



of speed. His preferred recreational sport was golf and trout-fishing. The annual golf trip to Port Elizabeth was an important event. Bill made sure no patients were booked from noon on the Thursday to noon the following Tuesday. The Union Castle mail-ship left Durban at 16h00 on a Thursday, and the golfers spent the next day on the course at East London. The following day while they played golf in PE their luggage was transferred to the northbound mail-ship, which arrived in Durban on Tuesday morning in time for Bill to see his first patient. His trout-fishing ability was reflected in a fly's being named after him. Bill also enjoyed deep-sea fishing, from the rocks in front of the family cottage in Ramsgate and the boats that left Durban harbour at 06h00 for the Aliwal Shoal off Scottburgh.

1961 was not Bill's first visit to Pietermaritzburg. During the fifties he was a houseman at Grey's Hospital where Jenny was nursing. They spent nearly 50 happy years in Pietermaritzburg and were blessed with 4 children. To Jenny and the family we offer our sincere condolences.

Colin Dancaster

MIXED BAG

Obesity, lifestyle modification and pharmacotherapy

Obesity is a disorder that leads to many other medical conditions. Excess body weight is the sixth most important risk factor contributing to the burden of disease around the world. Ten per cent of children and 1.1 billion adults are now classified as obese or overweight. The main adverse effects are cardiovascular disease, type 2 diabetes and several cancers. The World Health Organization describes obesity as one of the most visible and yet most neglected public health problems that threatens to overwhelm developed and developing countries. Small wonder that the search for a wonder pill continues, among patients and doctors alike. Over the past several years pharmacological approaches to obesity have come and gone. Now, the only agents currently accepted by most regulatory bodies are orlistat and sibutramine. Thomas Wadden and colleagues, writing in the *New England Journal of Medicine*, point out that, while weight loss medications are recommended as an adjunct to a comprehensive programme of diet, exercise and behaviour therapy, they are typically prescribed with minimal or no lifestyle modifications. They postulate that this is likely to limit therapeutic benefits.

In their year-long study, they randomly assigned 224 obese adults to receive 15 mg sibutramine daily only, lifestyle modification counselling only, delivered in 30 group sessions, sibutramine plus 30 group sessions of lifestyle-modification counselling (combined therapy) or sibutramine plus brief lifestyle-modification counselling. All participants were prescribed a diet of 1 200 - 1 500 kcal per day and a similar exercise regimen. They found that, at 1 year, those who received combined therapy lost an average of 12 kg, while those receiving sibutramine alone lost only an average of 5 kg. Those who received sibutramine and brief therapy lost an average of 7.5 kg. They also found that those in the combined-therapy

group who often recorded their food intake lost more weight than those who recorded their food intake infrequently.

Not surprisingly, the authors concluded that the combination of medication and lifestyle modification resulted in more weight loss than either medication or lifestyle modification alone. This may sound trite, but all too often patients are prescribed weight loss medication as an alternative to lifestyle modification. We know that serious lifestyle modification can and does result in weight loss and that sticking to the changed lifestyle generally maintains at least most of that initial weight loss. There are no quick fixes in weight control and neither patients nor doctors should be misled into believing that medication can take the place of a certain amount of discipline and effort.

Wadden TA, et al. *NEJM* 2005; 353: 2111.

Low-fat diets and weight change

To continue the theme of weight control, an interesting recent development is the way in which certain popular diet books are trying to overturn the conventional wisdom that says that a low-fat, high-carbohydrate diet takes the weight off. In fact, these books are suggesting that the current increase in obesity in the Western world is as a direct result of this type of diet. Predictably enough, these books are pushing the high-protein approach and claim that the high proportion of carbohydrates in the diets recommended by most medical authorities for the prevention of chronic diseases causes people to gain weight.

In fact, there are 3 studies that have recently reported that people given a low-calorie diet that is high in proteins and fats but low in carbohydrates lost more weight over 6 months than those on a low-fat, higher-carbohydrate regimen. However, in one study that was extended to 1 year, there were no differences seen in weight loss between the low-carbohydrate and low-fat groups after 12 months.

This study, by Barbara Howard and colleagues, used 48 835 postmenopausal women in the USA who were participants in the Women's Health Initiative Dietary Modification Trial. Their objectives were to report on the effects of a low-fat diet trial on body weight in the long term and also the effects of this diet on breast and colorectal cancer. The team also looked at the relationship between weight changes and changes in dietary components.

The women were randomised either to group or individual sessions to promote a decrease in fat intake and increases in vegetable, fruit and grain consumption, but no weight loss or calorie restriction goals. The control group simply received diet-related education materials. Women in the intervention group lost weight in the first year and maintained a lower weight than women in the control group during an average of 7.5 years of follow-up. Furthermore, the women in the intervention group showed no tendency to weight gain over this time and weight loss in either group was greatest among the women who decreased the percentage of their energy intake from fat. There was a similar trend among women who increased the amount of fruit and vegetables that they ate.

The team concluded that a low-fat eating pattern does not lead to postmenopausal weight gain. So much for all the high-protein diet hype – which promises lifelong weight loss.

