

# Dernière page

## Wonca Journal Watch

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

### Severe psoriasis is associated with an increased risk of death

"They found that there was no overall effect of mild psoriasis on mortality (HR, 1.0), whereas patients with severe psoriasis demonstrated an increased overall mortality risk (HR, 1.5). The association of severe psoriasis with mortality persisted after adjustment for risk factors for mortality (HR, 1.4) and after exclusion of patients with inflammatory arthropathy (HR, 1.5). Male and female patients with severe psoriasis significantly died 3.5 and 4.4 years younger, respectively, than patients without psoriasis."

- Gelfand JM, Troxel AB, Lewis JD, Kohli Kurd S, Shin DB, et al. The risk of mortality in patients with psoriasis. *Arch Dermatol.* 2007;143(12):1493-9. Available from: <http://archderm.ama-assn.org/cgi/content/abstract/143/12/1493>.

### High prevalence of chronic kidney disease among acute medical admissions

The researchers concluded: "We have found a high prevalence of CKD Stages 3-5 (17.7%) among acute medical admissions, of whom 9.2% had a related anaemia. Our findings highlight an important opportunity (amongst the 1.9 million

acute medical admissions annually in England) for detecting patients with CKD."

- Annear NMP, Banerjee D, Joseph J, Harries ZH, Rahman S, Eastwood JB. Prevalence of chronic kidney disease stages 3-5 among acute medical admissions: another opportunity for screening. *QJM.* 2008;101(2):91-7. Available from: <http://qjmed.oxfordjournals.org/cgi/content/abstract/101/2/91>.

## Wonca clinical reviews

Outstanding review articles on topics relevant to family medicine derived after scanning over 190 family medicine, general and specialist journals.

### Helping patients lose weight – what works?

This article discusses the evidence base behind weight loss strategies for use in clinical practice.

- Egger G. Helping patients lose weight – what works? *Australian Family Physician.* 2008;37(1/2):20-3. Available from: <http://www.racgp.org.au/afp/200801/22428>.

### Red eye for the internist: when to treat, when to refer

"The authors make the following key points:

- Blepharitis, conjunctivitis, corneal abrasion, dry eye, and subconjunctival hemorrhage are benign and can usually be

managed initially by an internist, although referral is usually indicated if symptoms persist or progress.

- Patients with corneal bacterial infection, uveitis, scleritis, or acute narrow-angle glaucoma need immediate referral to an ophthalmologist, as do most patients with a red eye who use contact lenses, who have had trauma to the eye, or who have vision changes, severe pain, nausea, vomiting, severe headache, marked purulent discharge, or abnormalities in the cornea or anterior segment.
- Because it is difficult to distinguish between infectious and noninfectious conditions, and because treating infections with corticosteroids alone can have grave consequences, we recommend that internists generally not use topical corticosteroids to treat eye symptoms."
- Galor A, Jeng BH. Red eye for the internist: when to treat, when to refer. *Cleveland Clin J Med.* 2008; 75(2):137-44. Available from: [http://www.cjcm.org/ccjm\\_pdfs\\_toc/Feb08\\_Galor.pdf](http://www.cjcm.org/ccjm_pdfs_toc/Feb08_Galor.pdf).

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