

## ADDRESS LETTERS TO

The Editor, Australian Family Physician  
1 Palmerston Crescent, South Melbourne Vic 3205 Australia  
FAX 03 8699 0400 EMAIL [afp@racgp.org.au](mailto:afp@racgp.org.au)

The opinions expressed by correspondents in this column are in no way endorsed by either the Editors or The Royal Australian College of General Practitioners

## Pelvic examination of asymptomatic women

### Dear Editor

The article by Stewart and colleagues (*AFP* June 2008) states that there is no evidence to support routine pelvic examination of asymptomatic women. This attitude has already spread to many GPs (and specialists) who now, in my view, do not examine enough. More mistakes are made by not looking than by not knowing.

I was taught to examine the relevant body part (at least) with every consultation. In my practice, pelvic examination of asymptomatic women has enabled me to diagnose previously undiagnosed prolapse, fibroids, vaginal infections, vaginismus, pregnancy, and one case of melanoma of the thigh and one of sarcoma between the rectum and vagina.

Of course the findings are greater in symptomatic women.

Gary Fisher  
Mt Keira, NSW

### Reference

1. Stewart RA, Thistlethwaite J, Evans R. Pelvic examination of asymptomatic women: Attitudes and clinical practice. *Aust Fam Physician* 2008;37:493–6.

## Pathology in the tired patient

### Dear Editor

The article 'Pathology testing in the tired patient – a rational approach' (*AFP* November 2008)<sup>1</sup> concludes that more research is required to determine best practice in the investigation of the tired patient, and that there is insufficient evidence to inform guideline development. This has not been the first call for action.

In 1998, Britt et al<sup>2</sup> recommended that priority should be given to the development of guidelines for pathology ordering for frequently occurring undifferentiated problems. In 2003, our paper, 'Investigating tiredness in Australian general practice: Do pathology tests help in diagnosis'<sup>3</sup> concluded that more research was required to begin the process of defining appropriate guidelines and decision support for the problem of tiredness.

It is imperative that a systematic literature review be undertaken to summarise and determine the strength of the existing evidence, which in turn would identify gaps in current research to suggest areas for further investigation. This has not been done in Australia or internationally in a peer reviewed format and would not only direct future research but is a necessary requirement to inform evidence based guidelines.

Very little progress has been made since our work was completed in 2003. It is not a national health priority and funding for such research is limited; however, 2007–2008 BEACH data<sup>4</sup> shows that it is still a common presentation in general practice and the overwhelming conclusion remains the same – GPs require up-to-date evidence

integrated with such tools as electronic decision support. In parallel, it would seem prudent to develop new research programs such as longer term cohort studies that develop a more definitive and predictive model about the value of an expectant approach versus the use of pathology testing (which are usually normal).

Angela Gialamas, Justin Beilby  
Discipline of General Practice – Faculty of Health Sciences  
The University of Adelaide, SA

### References

1. Harrison M. Pathology testing in the tired patient – a rational approach. *Aust Fam Physician* 2008;37:908–10.
2. Britt H, Miller GC, McGeechan K, et al. Pathology ordering by general practitioners in Australia, 1998. AIHW Cat. No. GEP 4 Canberra: Department of Health and Aged Care (General Practice Series no. 4), 1999.
3. Gialamas A, Beilby JJ, Pratt NL, et al. Investigating tiredness in general practice. Do pathology tests help in diagnosis? *Aust Fam Physician* 2003;32:663–6.
4. Britt H, Miller GC, Charles J, et al. General practice activity in Australia, 2007–08. AIHW Cat. No. GEP 22 Canberra: Australian Institute of Health and Welfare (General Practice Series no. 22), 2008.

## Acupuncture and osteoarthritis

### Dear Editor

The article 'Aches, pains and osteoarthritis' (*AFP* November 2008) makes no mention of the role of acupuncture in available treatment options. Medicare Australia advise that in the 12 months from July 2007 to June 2008 there were 402 000 services claimed by GPs for acupuncture.<sup>1</sup> I find acupuncture very useful in relief of osteoarthritis pain. It has no side effects, is cost effective and I find 90% of my patients obtain some measure of relief from mild to dramatic. Now either I should be selling ice to Eskimos, or this is a valid option in management of osteoarthritis pain.

Bruce Groves  
Salisbury North, SA

### Reference

1. Medicare Australia. Requested Medicare items processed from July 2007 to June 2008. Available at [www.medicareaustralia.gov.au/cgi-bin/broker.exe?PROGRAM=sas.mbs\\_item\\_st](http://www.medicareaustralia.gov.au/cgi-bin/broker.exe?PROGRAM=sas.mbs_item_st).

### HPV vaccine update

The Australian Government Department of Health and Ageing has extended access to the free course of HPV vaccine if the first dose was administered before 30 June 2009. Young women can complete the course of three doses free of charge until 31 December 2009.