INFECTIONOUS DISEASES

Whooping cough often milder than imagined

A general practice report from the UK indicates whooping cough is often a comparatively mild condition, many cases being hard to diagnose unless the clinicians hears the characteristic paroxysms or whoop. Adults may contract the disease from their children and the course is similar. A serious outcome appears rare. Because the disease is easily missed the need to immunise must be stressed to protect infants who suffer the most from whooping cough.

Bordetella pertussis or parapertussis is responsible for whooping cough which can be trivial or at times life-threatening with whooping, apnoea, vomiting, pneumonia and encephalopathy. Most people believe whooping cough is always severe because of adverse publicity.

A Nottingham GP studied 500 consecutive cases of whooping cough over a 15-year period to determine the natural course of the condition. Follow-up began in 1977 at the start of a whooping cough outbreak.

In almost all cases the nature of the cough and duration of symptoms were insufficient for diagnosis.

Within a fortnight of symptoms developing the cough becomes paroxysmal (coughing without pausing for inspiration, turning red or blue in the face) and these occur variably, every 15 min to 12 hours. A sore throat or running nose is not often seen but vomiting, whooping and apnoea are clues to the diagnosis.

After a fortnight of paroxysmal coughing and whooping (sudden inspiration at the end of a paroxysm, followed sometimes by vomiting) the symptoms slowly abate.

Guides for treating lipid disorders in diabetics

The Australian Diabetes Society in new guidelines advises in-depth lipid testing of all diabetic patients after initial glycaemic stabilisation, followed by initial lifestyle intervention (weight loss/diet and exercise), unless risk is very high in which case drug therapy is required immediately. Lipid abnormalities typically consist of elevated triglycerides and reduced HDL-C levels, so gemfibrozil is appropriate therapy. HMG CoA reductase inhibitors are a good choice if LDL-C is elevated.

Coronary and large vessel atherosclerosis is 2- to 5-fold more common in the diabetic population compared with normals, and risk appears higher in women than men. Low HDL-C and high triglycerides with or without an elevation of LDL-C is the typical