

## Active myofascial trigger points in head and neck muscles of patients with chronic tension-type headache in two primary health care units in Tshwane

K Joseph<sup>a\*</sup>, SA Hitchcock<sup>a</sup>, HP Meyer<sup>a</sup>, MM Geyser<sup>b</sup>  and PJ Becker<sup>c</sup>

<sup>a</sup>Department of Family Medicine, Kalafong Hospital and University of Pretoria, Pretoria, South Africa

<sup>b</sup>Department of Family Medicine and Emergency Medicine, Kalafong Hospital and University of Pretoria, Pretoria, South Africa

<sup>c</sup>Faculty of Health Sciences, University of Pretoria and Biostatistics Unit, MRC (Pretoria), Pretoria, South Africa

\*Corresponding author, email: [raju@webmail.co.za](mailto:raju@webmail.co.za)

**Abstract** (Full text available online at [www.tandfonline.com/ojfp](http://www.tandfonline.com/ojfp))

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**Background:** The management of patients presenting with chronic tension-type headache (CTTH) can be challenging for primary health care practitioners. As with most chronic pain disorders, a multimodal management approach is frequently required. It has been postulated that myofascial pain syndrome (MPS) and its hallmark myofascial trigger points (MTrPs) found in specific muscle tissues may play a role in the chronic pain experienced by patients with CTTH. Little is known about the prevalence of MTrPs in patients with CTTH, in primary health care settings on the African continent. This study therefore aimed to investigate the prevalence of active MTrPs in specific head and neck muscles/muscle groups in patients with CTTH.

**Methods:** A prospective, cross-sectional and descriptive study was done in two primary health care facilities situated in Tshwane, South Africa. The sample included 97 adult patients with CTTH. Five head and neck muscles/muscle groups were examined bilaterally for active MTrPs. Outcome measures were the prevalence and distribution of active MTrPs in these patients.

**Results:** Active MTrPs were found in 95.9% of the patients, the majority (74.2%) having four or more active MTrPs. The temporalis muscles and suboccipital muscle group exhibited the highest number of active MTrPs (prevalence 87.6% and 80.4% respectively).

**Conclusion:** Our study suggests a strong association between MPS and CTTH in patients, presenting in the primary health care setting. This indicates the importance of a musculoskeletal assessment of neck and pericranial muscles in patients with CTTH. This can assist in determining the most appropriate treatment strategy in these patients.

**Keywords:** chronic pain disorders, chronic tension type headache (CTTH), myofascial pain syndrome (MPS), myofascial trigger points (MTrPs), primary headache

## Investigation of the coexistence of CKD and non-communicable chronic diseases in a PBM company in South Africa

WP Meuwesen<sup>a</sup>, JM du Plessis<sup>a\*</sup>, JR Burger<sup>a</sup>, MS Lubbe<sup>a</sup> and M Cockeran<sup>a</sup> 

<sup>a</sup>Medicine Usage in South Africa (MUSA), North-West University, Potchefstroom, South Africa

\*Corresponding author, email: [jesslee.duplessis@nwu.ac.za](mailto:jesslee.duplessis@nwu.ac.za)

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**Background:** Chronic kidney disease (CKD) is a public health problem, with increasing global prevalence. Several factors could influence the prognosis of CKD, including comorbid chronic conditions. This study investigated the coexistence of CKD and non-communicable chronic diseases in the private health sector of South Africa.

**Methods:** Retrospective medicine claims data from a pharmaceutical benefit management (PBM) company was used to perform this descriptive, quantitative study. The study population consisted of all patients identified with an ICD-10 code for CKD (N18) during the study period of January 1, 2009 to December 31, 2013.

**Results:** CKD patients represented 0.10% to 0.14% of the total patients on the database from 2009 to 2013. The mean age of the CKD patients over the study period varied between 58 and 61 years. Prevalence was higher in males (male-to-female ratio 1:0.8) and in patients aged 35–64 years ( $p = 0.014$ ; Cramer's  $V = 0.039$ ). The occurrence of chronic conditions in the CKD population was prevalent, with hypertension occurring in more than half the CKD patients.

**Conclusion:** Several chronic conditions, especially those regarding atherosclerotic risk factors, frequently co-occurred with CKD. Lifestyle management and frequent screening tests of these patients are of the utmost importance to improve the outcome of CKD.

**Keywords:** chronic kidney disease, comorbid chronic conditions, risk factors, South Africa

## Anti-epileptic prescribing patterns in the South African private health sector (2008–2013)

Karen Jacobs<sup>a</sup>, Marlene Julyan<sup>a</sup> , Martie S Lubbe<sup>a</sup>, Johanita R Burger<sup>a\*</sup> and Marike Cockeran<sup>a</sup> 

<sup>a</sup>Medicine Usage in South Africa, Faculty of Health Sciences, North-West University, Potchefstroom Campus, Potchefstroom, South Africa

\*Corresponding author, Email: [Johanita.Burger@nwu.ac.za](mailto:Johanita.Burger@nwu.ac.za)

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**Background:** Little is known about longitudinal prescribing practices for anti-epileptic drugs (AEDs) in South Africa. The prescribing patterns and associated direct medicine costs of AEDs in the private health sector were investigated, using claims data from January 1, 2008 to December 31, 2013.

**Methods:** The annual prevalence of prescriptions, AEDs and AED generics per patient with epilepsy (ICD-10 code G40) was determined. Cost analyses conducted included the calculation of the total direct cost of AEDs (medical scheme contribution, patient co-payment, and single exit price (SEP)), and the average cost per AED per year.

