Complementary and alternative medicine

Dear Editor

The article 'Complementary and alternative medicine – representations in popular magazines' (*AFP* September 2010) ends with the conclusion: 'General practitioners should discuss General practitioners should discuss complementary and alternative medicine (CAM) with their patients, including the likely modes of action and efficacy'.

I, like many GPs, would struggle to determine the efficacy and actions of CAM. It remains a rather startling conclusion as there is still debate as to the action of forms of CAM, and as the author states explanations are often through reference to 'vague biological concepts'.

It is worth remembering that many popular media discussions of CAM medicine are best described as advertorials, with little or no scrutiny, or robust evidence to back the claims made.

Patrick O'Connor
Wangaratta, Vic

The role of the bidet in pruritis ani

Dear Editor

The article 'Pruritis ani' (*AFP* June 2010) gave an excellent overview of this common condition. However, I was disappointed that the role of the bidet in treatment was given only brief mention.

In Anglo-Saxon cultures the perianal and perineal areas usually suffer from totally inadequate hygiene brought about by a lack of proper cleansing. This doesn't occur in Europe and South America because of the routine use of the bidet.

In my experience, benign pruritis ani and perianal dermatitis almost always respond favourably and rapidly to routine washing after defecation, without the need for any other treatment. This is easily achieved with a bidet, but extremely difficult without.

Such bathroom plumbing is very rare in Australia. However, although the standard pedestal as used in Europe is quite expensive and very difficult to install in an existing dwelling, it is now possible to obtain, at low cost, a douche unit which is easily installed under the seat of an existing toilet, and performs the same function.

Trevor Sauer
Mapleton, Qld

Steroid related osteoporosis

Dear Editor

In the case study 'Belinda's back pain' (*AFP* July 2010) it was stated that both alendronate and risedronate are subsidised by the PBS for the prevention of glucocorticoid induced osteoporosis for those with T-scores <–1.5 who are expected to be on ≥7.5 mg prednisolone for ≥3 months.[1] This is incorrect.

Studies have proven alendroate, risedronate and zolindronic acid useful in controlling steroid induced osteoporosis.[2,3] However, under the present PBS scheme, medical practitioners can only prescribe risedronate and zolindronic acid for the steroid related osteoporosis.[4]

The case study patient will qualify for alendroate as well as she already had a vertebral fracture.

Nadarajah Mugunthan
Gold Coast, Qld

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Reply

Dear Editor

We thank Dr Mugunthan for making the clear distinction between alendronate (which is not PBS subsidised for prevention of steroid induced osteoporosis) and risedronate and zolindronic acid, which are.

Pat Phillips, Simon Burnett
The Queen Elizabeth Hospital, SA

Prescription shoppers

Dear Editor

I would like to compliment Dr Monheit on his scholarly dissertation on 'prescription shoppers' (*AFP* August 2010).[1] As one who led the fight to get the then Minister of Health, Mr Tony Abbott, to resurrect the 'doctor shopper hotline line', I would like to add some personal observations:

- Recognising prescription shoppers is not as difficult as diagnosing acute appendicitis. I have been fooled only once in the past 40 years
- The 'prescription shoppers line' may not be perfect, but I have found it helpful at least 80% of the time.
- I have tried to engage prescription shoppers in harm reduction treatment. Not a single one has kept a return appointment with me, or a new appointment that I have made for them with a drug addiction clinic. They want drugs, not help. Indeed, many prescription shoppers take an arrogant pride in their 'skill' at conning what they see as gullible doctors[2]
- I agree that dealing with prescription shoppers is difficult. The approach that I have found most effective is a version of what Dr Monheit calls 'borrowed protection'. I tell the prescription shopper that, 'the health department comes down heavily on doctors who inappropriately prescribe narcotics, sleeping pills or tranquillisers. So do you think I would be prepared to put my medical licence and livelihood on the line for someone I have never seen before and will probably never see again?' I have yet to meet a prescription shopper who has come up with a satisfactory answer to that question.

Max Kamien
Perth, WA

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