



## Lighter touch

Some years ago the decision to try to lighten the image of the *SAMJ* by the addition of pictures to the front cover was greeted with derision by several of our more senior colleagues. It was said that the gravity of the *Journal* would be compromised and after all the *BMJ* did not do so — but the *BMJ* too followed this pattern some time later. Our recent change from a long vertical picture along the side of the journal to a more conventional centrally placed 'landscape' format has allowed for more flexibility in the type of pictures used. Printing deadlines often result in the choice of the cover picture being a rushed affair and the content may not lend itself to suitable pictorial representation. Hence the decision to print something different in this issue. The front cover is courtesy of Marijke Maree, one of our technical editors, from one of her rambles in the wilds with her husband Sam. Those who have been there will recognize the typical landscape of the Richtersveld. Should any colleagues have a picture that they would like to see on the cover, please send it to us for consideration.

We also welcome short 'fillers', which may be serious, humorous, artistic or poetic. Dr Vaughan Williams has supplied us with such an example (p. 762).

We hesitate to encourage the submission of longer pieces such as the column of irregular habits from Robert-Ian to his 'Dear Aunt Ethel' (p. 763). The only reason is that few of us have the ability to entertain consistently and to tickle the humour buds. But if you wish to try we would also be happy to put such submissions through the hoop.

Finally, from lightening the mood it is our pleasure to announce that the Publications Committee has agreed that pockets will not be lightened, as there will no longer be page charges for articles accepted for publication!

## Intrauterine growth and beyond

The commentary on intrauterine growth and disease in later life by Geoffrey Bihl provides a further fascinating perspective on the eternal debate on what influences us most, nature or nurture (p. 757).

Coronary heart disease (CHD), hypertension and diabetes mellitus occur in epidemic proportions worldwide. Unhealthy lifestyle practices and behaviours are well accepted as contributing factors, but the true origins of these diseases may actually be found *in utero*. According to the Barker hypothesis, disturbed intrauterine growth has a negative influence on the development of the cardiovascular system and favours the occurrence of hypertension, insulin resistance, hypercholesterolaemia and hyperuricaemia later in life.

Numerous studies have shown an inverse relationship between the birth weight of infants and the increased incidence of hypertension, CHD, impaired glucose tolerance, insulin resistance and type 2 diabetes mellitus.

Many chronic disease of later life may be related to two seemingly opposing factors potentially present early in life: (i) poverty, i.e. malnourished mothers give birth to malnourished infants with low birth weights; and (ii) prosperity, i.e. exposure of an infant with a low birth weight to a high-energy diet. These factors contribute to the biological phenomenon of developmental plasticity, or the ability of a genotype to produce multiple forms and behaviours in response to environmental conditioning.

For the litigation-conscious, is there yet another target to sue?

## Osteoporosis and new anabolic agents

Stephen Hough describes himself as a dour academic in the endocrine unit at the University of Stellenbosch — not a fair description for anyone who has experienced his friendly demeanour and sense of humour! However it is nice to have someone who can supply sense and authority on the important topic of osteoporosis and the new anabolic agents used in its treatment (p. 754).

The mainstay of current therapies for osteoporosis are antiresorptive agents such as calcium and vitamin D, oestrogen, selective oestrogen modulators, the bisphosphonates and calcitonin. These agents inhibit osteoclast-mediated bone loss, reduce bone turnover (both resorption and formation) and modestly increase bone mineral density. Ideally, antiresorptive agents should be employed to prevent osteoporosis, whereas osteoanabolic agents, either alone or in combination with antiresorptives, should be used to treat established disease.

Sodium fluoride markedly stimulates bone formation and increases axial bone mineral density. While it has the potential to be a useful drug in the treatment of osteoporosis, further clinical trials are necessary before its routine use can be recommended.

Further work needs to be done on growth hormone, insulin-like growth factor 1 and statins. Strontium ranelate holds much promise as a new anabolic agent in the management of osteoporosis.

Intermittent, low-dose parathyroid hormone administration causes rapid stimulation of bone formation, which results in a marked increase in bone mass and strength, improvement in trabecular microarchitecture and cortical geometry and a significant reduction in the risk of vertebral as well as non-vertebral fractures. Parathyroid hormone (PTH (1-34) or teriparatide) will soon be available for osteoporosis treatment in South Africa. Since the local cost of this product will be high, serious ethical dilemmas will again be posed with regard to the allocation of expensive resources.

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