



## In this CPD issue

This edition of *SAFP* is, as usual, packed with interesting articles. The first is the 15<sup>th</sup> in the series on healthy lifestyle interventions in general practice, and focuses on lower back pain (LBP). LBP is one of the most common medical problems in the adult population, with an estimated lifetime prevalence of 70-85% and a peak onset at age 30-40 years. In the majority of cases, the cause of LBP cannot be attributed to anything specific, although the condition is largely a result of lumbar sprain or strain. Unfortunately, there are little data on the epidemiology of LBP in Africa and, more particularly, in South Africa. This is an indication that there is a need to prioritise epidemiological studies on LBP. The general approach to the diagnosis of LBP, as suggested by the authors, involves focused identification of possible “red flags” that may indicate more serious underlying causes, such as malignancy and infections. The routine use of special investigations, such as MRI and CT, for the diagnosis of non-specific LBP is not recommended. The nonpharmacological management of LBP includes exercise, psychosocial and behavioural intervention, and therapeutic education. This article is worth reading, as it provides a practical framework for the management of LBP.

Secondary dyslipidaemia is caused by a number of conditions that may fall within the scope of the family practitioner. The most common cause of secondary dyslipidaemia is hypothyroidism, in which the most commonly encountered lipid abnormality is elevated low-density lipoprotein cholesterol (LDLC). Other secondary associations, which include insulin resistance and diabetes, Cushing's syndrome, nephrotic syndrome and cholestasis, are covered in some detail in this article.

The article on nonerosive reflux disease (NERD) as a presentation of gastro-oesophageal reflux disease (GORD) covers both conditions in a systematic way, which makes their management easy to understand. NERD is a condition with troublesome reflux-related symptoms, in the absence of oesophageal mucosal lesions, while the symptoms and mucosal damage of GORD are produced by the abnormal reflux of gastric contents into the oesophagus. NERD is further classified into three types, and the article covers the specific clinical features of each, as well as the special investigations that are recommended to aid the diagnosis. The medical treatment of choice still remains proton-pump inhibitors, using a step-down strategy. Surgery for NERD has a lower symptom improvement rate.

The last CPD article is on oral malodour, which affects up to three billion people globally. It is the third most common reason that patients visit the dentist. The condition is caused by the action of bacteria on organic substrates in the oral cavity. Treatment is focused on brushing and flossing of the teeth, and tongue cleaning with a brush or tongue scraper. In addition, mouthwashes, preferably non-alcohol based, can be used to lower the bacterial load. Extended periods of use of alcohol-based mouthwashes have been associated with oral cancer.

Until next issue, we welcome your comments on the choice of articles presented in our journal from time to time.

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