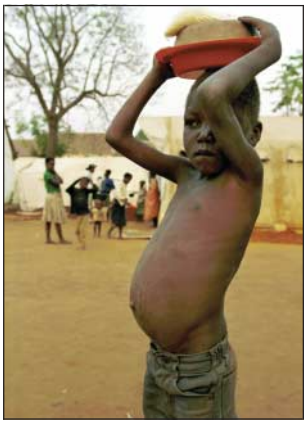
receiving methylxanthines. These findings contradict current recommendations for using this class of drugs as the second line treatment for exacerbations, say the authors.

Mortality among UNITA members remains high after the ceasefire



J B RUSSELL/PANOS

The death rates among displaced former members of UNITA and their families remain high in the aftermath of the civil war in Angola. In a retrospective study of mortality in the months before and after the 2002 ceasefire that ended 27 years of civil war, Grein and colleagues (p 650) found that death rates were excessive, particularly among children. Malnutrition, fever or malaria, and war or violence were the main causes of death over the entire period. The main killer in 2001, violence, was replaced by malnutrition in 2002. This reflects years of isolation and armed conflict, as well as an insufficient humanitarian response in the face of a dramatic food crisis.

POEM*

Ginkgo biloba may help tinnitus, but needs further investigation

Question Is ginkgo biloba an effective treatment for tinnitus?

Synopsis Ginkgo biloba has a variety of physiological effects, some good and some bad, and has been advocated for the treatment of dementia, intermittent claudication, and a host of other conditions. The authors of this thorough systematic review did a careful review of the literature and identified five randomised controlled trials, of which four had been published. They varied in quality; the Jadad scores were 0, 2, 4, and 5 for the four published studies, on a scale where 5 is best. Three studies included approximately 100 patients; the study with the weakest methodology had the most patients (n = 259); and the unpublished study included 60 patients. Most of the enrolled patients had chronic tinnitus for one year or longer. Four of the studies showed a clinically significant benefit in the ginkgo group over the control group. The one negative study used a smaller dose than the studies showing benefit (29.2 mg daily *v* 120-160 mg daily). Outcomes and study designs were too different for results to be combined, so the outcomes are reported qualitatively. A more recent randomised trial (*BMJ* 2001;322:73) did not show any benefit with a 50 mg dose, so the jury is still out.

Bottom line This systematic review provides cautious support for a trial of ginkgo biloba 120-160 mg daily in patients with chronic tinnitus. A large, well designed trial of a 50 mg dose that was not included in this systematic review failed to show a benefit.

Level of evidence 1a (see www.infopoems.com/resources/levels.html); systematic review (with homogeneity) of randomised controlled studies.

Ernst E, Stevinson C. Ginkgo biloba for tinnitus: a review. *Clin Otolaryngol* 1999;24:164-7.

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

Editor's choice

A bad week for drug companies?

The United States is hugely important for drug companies. The pharmaceutical market is worth more than $150bn, and annual spending has been rising by almost 20% a year (p 642). Prices are not regulated in the way they are in many other countries, and companies are allowed to advertise directly to consumers—so boosting consumption. But now the cost of drugs has become an important political issue, and a bill has been introduced into Congress that would require government agencies to gather evidence "comparing effectiveness [and] cost effectiveness" of the most commonly prescribed drugs "relative to other drugs or treatments for the same disease."

The bill aims to reduce costs, but it could also improve quality. The proposal is to conduct many more head to head trials of common treatments—trials like the ALLHAT (antihypertensive and lipid lowering to prevent heart attack trial), which showed that diuretics are just as good as much more expensive drugs for treating hypertension. The whole world stands to benefit from such trials.

The industry is lobbying against the bill, but its problems are much deeper than congressional irritations. Companies are failing to produce enough new drugs, and the investment bank Dresdner Kleinwort Wasserstein thinks that the industry is operating a business model that is unsustainable (*Guardian* 12 September 2003). Companies have on average been producing three "new molecular entities" a year, but the bank predicts this will decrease to 0.3 per company. The industry has been increasing sales by 12%-15% for 30 years, with half of the increase coming from raised prices. Now globalisation and political endeavours are making such price increases impossible.

The answer, the bank suggests, is further mergers —only mergers with a difference. Companies should now concentrate on particular therapeutic areas—cardiovascular, cancer, etc. This could give them "dominance" (which sounds like a polite word for a monopoly) in those areas. The result could be just a handful of companies.

The bill before Congress stops short of proposing that a drug would have to be shown to be better than other drugs before being given a licence. Europe doesn't require such a demonstration either, but the National Institute for Clinical Excellence (NICE) in England and Wales looks for evidence that a treatment is appreciably better than what is already available before advocating its use in the NHS, which is most of the market in Britain. NICE has just been independently evaluated by the World Health Organization, and an important recommendation is that it "break its close links with the drug industry and make its processes more transparent" (p 637). The institute has set new standards of transparency, but drug companies have insisted on some of their material being confidential. The material should be made publicly available.

Richard Smith *editor* (rsmith@bmj.com)