Letzte Seite

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Wonca Journal Watch

Synopses of articles from the medical literature relevant to family doctors, extracted from family medicine, general and specialist journals.

The MMSE can be accurately completed in general practice

The researchers concluded: «In a public-health setting involving patients with symptoms of cognitive disturbances, the MMSE used by the GPs was sufficiently accurate to detect patients with cognitive impairment, particularly those with dementia.»

- Pezzotti P, Scalmana S, Mastromattei A, Di D for the «Progetto Alzheimer» Working Group. The accuracy of the MMSE in detecting cognitive impairment when administered by general practitioners: A prospective observational study. BMC Family Practice. 2008;9:29(doi:10.1186/1471-2296-9-29). Available from: http://www.biomedcentral.com/1471-2296/9/29.

Absolute cardiovascular disease risk and shared decision making in primary care

The researchers concluded: «A simple transactional decision aid based on calculating absolute individual CVD risk and promoting shared decision making in CVD prevention can be disseminated through CME groups and may lead to higher patient satisfaction and involvement and less decisional regret, without negatively affecting global CVD risk.»

- Krones T, Keller H, Sönnichsen A, Sadowski EM, Baum E, et al. Absolute cardiovascular disease risk and shared decision making in primary care: a randomized controlled trial. Ann Fam Med. 2008;6(3):218–27. Available from: http://www.annfammed.org/cgi/content/abstract/6/3/218.

Patients prefer pictures to numbers to express cardiovascular benefit from treatment

The researchers concluded: «Although number needed to treat is a useful tool for communicating risk and benefit to clinicians, this format was the least likely to encourage patients to take medication. As graphical representation of benefit was the method patients preferred most, consideration should be given to developing visual aids to support shared clinical decision making.»

- Goodyear-Smith F, Arroll B, Chan L, Jackson R, Wells S, Kenealy T. Patients prefer pictures to numbers to express cardiovascular benefit from treatment. Ann Fam Med. 2008;6(3):213–7. Available from: http://www.annfammed.org/cgi/content/abstract/6/3/213.

Resistant hypertension: diagnosis, evaluation and treatment

«As older age and obesity are 2 of the strongest risk factors for uncontrolled hypertension, the incidence of resistant hypertension will likely increase as the population becomes more elderly and heavier. The prognosis of resistant hypertension is unknown, but cardiovascular risk is undoubtedly increased as patients often have a history of long-standing, severe hypertension complicated by multiple other cardiovascular risk factors such as obesity, sleep apnea, diabetes, and chronic kidney disease. The diagnosis of resistant hypertension requires use of good blood pressure technique to confirm persistently elevated blood pressure levels.»

- Resistant Hypertension: Diagnosis, Evaluation, and Treatment. A Scientific Statement From the American Heart Association Professional Education Committee of the Council for High Blood Pressure Research. Circulation. 2008;117:e510-e526. Available from: http://circ.ahajournals.org/cgi/content/full/117/25/e510

Morbid obesity: Why diets don't work and the role of surgery

«It is vital to realise that morbid obesity appears to be a poorly understood disorder and that it appears to be different from simple obesity. In both disorders appropriate dieting and exercise will lead to weight loss, but in morbid obesity, patients always plateau and then regain their weight loss, usually ending up heavier than when they started their diet (i.e. a staircase weight gain). Also, no one can diet then return to their previous bad life style and expect their weight to remain stable.

- Fris R. Morbid obesity: Why diets don't work and the role of surgery. NZ Family Physician. 2008; 35(2):114–5. Available from: http://www.rnzcgp.org.nz/news/nzfp/April2008/Fris_Apr_08.pdf

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