

and treatment mean that doctors should be more cautious about prescribing psychoactive drugs—if we were to follow American guidelines, as many as 17% of all children would be treated.

term conditions, but there is little guidance on how to manage chronic conditions in these patients. Stevenson and colleagues (p 909) argue that an active review of treatment will tackle the problem of diminishing benefits and increasing side effects. Weight loss and other changes may reduce the need for many drugs or alter their metabolism; although patients should take some drugs until death, others should be stopped as systemic changes occur.

Comorbidities at life's end need better care

People with progressive, life limiting illnesses often take drugs to treat or prevent long

POEM*

Early vitamin use may increase food allergies

Question Does early vitamin supplementation during infancy increase the risk of asthma and food allergy?

Synopsis There is little information, other than for vitamin D, regarding the usefulness of vitamins in early childhood. Children are often prescribed fluoride supplements that also contain multivitamins. This prospective cohort study used a large database—the National Center for Health Statistics—of 8285 newborns and achieved a 90% follow up three years later. The data in this database were collected by the mothers, and the survey purposely had a disproportionate representation of African-Americans (51%), individuals with low socioeconomic status (50%), and premature infants (23%). Vitamins were given to 32% of children before age 3 months, and to 41% before age 6 months. The children who received supplements tended to be in families with a higher annual income and a higher level of maternal education. Asthma was not more common in children receiving vitamins before 3 months of age, except for a small increase in African-American children who received vitamins in the first 6 months (adjusted odds ratio (OR) 1.27; 95% CI 1.04 to 1.56). Food allergies were more common (unadjusted OR 1.30; 1.05 to 1.60) in children who received vitamins in the first 3 months of life, and this association continued until 3 years of age. Adjusting to consider the effect of breastfeeding, vitamins were not associated with food allergies in breastfed infants, but the association was present in non-breastfed infants (adjusted OR 1.75; 1.29 to 2.38).

Bottom line Routine vitamin supplementation may do more harm than good in newborns. In formula-fed children, vitamin supplementation in the first 3 months of life is associated with a 1.75-fold increase in the risk of subsequent food allergies. Early vitamin use was not associated with an increase in the subsequent development of asthma, except perhaps in African-American children given vitamins in the first 6 months of life. Given the prevalence of asthma in African-Americans, anything that may make asthma more likely to develop is potentially big news.

Level of evidence 2c (see www.infoPOEMs.com/levels/html). "Outcomes research"; ecological studies.

Milner JD, Stein DM, McCarter R, et al. Early infant multivitamin supplementation is associated with increased risk for food allergy and asthma. *Pediatrics* 2004;114:27-32.

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

Editor's choice

Let's dump impact factors

A passionate exchange about academic medicine is possible—as shown by our current online discussion (<http://bmj.bmjournals.com/misc/webchat.shtml>)—and it reveals disillusionment. Emphasis on where research is published—relying on impact factors to reward academic work with funding or promotion—is ripping the soul out of academia. "Publications (sic) become more important than teaching and the actual research itself," said one discussant.

I asked an author why his paper, which fitted naturally in the *BMJ*, had been submitted to another journal. The response was pained, a touch embarrassed, but honest: the dean of his institution had instructed researchers to publish in journals with the highest possible impact factor to help with the research assessment exercise. This was a major consideration.

In South Asia, job promotion often depends largely on the number of research papers published, and some doctors go to unreasonable lengths to "persuade" editors to publish their work. The quality of clinical work or even of the research itself is less important than the length of a citation list on a curriculum vitae. China, too, offers promotion according to the number of research papers.

There are other systems. Germany, for example, has an intense hierarchy, where the chief specialist is one notch below God—or one notch above—with junior staff promoted on a whim or shunted to a dead end post in a flash of irritation. What value research or academic excellence in such an environment?

Japan, from where I write this week, has managed to marry these arbitrary approaches. In the country's fierce hierarchy, promotion is aided by applicants listing journal impact factors beside references in their citation list. Candidates boast individual impact factors of, for example, over 100, somewhere in the 30s, or a miserable 0.3. Japan's fascination with genomics and impact factors is hindering advancement in academia for good clinicians with little basic science research experience.

Professor Takeo Nakayama, a public health doctor from Kyoto University, and his team studied the likelihood of papers from high impact factor journals being cited in US evidence based guidelines (*JAMA* 2004;290:755-6). Although a correlation existed, "journals with low impact factors were also cited frequently as providing important evidence." Effect on readers' knowledge or clinical practice remains unmeasured, they conclude, and clinical and preventive research is undervalued.

Impact factors have much to answer for, as do deans, sponsors, government agencies, and employment panels who use them as a convenient—but flawed—performance measure. How can a score count for so much when it is understood by so few and its value is so uncertain? In defence, worshippers of impact factors say we have no better alternative. Isn't it time for the scientific community to find one?

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