



*Season's Greetings
from the faculty and staff at
The Foundation for
Medical Practice Education*

Editors' Corner — Have Your Say

Here are some questions and comments about recent modules. Editors' Corner is a forum that not only gives voice to your views and questions, but also provides our best response to them. Editors' Corner in the Fall 2006 newsletter featured questions and responses on Hypertension and Anemia in the Elderly.

Chronic Kidney Disease (August 2006)

Q: *What percentage of patients have CKD due to causes other than hypertension and diabetes?*

A: While diabetes (40–60%) and hypertension (15–30%) are the two most common underlying causes of CKD, other less common causes can account for up to 30% of CKD.^{1,2,3} These include primary glomerulonephritis (7-10%); secondary glomerulonephritis from autoimmune disease and/or vasculitis (~2%); tubulointerstitial diseases from stones, obstruction, chronic infection, and drug toxicity (2-4%); polycystic and congenital kidney disease (2–3%); and other miscellaneous conditions.^{1,3}

From these data, improved control of diabetes and hypertension alone would significantly slow the progression of CKD...and potentially even prevent some. But it is also important to heed other less common causes, many of which are reversible. Early identification and modification (e.g., correction of obstruction or discontinuation or cautious use of drugs that lower the glomerular filtration rate) could result in recovery of renal function.²—LC/MM

1. Snyder SPB. Detection and Evaluation of Chronic Kidney Disease. *American Family Physician* 2005; 72(9):1723-1732.
2. Post TW, Rose BD. Overview of the management of chronic kidney disease in adults. *UpToDate* 2005; 13.2 (April).
3. The United States Renal Data System (USRDS), 2006 Annual Data Report (ADR). http://www.usrds.org/2006/pdf/02_incid_prev_06.pdf

(continued)

Upcoming Modules

Constipation
Urinary Incontinence
Asthma in Children
Dyslipidemia
Rheumatoid Arthritis
Osteoporosis (revision)

Seizures (August 2006)

Misdiagnosis of any disease is distressing. In some situations, it may even be harmful, to patients and costly to the health care system. A recent study¹ found that the rate of misdiagnosis of epilepsy in the UK is 20–30%, accounting for up to 141,000 people receiving unnecessary treatment with anticonvulsant medication, a therapeutic regimen that imposes significant adverse effects. The study authors acknowledge the difficulties of diagnosing epilepsy and recommend that, “All individuals with a recent onset suspected seizure need to be seen as soon as possible by a specialist medical practitioner with training and expertise in epilepsy.”

While urgent referral and treatment by a specialist may be the ideal, it is not a reality in many communities across Canada, where the difficult task of diagnosing and managing seizures often falls to emergency and family physicians. It is this reality that informed the focus of our recent module, *Seizures (August 2006)*. This module provides a step-by-step clinical framework (based on evidence-based recommendations) to facilitate accurate diagnosis and thus improve therapeutic management within family practice.—LC/JGW/LT

1. Juarez-Garcia A, Stokes T, Shaw B, Camosso-Stefinovic J, Baker R. Cost of epilepsy misdiagnosis in England and Wales. *Seizure*, In Press, Corrected Proof, Available online 29 September 2006 [Go to <http://dx.doi.org> and enter the following doi citation: 10.1016/j.seizure.2006.08.005]

Postmenopausal Women’s Health (May 2006)

Since the release of the Women’s Health Initiative, women have been searching for non-hormonal ways to relieve their menopausal symptoms. Complementary and alternative treatment options have become a popular choice. To make an informed decision, however, women need clear, reliable information based on existing evidence. Accordingly, our module, *Postmenopausal Women’s Health*, surveyed the range of alternative options, concluding that the best studied options are soy-derived isoflavones and black cohosh. Results for these therapies, however, have been inconsistent.

A recent systematic review¹ conveys a similar, though slightly more favourable message. “Although studies graded as poor quality found a benefit with soy supplements (dietary, supplements or red clover), the effect on symptoms in fair or good studies were mixed, with some studies showing improvement in hot flashes. The largest study of black cohosh demonstrated a benefit in variety of menopausal symptoms.” This benefit, however, is tempered by a link to abnormal liver function.

The review found no evidence to support the use of other approaches—acupuncture, magnet therapy, stress reduction, exercise, progressive muscle relaxation or traditional Chinese herbal therapy.

1. Nedrow A, Miller J, Walker M, Nygren P, Huffman LH, Nelson HD. Complementary and alternative therapies for the management of menopause-related symptoms. *Arch Intern Med* 2006;166:1453-65.

Holiday Closure

The offices of The Foundation for Medical Practice Education
will be **closed** from **December 23, 2006 through January 1, 2007**.