Howard BV, et al. *JAMA* 2006; 295: 39-49.



Combating HIV/AIDS in developing countries

On another theme entirely, we creep ever closer to 2015, by which time the millennium development goals should have been met. One of these is to halt, or begin to reverse, the spread of HIV/AIDS. We could be forgiven for thinking that this particular goal is all but unachievable, looking at current figures in Africa in general and in southern Africa in particular. According to Daniel Hogan and colleagues, writing in a recent issue of the *British Medical Journal*, since the millennium development goals were set, the incidence of HIV infection and associated mortality has continued to climb in most developing countries. In 2004 there were 5 million new infections and 3 million deaths worldwide. As the authors point out, most countries have little hope of attaining the HIV-related target expressed in goal 6 of the millennium goals, the main problem being shortage of resources; the projected funding gap for the year 2007 is estimated to be around 50% of the need. This study focuses on 2 related issues – whether resources currently available are achieving as much as they could and how best to use new resources that may become available.

The authors set out to assess the costs and health effects of a range of interventions for preventing the spread of HIV/AIDS in the context of the millennium development goals, using an epidemiological model. They analysed 2 regions – countries in sub-Saharan Africa with high adult and child mortality and countries in south-east Asia with similar mortality patterns and levels. They looked at behavioural and biological parameters from clinical and observational studies and population-based surveys. They judged the effectiveness of interventions from reports, expert opinion and the WHO-CHOICE database.

They found that in both regions interventions that focused on mass media, education and treatment of sexually transmitted infections for women sex workers and among the general population cost less than \$Int150 (international dollars) per disability adjusted life year (DALY) averted. Voluntary counselling and testing costs less than \$Int350 per DALY averted in both regions, while prevention of mother-to-child transmission costs less than \$Int50 per DALY averted in Africa, but around \$Int350 per DALY averted in South East Asia. In both regions school-based education and various antiretroviral treatment strategies cost between \$Int500 and \$Int5 000 per DALY averted.

From this analysis, the authors concluded that mass media campaigns, interventions for sex workers and treatment for sexually transmitted infections are the most effective ways of reducing HIV transmission where resources are scarce. However, they also pointed out that, were more money put into prevention of mother-to-child transmission, voluntary counselling and testing and school-based education, these interventions would become even more cost-effective, based on standard international benchmarks. They also point out that antiretroviral therapy is at least as cost-effective in improving population health as some of these interventions. Perhaps they need to contact our Minister of Health.

Hogan DR, et al. *BMJ* 2005; 331: 1431-1437.

Bridget Farham

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BOOK REVIEW

Rook's Textbook of Dermatology (Volumes 1- 4). Seventh Edition. Edited by Tony Burns, Stephen Breathnach, Neil Cox and Christopher Griffiths. Illustrated. R7 225. Blackwell Publishing. 2004. ISBN 0-632-06429-3. (Available from SAMA/HMPG. Price R7 225, members R6 550.)

Despite an array of appealing new reference textbooks in clinical dermatology in recent years, *Rook* remains the gold standard according to many experts. This seventh edition, named in honour of a former editor, recapitulates the goals of the original edition in 1968, namely to provide trainees and practitioners of dermatology with a practical guide to the diagnosis and treatment of skin diseases. A new panel of editors consisting of Tony Burns, Stephen Breathnach, Neil Cox and Christopher Griffiths have revised the 1998 edition thoroughly, and together with more than 100 internationally acclaimed chapter authors created a superb reference work that will be indispensable to registrars and consultants alike.

Despite an emphasis on clinical features and treatment throughout the book, it is clear that scientific aspects of dermatology such as molecular biology and pathophysiology have been expanded. The introductory chapters on the history of dermatology, normal skin biology, genetics, history taking, clinical examination and special investigations are a joy to read, and well worth revisiting at regular intervals. Illustrations are of a high quality and almost entirely in colour, and the numerous tables represent an extremely useful *aide-mémoire*.

Of particular relevance to South African clinicians is the inclusion of a new chapter on the dermatological manifestations of HIV/AIDS by Bunker and Gotch. There is also increased coverage of treatment options for all skin diseases, from the banal to the exotic, with emphasis on evidence-based therapies and inclusion of the newer biological agents. To complement this, there is a comprehensive and updated chapter on drug reactions. The organisation of the book is in a modern style with grouping of conditions according to anatomical site, pathophysiology, symptomatology or inheritance. Therefore, there is no chapter on acne *per se*, but this condition appears in the chapter 'Disorders of the sebaceous glands'. Page numbering also follows the current style of being chapter dependent. Although this can be somewhat confusing, with time the benefits of the approach become clear, and one soon learns to access the relevant section quickly. The success of reference works depends as much on content as it does on finding the desired content, and the index can be an Achilles heel of an otherwise superlative work. In this regard *Rook* shines, and the index is formidable, comprising more than 100 pages. In conclusion, the seventh edition of *Rook's Textbook of Dermatology* is a state-of-the-art reference book, and a worthy tribute to previous, current and future authors.

S J Glassman