period is 12 weeks, with a possibility of extension for another 12 weeks (24 weeks in total). The efficacy and safety of varenicline have been established in randomised controlled trials, but its use in patients with mental health problems is questionable. I request you to read the article and then make up your mind if you will prescribe the drug for your cigarette smoking patients.

The next article is a reprint from the *American Family Practice* journal entitled *Otitis externa: review and clinical update* by JD Osguthorpe and DR Nielsen. The authors explain that acute otitis externa is primarily bacterial with 50% of cases due *Pseudomonas aeruginosa*, while chronic otitis externa is commonly of a fungal or allergic origin. The article covers the pathophysiology, evaluation, treatment, common complications and prevention of both acute and chronic otitis externa in a user-friendly manner. Table I covers the common ototopicals used in otitis externa by the family practitioner for the safe management of the majority of cases and only recommended by referring refer the complicated cases to the ear, nose and throat surgeon.

Chronic sinusitis in children: a general overview by RL Friedman starts with the technical definitions of rhinosinusitis and allergic rhinitis. The article then covers various aspects of the condition, including clinical definition and presentation of rhinosinusitis, anatomy and pathophysiology in chronic rhinosinusitis, and management of the condition in children. The algorithm on the management of uncomplicated cases is simple and easy to follow. Antibiotic use is said to have modest benefits in the short and medium term because, for every eight children treated, only one additional child will be cured. Topical steroids have shown very little data describing efficacy in paediatric chronic rhinosinusitis, but nasal douche, local decongestants and the treatment of gastro-oesophageal reflux are beneficial in chronic rhinosinusitis.

The last article by RM Collins et al focuses on *Common work-related musculoskeletal strains and injuries*. The parts of the body that are most commonly affected are the lower back, neck and shoulder girdle, and upper limbs. The most common and expensive disorder is occupational low back pain (LBP) of non traumatic origin. The authors highlight effective intervention strategies for the treatment and prevention of LBP which include exercise therapy, behavioural therapy and back-to-school programmes. The management of other parts of the body affected by work-related strains and injuries are covered in a systematic fashion. Important to mention is carpal tunnel syndrome (CTS), which is a clinical syndrome that occurs as a result of median mononeuropathy. The incidence of CTS correlates negatively with years of work experience, and is associated with an increased body mass index and medical conditions such as gout, thyroid disorders and diabetes mellitus. Increased physical activity does not increase the risk of CTS development. The good news is that ergonomic interventions in symptomatic workers have resulted in the reduction of CTS surgical treatment.

As I end this editorial, I want to encourage readers to provide feedback on the choice of CPD articles published in this journal and suggest possible topics for future issues. Remember that the Health Professions Council of South Africa conducts regular audits on medical practitioners' CPD. Take the time to answer the questions related to our CPD articles for your continuing education units.

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