**Results:** Prevalence of patients claiming anti-epileptics ranged between 0.87% and 0.91% from 2008 to 2013. AED prescriptions/patient ranged from 11.76 (95% CI, 11.56–11.95) in 2008 to 11.90 (95% CI, 11.71–12.09) in 2013. Patients aged 40–65 years had the highest number of AED prescriptions/year. Valproate was most prescribed, followed by lamotrigine and carbamazepine. Average cost per AED increased from R237.12 (95% CI, 233.58–240.65) in 2008 to R522.32 (95% CI, 515.24–529.41) in 2013, while the average patient co-payments increased from R27.76 (95% CI, 26.63–28.89) to R264.32 (95% CI, 260.61–268.03). Prescribing of generics increased by 12.84%.

**Conclusions:** Generic prescribing increased over time; however, patient co-payments increased dramatically.

**Keywords:** anti-epileptic, direct medicine costs, longitudinal, medicine claims database, prescribing patterns, South Africa

## More than scales and tape measures needed to address obesity in South Africa

R Ramlal<sup>a</sup> and RD Govender<sup>a\*</sup>

<sup>a</sup>Department of Family Medicine, University of KwaZulu-Natal, Durban, South Africa

\*Corresponding author, email: [Govenderr1@ukzn.ac.za](mailto:Govenderr1@ukzn.ac.za)

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Obesity is an emerging public health problem worldwide increasing from 857 million in 1980 to 2.1 billion by 2013. A study was done on a sample of 100 obese and overweight patients with a body mass index (BMI) above 25 kg/m<sup>2</sup>. The patients were asked to complete a questionnaire, which included socio-demographic data and perceptions regarding their weight.

The patients were between the ages of 18 and 76 years old with 82% being female patients. The mean BMI for males was 41.7 kg/m<sup>2</sup> (SD = 7.38112) and females 39.9 kg/m<sup>2</sup> (SD = 7.90504). The results of this study confirm that 17% of overweight and obese patients saw themselves as having a normal weight and 97% felt that they were not unattractive. Of the sample, 96% affirmed that being obese was a health risk. The commonest reason cited for their obesity is by choice (70%).

Although obese patients knew that obesity is a health risk, they have a positive image of obesity. The dramatic trend towards increasing obesity suggest that healthcare providers need to understand how people from different cultures view obesity. This will help them to promote key messages about the health risks associated with excess weight in a culturally sensitive way.

**Keywords:** obesity, overweight, perceptions, South Africa

## The role of locus of control in nyaope addiction treatment

L Fernandes<sup>a\*</sup> and KE Mokwena<sup>a</sup>

<sup>a</sup>Department of Public Health, Sefako Makgatho Health Sciences University, Pretoria, South Africa

\*Corresponding author, email: [lucy\\_fernandes@embanet.com](mailto:lucy_fernandes@embanet.com)

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**Background:** Nyaope addiction is a significant health and social problem affecting some South African communities. With reported nyaope rehabilitation success rates of less than 3% and estimated dropout rates of 40%, improvement in the rehabilitation rates is essential. As locus of control (LOC) is a recognised predictive factor in the onset of substance use and rehabilitation outcomes, a rehabilitation programme aligned to the LOC orientation of the user could result in improved recovery outcomes. This study aimed to determine the LOC of nyaope users.

**Methods:** Consenting adult male and female nyaope users voluntarily participated in this quantitative study. After convenient sampling, 115 nyaope users admitted to drug rehabilitation centres registered and funded by the Gauteng Department of Social Development and 106 nyaope users from the streets of urban areas of Tshwane completed a self-administered validated questionnaire. LOC orientation was determined by giving participants 13 statements from which they had to choose the option that best described their situation in relation to drug addiction.

**Results:** A total of 24.5% (47/192) of the respondents could be classified as having an external LOC orientation while 75.5% (145/192) were classified as having an internal LOC orientation.

**Conclusions:** By determining the LOC orientation of a nyaope user, rehabilitation programmes could be aligned to suit the personality of the user leading to a better chance of successful recovery with fewer cases of readmission.

**Keywords:** drug addiction, locus of control, nyaope, treatment

## Self-reported knowledge and use of emergency contraception among women presenting for termination of pregnancy

O Osa-Izoko\*, RD Govender and AJ Ross

Department of Family Medicine, University of KwaZulu-Natal, Durban, South Africa

\*Corresponding author, email: [oroscope2000@yahoo.com](mailto:oroscope2000@yahoo.com)

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**Background:** Emergency contraception (EC) is widely accepted as a safe method of preventing conception following unprotected coitus. Use of EC has been promoted in South Africa, yet uptake among women appears to remain low.

**Aim:** The aim of this study was to access knowledge and use of EC among women presenting for termination of pregnancy at a district hospital in KwaZulu-Natal.

**Methods:** This was a hospital-based cross-sectional study. Data were collected from women attending a termination of pregnancy (ToP) service at a district hospital using a questionnaire and analysed descriptively.

**Results:** A total of 218 women participated, of whom 25% were under 20 years of age and 87% were single. Reported knowledge of EC was good with 70% of participants indicating that they knew about EC. However, knowledge around EC was not complete, with less than 50% knowing the time interval between intercourse and EC action and some believing that EC acted by inducing an abortion. Reported usage of EC was only 40%.

**Conclusion:** This study revealed that there is much more to be done to enhance knowledge and use of EC in this context. Reasons for the discrepancy between knowledge and usage need further exploration.

**Keywords:** emergency contraception, KwaZulu-Natal, pregnant women, self-reported knowledge, termination of pregnancy