

Weight management

Dear Editor

The Eggers' article on weight management (*AFP* November 2009) is excellent and interesting, but there is an alternative explanation for some of the physicians' (and trades people's) errors in answering the questions: the ambiguity of some of the questions.

For example, while 'sauna baths are good for fat loss', and 'exercise can increase depression' are clearly false, others items are more ambiguous, such as 'peanuts are a healthy food' (very true, but only in moderate quantities, and only if you and those around you aren't allergic), 'a low protein diet is best for weight loss' (correctly stated as false only if protein as proportion of calories is considered, but not if it's low protein, low fat, low carbohydrate, and hence low energy), 'chocolate is healthy provided it is 'dark' (false only if you correctly interpret exactly what they mean by the quotes around 'dark'), and the especially confusingly labelled as false, 'swimming is better than walking for weight loss' (with 500–700 cal/hr typically burned for swimming versus 150–300 cal/hr typically burned for walking).

Very interesting results on some of the other data, though. I hope the authors do a larger study with a validated set of questions, and a larger, randomised sample.

Erica Frank
University of British Columbia, Canada

GP special interests

Dear Editor

General practitioner special interests are wide and varied and cover such areas as women's health, travel medicine, geriatrics, palliative care, skin cancer treatment and sports medicine.

However, special interests have attracted a great deal of attention. Fragmentation of an already diverse and demanding profession has been cited as a potential outcome; and the water has been muddied by dubious practitioners with certain 'special interests' who have come under political fire regarding what is seen as inappropriate advertising and medical practice.

After talking to older colleagues, it quickly becomes evident that as recently as in the 1970s, particularly rurally, the family doctor was a highly procedural professional. General practitioners would have daily surgical lists, performing appendectomies, hysterectomies and hernia repairs or administering anaesthetics. Delivering babies was the norm, with some GPs performing forceps deliveries and caesarean sections. How would the average GP these days feel about providing this type of medical care?

Over the past few decades, medicine has changed dramatically. There have been major expansions in diagnostic and treatment capabilities, as well as in consumer expectations. General practitioners have become specialists in coordinating team orientated care of complicated, chronic, multisystem diseases, while managing the emotional, interpersonal and social areas; and delivering preventive care.

Are special interests a road to professional fragmentation? In my opinion, special interests are a door to autonomy and sanity. They were something that our older colleagues enjoyed (and some still do). They are a way in which we can express our own individual preferences and interests, introducing some balance into a job that is so skewed to chronic disease. They provide an area in our work where we can devote energies with a new lease of enthusiasm, an enthusiasm that we can share with each other.

I would be interested to hear from readers regarding their views on special interests. Do my colleagues believe that there is a place for these in modern general practice? If so, do we want a forum where we can discuss special interests? Is there a need for an *Australian Family Physician* 'special interest' section?

Steven Tomas
Dubbo, NSW

Editor's comment

In November 2008, the RACGP Council endorsed the creation of the Faculty of Specific Interests. This allows the RACGP to formally recognise those GPs with interest and expertise in specific areas of clinical practice. For further information email fsi@racgp.org.au or freecall 1800 090 588.

Micronutrients in pregnancy

Dear Editor

We believe the article 'The role of micronutrients in pregnancy' (*AFP* December 2009) seriously misrepresented our product, Blackmores Pregnancy and Breast-Feeding Gold.

The table comparing various nutritional supplements ignored the fact that the Blackmores product has a recommended daily dose of two tablets and this resulted in under-reporting of the nutrient content.

Blackmores would like Australian doctors to feel assured they can recommend Pregnancy and Breast-feeding Gold with confidence.

Sue Moore
Blackmores Ltd, NSW

Editor's comment

Choosing a vitamin or mineral preparation can be a challenge as there is a vast array of different preparations available, containing different combinations of vitamins and minerals, in different doses.

In the article,¹ *Table 3* was included to give our readership an understanding of exactly how much of each micronutrient is in common preparations that their patients may be taking, or to give them an idea of the options they have in suggesting preparations to their patients. The only reasonable way that we felt these could be compared was 'amount per tablet'.

Jenni Parsons
Editor in chief
Australian Family Physician

Reference

1. Lim CED, Yii MF, Cheng NGL, Chow YKM. The role of micronutrients in pregnancy. *Aust Fam Physician* 2009;38:980–4.

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