

Editor's focus

Closing the prevention of mother-to-child transmission gap in Nigeria

The important role of antiretroviral therapy (ART) in the management of human immunodeficiency virus (HIV) is well established globally. Nigeria has the third largest number of people living with HIV in the world. In 2008, the HIV prevalence among women attending antenatal clinics was 4.6%. Chabikuli et al embarked on a study to assess the improvement, or lack thereof, in the uptake of prevention of mother-to-child transmission (PMTCT) services at selected sites supported by the Global HIV/acquired immune deficiency syndrome (AIDS) Initiative Nigeria (GHAIN). The study measured various outcomes, including the number of pregnant women tested for HIV, the number of women receiving ART and the service ratio, i.e. an indicator of the relative uptake of ARV prophylaxis. The uptake of HIV testing was 87%, with a monthly average increase of 17.8 women tested per facility. During the review period, ARV prophylaxis uptake rose from 3.3 to 5.4 women per facility. The service ratio per facility improved from 5.3 receiving ARVs to 6.5 for every 10 women who tested positive for HIV. All these outcomes were statistically significant, with p-values less than 0.01. What is the implication of the study findings? The study showed that it is possible to undertake valuable implementation research with routine data. In addition, with appropriate well-managed funds, access to ARVs and correct implementation of the HIV/AIDS PMTCT programme can be achieved. What was not covered in this study is the PMTCT programme performance of other antenatal sites unsupported by GHAIN in Nigeria. My sense is that the unsupported sites performed poorly, if compared with the GHAIN-supported antenatal sites. The question is: How long will these sites be supported so as to maintain the gains of closing the PMTCT gap?

The prevalence of chronic pain in patients attending primary healthcare facilities in south-west Tshwane

Chronic pain may have a significant bio-psychosocial impact on the health and quality of life of an individual. Various population-based epidemiological surveys indicate that chronic pain is highly prevalent, but varies across different populations. Before this study, there were no published data on the prevalence and intensity of chronic pain in the South African primary healthcare context. Rauf et al investigated the prevalence and intensity of chronic pain among 1 066 adult patients who attended primary healthcare facilities in south-west Tshwane. They found a prevalence of 41%. Chronic pain was most frequently experienced as lower back pain and joint pain. The study also showed that chronic pain was more prevalent with advancing age, and more so in women than in men, and in widowed and divorced patients, than in married and single patients.

The findings suggest that chronic pain is an important health problem in the South African primary healthcare context. The authors suggested that the high intensity of pain reported by the patients indicates a need for the implementation of effective chronic pain management strategies. The study involved mostly urbanised patients, and it will be important to undertake similar studies among rural patients to determine the prevalence of chronic pain in this group of patients.

Drug interactions in primary health care in the George subdistrict, South Africa: a cross-sectional study

Drug-drug interactions occur when the precipitant drug alters the effect of the object drug and are a recognised cause of morbidity and mortality worldwide. The authors found only two studies that dealt with the occurrence of drug-drug interactions in primary health care from developing countries. The latter was the motivation for this cross-sectional, retrospective study. Kapp et al investigated the prevalence of potential drug-drug interactions in primary healthcare clinics in the George subdistrict to determine which drugs were involved and to identify associated risk factors. A total of 400 scripts were randomly sampled from a cohort of 207 468 patient files. The findings revealed a 42% prevalence of scripts that contained at least one moderate potential interaction, a severe potential interaction of 5.25%, and 0.5% prevalence of contraindicated combinations. The most common implicated drugs were enalapril, aspirin, ibuprofen, furosemide and fluoxetine. The authors highlighted that the increasing risk of potential drug-drug interactions with increasing age and polypharmacy is well documented. In addition, drug-drug interactions are predictable and preventable. They recommend simple interventions, such as drug reviews, reducing number of prescribed medications by 20% and quality improvement cycles that focus on reducing potential drug-drug interactions. I suggest that similar studies should be conducted in various settings to document the extent of the problem.

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References

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