

Hippocrates' tree

Dear Editor

In the September issue of *AFP*, Michael Kidd's article on Hippocrates' tree stated that Australia now has a plane tree at the University of Sydney's Rural Clinical School at Dubbo. As most Western Australian GPs will know and others may be interested, three plane trees grown from cuttings from Hippocrates' tree on the island of Kos, were planted in a grove at The University of Western Australia Medical School at the Queen Elizabeth II Medical Centre in May 1990 – a gift from the government of Greece to the doctors and students of Western Australia.

*Louis I Landau
The University of Western Australia*

Women on methadone

Dear Editor

Some young women on methadone complain of menopausal symptoms (amenorrhoea, flushes, irritability and decreased libido). Their oestrogen levels are in the menopausal range. This may be due to methadone (and other opiates) decreasing the output of GnRH from the hypothalamus, thus disrupting the oestrogen/FSH cycle. Hepatitis C and weight loss may be contributing factors.

Symptoms are relieved by hormone replacement with the oral contraceptive pill. If untreated, could this pseudo-menopause lead to bone density problems?

*John Sherman
St Kilda, Vic*

Reply

Dear Editor

Women on methadone and other opiates have an altered neurotransmitter secretion that causes GnRH to be produced continuously rather than in a pulsatile fashion. This causes the patient to become hypogonadal and therefore she would have low oestrogen and symptoms of menopause. However, biochemically she has hypogonadotrophic hypogonadism rather than hypergonadotrophic hypogonadism (menopause). This would not be helped by weight loss, which does the same biochemically as opiates.

Apart from symptoms of hypo-oestrogenism bones are also at risk. However, a loss of bone density would also be contributed to by poor diet (low calcium and vitamin D) and inadequate sun exposure.

The oral contraceptive pill may help ameliorate this bone loss, among other indications.

*Beverley Vollenhoven
Monash University, Vic*

Imaging in general practice

Dear Editor

Richard Mendelson and Graeme Miller have both corresponded on the use of diagnostic imaging in general practice, sparked by Miller's¹ article in the May issue of *AFP*. We need to look critically at the 'health dollar' that is being spent on imaging.

Both the perceived risk of litigation and pressure from some patients who believe a 'scan' is preferable to thorough history taking and examination can confound a doctor's efforts to conform to best practice guidelines.

After ordering one investigation, GPs may be prompted by the ensuing report to order a further imaging modality. Allied health professionals sometimes send patients back to their GP for investigations not initially deemed necessary by the GP. The patient thus arrives with the full expectation that the imaging will be ordered, no questions asked.

It would be helpful to have nationally agreed guidelines to use as armour in these situations. Such guidelines could be incorporated into medical records software so that doctors could be updated and patients shown the evidence being used to 'gatekeep' imaging resources.

*Kate Fawcett
Brisbane, Vic*

Reference

1. Miller G, Valenti L, Charles J. Use of diagnostic imaging in Australian general practice. *Aust Fam Physician* 2006;35:280–1.

Making CO₂ cryotherapy more economical

Dear Editor

For practices for which the cost of buying liquid nitrogen equipment makes liquid nitrogen cryotherapy uneconomic, CO₂ cryotherapy is a good alternative. At our practice we found that the usual C size cylinders of CO₂ provided enough gas for only a few treatments. We now use the large FE size cylinders which provide 22 000 L of CO₂ compared with the 930 L in the C size cylinders for little more than 1.5 times the cost of the C size cylinders. This makes the CO₂ 14 times cheaper per application than using the C size cylinders. The large cylinders provide many months worth of treatment in our practice.

Because the large cylinders stand upright, they must be of the 'liquid supply' type, which have an internal tube to the bottom of the cylinder. They are marked along the outside with a black stripe to distinguish them from normal cylinders. We had the needle valve attachment custom made to fit the different outlet of the liquid supply cylinder.

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