Nongenital warts

Dear Editor

As a general paediatrician, I enjoyed your January/February issue of *AFP*, particularly the article on therapeutic inertia. I also noted Dr Leung's[1] article on nongenital warts.

My treatment for such warts is cimetidine orally 200 mg, one tablet nocte for 6 weeks, with the usual wart patient being about 7 years or older. I use the same dose for all ages. I stop the treatment at this point, whether or not the warts have disappeared, and usually parents will report the warts disappear over the next month or two if they have not disappeared in the 6 weeks of treatment. This seems to work around 80% of the time. This is certainly my first course of treatment for multiple nongenital warts.

Thanks again for an excellent publication.

Chris Ingall
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Reference

1. Leung L. Recalcitrant nongenital warts. Aust Fam Physician 2011;40:40–2.

Blood pressure devices

Dear Editor

The article by Mark Nelson and Tania Winzenberg[1] (*AFP* March 2011) contains a graph in which it is not clear that the distribution of blood pressure measurements taken by GPs using the auscultatory method is skewed. It does appear to reflect digit preference.

The 'usual standard' of blood pressure measurement used in the vast majority of clinical trials published to date is the auscultatory method. Is there evidence that application of machine measurement is applicable and will produce the same outcomes? A systematic review of published studies[2] reveals that the auscultatory method is more accurate and superior in cases of hypertension, trauma and deteriorating patient condition.

My personal tests of the High Blood Pressure Research Council of Australia (HBPRCA) machine indicated the weaknesses to be:

- failure to get a reading in some patients, especially in those with an irregular pulse
- variability of readings with repeated measurement, which suggests use of machine in a setting where repeated measurements are the norm (eg. hospital inpatients) may be more useful
- lack of information on heart rhythms which can be detected by the human ear as a part of taking the blood pressure.

The main benefit I find is the ease of taking automatic repeat measurements and therefore detection of white coat syndrome patients, who otherwise tend to suffer from overmedication and adverse events related to this. So yes, I do use machine, but not for routine measurements where the auscultatory method is demonstrably superior.

Ian Cheong
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References

1. Nelson M, Winzenberg T. Blood pressure devices: research supports their use in general practice. Aust Fam Physician 2011;40:131.
2. Skirton H, Chamberlain W, Lawson C, Ryan H, Young E. A systematic review of variability and reliability of manual and automated blood pressure readings. J Clin Nurs 2011;20:602–14.

Reply

Dear Editor

We thank Dr Cheong for his comments. We confirm that the distribution of blood pressure measurements taken by GPs using the auscultatory method is indeed skewed (Sktest for skewness $p<0.001$).[1]

It is true that the usual standard of blood pressure measurement used in the vast majority of clinical trials published to date is the auscultatory method. However, the purpose of our study was to establish whether or not oscillometric devices are superior to auscultatory method in usual practice which is rife with observation error, rather than in such trials which have strict measurement protocols.

The anecdotal report of a 'failure to get a reading in… those with irregular pulses' is well recognised. Oscillometric devices measure blood pressure indirectly through detecting oscillations in cuff pressure due pulse wave velocity and converting this to blood pressure readings through use of an algorithm. An irregular pulse leads to an error recording because the oscillations are not regular. However, this can be overcome by using auscultation in semi-automatic mode as recommended in the instruction book.

Variability of readings with repeated measurement is the norm due to many factors, such as sympathetic drive and regression to the mean, no matter which method is used. The advantage of the HEM-907 is that these measurements can be programmed and run independent of continued observation and a summary measurement derived. Repeat measurement should be the norm in primary care (see National Heart Foundation guidelines).[2]

'Lack of information on heart rhythm' is at odds with the aforementioned arrhythmias producing error messages in oscillometric devices to alert the GP to a potential problem. Should more information on heart rhythm be required, the GP is able to further assess heart rhythm as appropriate, eg. pulse, auscultation of the heart, and/or an electrocardiogram.

In contrast to Dr Cheong's assertion, the evidence from our CRAB study demonstrates that the oscillometric method is demonstrably superior.[1]

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References

1. Nelson MR, Quinn S, Bowers-Ingram L, Nelson JM, Winzenberg T. Cluster randomised controlled trial of oscillometric versus manual sphygmomanometer for blood pressure management in primary care (CRAB). Am J Hypertens 2009;22:598–603.
2. National Heart Foundation of Australia (National Blood Pressure and Vascular Disease Advisory Committee). Guide to management of hypertension, 2008.

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