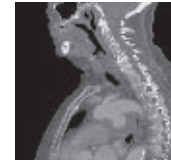


# MINERVA

Send comments or suggest ideas to Minerva: [minerva@bmj.com](mailto:minerva@bmj.com)



## Hoarseness in a 79 year old woman

Try the case report in *ENDGAMES*, p 36

The US Food and Drug Administration (FDA) prides itself on the care it takes in selecting advisory committees and in the openness of its decision making process. These decisions can influence clinical practice worldwide. The order in which committee members speak and vote is determined by their seating position. A study in the *American Journal of Therapeutics* (2013, doi:10.1097/MJT.0b013e31821109d5) looks at the transcripts of Circulatory Systems Devices Panel meetings from 1997 to 2005. The researchers conclude that voting behaviour on FDA expert advisory committees is strongly associated with seating location. Those who speak first tend to swing the vote, which “suggests the presence of a possible social dynamic that is not addressed by existing FDA committee procedures.”

Many other social dynamics can distort medical decision making, and one that often exasperates Minerva is the tendency of doctors to do tests that lead to inappropriate prescribing for healthy people. Finding a serum level of total cholesterol above 6 mmol/L, for example, often elicits a statin prescribing reflex in physicians, irrespective of the total cardiovascular risk. A cohort study in *Heart* (2013, doi:10.1136/heartjnl-2013-303698) indicates that only about half the patients prescribed statins in general practice in the United Kingdom have a risk of 20% or more for a cardiovascular event within 10 years. Even in the best practices, more than a third of patients at high risk are not getting statins, whereas in some practices, 29% of adults at low risk are prescribed the drugs. Minerva thinks that people should be told their risk and decide for themselves.

Stroke is the leading cause of death in China, but its incidence varies widely across the diverse nation. This is illustrated strikingly by maps in a reported data survey (*Stroke* 2013, doi:STROKEAHA.113.001238), showing a “stroke belt” from the far west to the north east of China, where the incidence of stroke is more than twice that in the rest of the country. Obesity and hypertension are commoner in these areas, which could be associated with higher meat consumption; but attempts to blame salt founder, because dietary surveys show no difference in intake. The authors conclude that the surveys are probably inaccurate.



An infusion of 5% dextrose with 10% calcium gluconate was administered intravenously into the right hand of a newborn of gestational age 34.3 weeks and weighing 1.6 kg. After four hours, an extravasation was noted. The line was removed, and a cold pack applied to the elevated arm. At 18 hours, the hand turned blue and became swollen with blisters. Emergency fasciotomy was performed twice for decompression. The fingers were treated with glyceryl trinitrate (Nitroderm-TTS-5), and lesions were treated with an antimicrobial dressing (Acticoat) and wet with water every three hours. The hand wounds and function recovered completely. This type of iatrogenic damage is rare in newborns, but urgent evaluation for surgical decompressing fasciotomy could be limb saving.

**Maria Serenella Pignotti** ([m.pignotti@meyer.it](mailto:m.pignotti@meyer.it)), neonatologist, **Elisabetta Agostini**, neonatologist, **Patrizio Fiorini**, neonatologist, Fetal-Neonatal Department, Azienda Ospedaliera-Universitaria Anna Meyer, University of Florence, Florence 50100, Italy Patient consent obtained.

Cite this as: *BMJ* 2013;347:f4161

A lot of medicine is a matter of trial and error, and in an ideal world we would refine this by carrying out blinded, n-of-1 trials in our day-to-day practice. So Minerva is pleased to see the protocol of a study examining the effect of stimulant drugs (methylphenidate or dexamfetamine) on children who have attention deficit hyperactivity disorder as a result of traumatic brain injury (*BMC Pediatrics* 2013, doi:10.1186/1471-2431-13-89). Although this trial will be small, it could become a model for how to assess the individual effectiveness of a treatment in a stable condition in real clinical practice, and not just in a research setting.

Care for dying patients and their bereaved families is highly dependent on cultural and religious tradition, and the word “spirituality”

may have a quite different meaning in Japan than in the hospice movements of the English speaking world. But a study in the *American Journal of Hospice and Palliative Medicine* (2013, doi:10.1177/1049909113488928) shows how the Bereavement Life Review—developed within the Western hospice tradition—can be applied with good results to Japanese families whose relatives died outside hospices. The study showed that two sessions over two weeks “can decrease depression and improve spiritual well-being of bereaved families after the death of a family member in a setting without specialised palliative care. The results also suggest the universality of this therapy.”

Many doctors are reluctant to tell their patients that they have Parkinson’s disease, because it is a dispiriting diagnosis, and early treatment with dopaminergic drugs often leads to therapeutic problems later on. Patients, on the other hand, often resent long delays in diagnosis—as can be seen on the invaluable website [www.healthtalkonline.org](http://www.healthtalkonline.org). What we need is a truly disease modifying drug for Parkinson’s disease, and there have been claims that pramipexole might be such a drug. But a randomised delayed start trial of the drug across 98 centres in 10 countries has shown little evidence differentiating the drug’s use for 15 months from use delayed for 6-9 months (*Lancet Neurology* 2013, doi:10.1016/S1474-4422(13)70117-0). The investigators conclude that: “The results do not support the hypothesis that pramipexole has disease-modifying effects.”

Women who have urinary urgency, frequency, and dysuria might be forgiven for demanding an immediate cure. But a prospective cohort study from Amsterdam has found that more than a third of women with symptoms of urinary tract infection are willing to delay antibiotic treatment when asked by their general practitioner (*BMC Family Practice* 2013, doi:10.1186/1471-2296-14-71). “The majority of delaying women report spontaneous symptom improvement after one week.” Minerva salutes the fortitude of Dutch womanhood, and would be interested to see if these results could be replicated in other places, for example, Paris or New York.

Cite this as: *BMJ* 2013;347:f4241