Renal disease

Dear Editor

I read with interest the November issue of *AFP* covering aspects of renal disease management. I commend the efforts of all the contributors. The topics covered are all clinical aspects of renal disease that are manifest in human populations over the world and are worth the detailed attention of medical practitioners.

My concern is that much emphasis is placed on the pathological diagnosis of renal disease and GPs need to be aware of other subtle causes of renal problems. Overlooking the iatrogenic causes of proteinuria can delay immediate review or withdrawal of medicines that precipitate proteinuria. Time spent investigating the pathological cause of proteinuria while the patient continues taking the offending drugs can eventually lead to irreversible renal damage or deterioration of renal failure. The early diagnosis and withdrawal of the offending drugs can go a long way to a full and quick recovery for the patient and this point of view should be highlighted in any discussion regarding the diagnosis and management of proteinuria and renal disease.

In my practice, I have noticed that many patients are on various medicines (both prescription and over-the-counter) that are nephrotoxic. Once the offending medicines are identified and discontinued, there is usually a prompt clinical improvement and further damage to the kidneys is prevented.

I sincerely request that GPs perform initial assessment of all medications taken by their patients with renal problems, review such medications to identify possible iatrogenic causes of proteinuria, while at the same time doing further clinical and laboratory investigations for pathological causes of proteinuria such as SLE, diabetes and hypertension.

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Refugee health

Dear Editor

The article by Harris and Zwar[1] (*AFP* October) is timely and reflects my clinical experience in Sheffield, UK. One practice where I worked as a locum served a large migrant and refugee community. The majority of patients did not speak English as a first language. We conducted a survey of patients presenting over a 6 week period comparing English speakers with non-English speakers. As expected there was a 39% difference in the proportion of patients who walked out with a prescription (95% CI; 16–57%). However, English speakers were more likely to receive a prescription than age and sex matched non-English speakers.[2] The latter consulted GPs twice as often as the matched sample although there was no difference in the length of the consultation for each group. Cultural expectations impact on the consultation and most probably also the outcome of that consultation. However, evidence that practitioners did not resort to the prescription pad as a response to the complex psychosocial and medical problems in this group was a credit to the dedication of doctors who serve in such communities.

Harris and Zwar highlight the plight of refugees and asylum seekers. As health care providers it may be helpful to audit the response to that distress if only to ensure that we offer high quality primary care recognising the therapeutic value of the consultation itself.

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References

1. Harris M, Zwar N. Refugee health. Aust Fam Physician 2005;34:825–9.
2. Jiwa M. I'm sorry, I didn't quite understand what you just said. The Clinician 2005;29:ii-iv.

Conflict of interest

Dear Editor

Scott Masters' letter commenting on potential author conflict of interest (*AFP* November) made interesting reading. Frequently I see patients who have been to the chemist and had their ailments diagnosed (on what would appear to be a flimsy history and absent examination). They have purchased potions and lotions that are completely useless. Frequently I see patients who have visited their naturopath. There they have had their 'aura' read (or some similar nonsense) and subsequently been prescribed and sold potions and lotions. All of this happens apparently without conflict of interest or harm to the patient. A doctor (or should I say medical practitioner, as everyone seems to be a 'doctor' these days) dabbles in the area of diagnosis and sale of lotions and potions and suddenly there is a significant conflict of interest. Of course, only 'medical practitioners' are conniving, untrustworthy, greedy, unscrupulous charlatans. The rest are up to the task of honesty and self regulation.

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