

# A family practice snapshot



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This issue of SA Family Practice includes a wide variety of topics – typically what is seen and experienced in practice everyday.

The first article describes a prediction rule for short-term (within 7 days) stroke prediction after a transient ischaemic attack (TIA). This article will give some guidance on deciding whether a patient should be hospitalised or if out-patient evaluation is acceptable. The prediction rule takes age, blood pressure, clinical features (like unilateral weakness, speech disturbance without weakness) and the duration of symptoms (in minutes) into account. The prediction rule is derived from an earlier study in which none of the patients with a possible TIA (those who are later diagnosed with probable or definite TIA) or those with a score of 0-3 for a probable or definite TIA had a stroke in the first seven days.

Managing a patient with excessive worry is a big challenge in family practice. Worrying is defined as “an effective, short-term response to uncertainty that can become self-perpetuating with adverse long-term consequences.” Hypochondriasis is also described in depth and is compared with health anxiety. I am sure that most practitioners will appreciate the scientific description of this condition. Hypochondriasis is more common in primary care (5%) than in the general population (1%). Excessive worrying is an anxiety disorder and requires pharmacological therapy with SSRIs

or venlafaxine and possible cognitive behavioural therapy (CBT). Time restrictions in practice is probably a big frustration and prohibits proper CBT. This article provides a clear approach to the management of worriers and equips the practitioner with a worry score-card and a quick-CBT guide.

The third article in our CPD-programme is chronic plaque psoriasis, the most common form of psoriasis. It is very interesting to note that some environmental factors may, in fact, be stimuli for T-cell proliferation. Stress is also associated with flare-ups as well as chronic HIV-infection. This article is accompanied by clear clinical images and an algorithm outlines the management and referral of these patients.

The last article is on malaria prevention and treatment. It is a patient-orientated article that will provide the family practitioner with practical answers to patients' objections to chemoprophylaxis.

We hope you enjoy this issue of SA Family Practice. You are welcome to send any suggestions to us: Prof Gboyega Ogunbanjo (gao@intekom.co.za) or Dr Douw Greeff (douw@medpharm.co.za).

Best regards

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