

health, as well as emphasising the role of individuals in changing their lifestyles and health habits. Bloomfield and Logan (p 439) argue that a quality improvement framework is a better approach to healthcare priority setting and funding decisions than is the explicit prioritisation processes that have recently taken place in New Zealand. McPherson and colleagues (p 443) show how

developments at national and local levels have reduced the disparities in life expectancies and health among indigenous people in New Zealand. On p 445 Cunningham and colleagues discuss the tripartite memorandum of understanding on indigenous health research signed by Australia, Canada, and New Zealand, which aims to share information and expertise on health research funding.

POEM*

New antipsychotic drugs are slightly better than older ones

Question Are the newer antipsychotics more effective than the old ones? Do they cause fewer extrapyramidal symptoms?

Synopsis In this meta-analysis, the authors included studies that directly compared new generation antipsychotic drugs (NGA), such as clozapine and olanzapine, with low potency conventional ones (LPA), such as chlorpromazine and thioridazine. Their primary intent was to compare side effects and their secondary intent was to evaluate efficacy. In addition to the usual searches, they accessed many other databases and the Cochrane register of randomised schizophrenia trials. Additionally, they contacted manufacturers and first authors of included papers to track down unpublished studies. They used the Jadad scale to assess the quality of the 31 included trials (with 2320 patients). All data were independently extracted by two investigators, but these investigators don't describe their process of conflict resolution. The mean Jadad score was 3.4 (on a scale of 0 to 5) and no study had a score lower than 2. A funnel plot (a way of assessing potential publication bias) suggests that studies showing no benefit of NGA, with respect to extrapyramidal symptoms, may not have been found. The authors found no such bias with any other of their outcomes. They converted the dosing of the low potency agents to the equivalent dose of chlorpromazine and then stratified the studies by those using less than 600 mg chlorpromazine equivalent per day and those using 600 mg or more. In 11 studies of clozapine, fewer extrapyramidal effects occurred with clozapine than with LPA (number needed to treat (NNT) 7; 95% confidence interval 4 to 25). Other comparisons found no difference in extrapyramidal effects. In the studies comparing lower doses of LPA, 295 of 584 (51%) patients taking NGA had no clinically significant response compared with 314 of 538 (58%) taking LPA (NNT 13; $P=0.02$). In the studies using higher doses of LPA, the response was 156 of 234 (67%) and 218 of 248 (88%) showing no clinically significant response, respectively (NNT 5; $P=0.004$). Even stratified by dose, there was significant heterogeneity.

Bottom line In head to head trials, newer antipsychotic agents are slightly more effective than the older, low potency antipsychotic agents. Among the newer agents, only clozapine has fewer extrapyramidal side effects.

Level of evidence 1a (see www.infoPOEMs.com/resources/levels.html); systematic reviews (with homogeneity) of randomised controlled trials.

Leucht S, Wahlbeck K, Hamann J, Kissling W. New generation antipsychotics versus low-potency conventional antipsychotics: a systematic review and meta-analysis. *Lancet* 2003;361:1581-9.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Learning from indigenous people

"It would have been far better for the New Zealanders as a people if they had never seen a European," wrote a missionary, William Colenso, in 1865. When James Cook "discovered" New Zealand in 1769 there were estimated to be 200 000 Maori. By 1860 there were 35 000. Today Maori have a life expectancy about eight years less than the non-indigenous population. Next month's Asia Pacific Forum on Quality Improvement in Health Care will be opened in Auckland with a traditional Maori greeting, and the forum will consider not only how the health of Maori and other indigenous peoples might be improved but also how everybody in health care can learn from indigenous cultures.

There are some 350 million indigenous people, representing over 5000 cultures in 70 countries on every continent. They are ancient peoples who found a way to live in harmony with their environment. These "primitive" people lived in environments—deserts, deep forests, marshes, and tundra—where "advanced" people cannot easily survive. The lives of individuals may have been short, but indigenous people did not destroy their environment.

The arrival of colonists has always meant death and destruction for indigenous people. This happens not just because of guns, infection, destroyed lifestyles, exploitation, poverty, and political oppression but because of a deep spiritual oppression that comes from having your sovereignty and culture subjugated.

The answer to improving the health of indigenous people may lie less in increasing their access to modern health services and more in their rediscovering cultural values and ways. Tariana Turia—associate minister for health in New Zealand and "a descendant of the tribal peoples of Whanganui, Ngata Apa, Nga Rauru, Ngati Rangī, and Ngati Tuwharetoa"—describes how "as part of our drive towards self-reliance ... our people decided to take our health into our own hands" (p 456).

Trying to fit into the government systems didn't work, but a breakthrough came when Maori health workers and officials developed their own strategy—He Korowai Oranga. The central idea is whanau ora—families supported to achieve maximum health and well being. The focus is shifted from the individual to the whanau, meaning that the strategy can embrace all the factors that affect health and tackle complex problems like family violence.

Such developments can provide rich opportunities for pakeha (Europeans) to learn. When I lived in New Zealand in 1978 the Treaty of Waitangi signed between Maori and Europeans in 1840 seemed part of history, but now its principles of "partnership, participation, and consultation" are part of everyday life and used in creating health policy (p 439). Romanticism would like an impossible return to precolonial days. Practicality calls for learning from indigenous people.

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