



MAXIMILIAN STOCKSPHIL

Analysing eight mock paediatric resuscitations,

Kozer and colleagues (p 1321) found that 21 of 125 drug orders were given without specifying the dosage of the drug, and in nine of 58 syringes analysed the concentration of the drug was not correct. Such errors may be a major source of morbidity and mortality among children undergoing resuscitation, say the authors.

## POEM\*

### Physical therapy cures postpartum stress incontinence

**Question** Can physical therapy cure stress urinary incontinence in women with symptoms persisting longer than three months post partum?

**Synopsis** Urinary incontinence is common among postpartum women. These authors enrolled 52 women who had persistent stress urinary incontinence at least three months after delivery as measured by a standardised test using 20 minutes of exercises such as jumping jacks and measuring the difference in weight of a perineal pad to determine urine leakage. The women were stratified into four groups according to the amount of incontinence at baseline and parity. Women were then randomised into three groups that each had eight weekly physiotherapy sessions. Women were aware of group assignment but were asked not to reveal it to providers and outcome assessors. One intervention group had sessions including electrical stimulation of the pelvic floor muscles for 15 minutes and exercises with biofeedback for 25 minutes. These women were also instructed to do exercises at home five days a week. A second group got the same intervention, plus 30 minutes of deep abdominal muscle training. The control group had weekly massages of back and extremities and were asked not to do pelvic floor exercises during the study. Analysis was by treatment, and the authors reported that the intention to treat analysis was virtually identical. Only two women dropped out of the study. At the end of the study the pad test was repeated with a standardised volume in the bladder. For a woman to be considered cured, her leakage could not exceed 2 g. Leakage did not occur in 56% of women receiving electrical stimulation and biofeedback and 74% of women also receiving abdominal muscle training, but all of the women in the control group had leakage. The difference between the two active treatment groups was not significant.

**Bottom line** Eight weekly sessions of pelvic floor muscle physiotherapy, including electrical stimulation and biofeedback exercises, cured stress incontinence in 70% of the treated women. None of the control patients, who received massage only, was cured. Instructions for a home exercise programme alone is usual care and would have been a better control intervention.

**Level of evidence** 1b (see [www.infopoems.com/levels.html](http://www.infopoems.com/levels.html)). Individual randomised controlled trials (with narrow confidence interval).

Dumoulin C, Lemieux MC, Broubonnais D, Gravel D, Bravo G, Morin M. Physiotherapy for persistent postnatal stress urinary incontinence: a randomized controlled trial. *Obstet Gynecol* 2004;104:504-10.

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

## Editor's choice

### Why nakedness is bad

Avid *BMJ* readers will know that we care a great deal about transparency—or nakedness, as one of our editorial team once suggested we rebrand it—but has our idealism separated us from reality? Transparency is important in the rarefied atmosphere of Tavistock Square, London, where we think pure editorial thoughts (p1345). In the “real” world, transparency may be problematic.

The Health Council of the Netherlands thinks so. It advises the Dutch government on health, food, and environment policy, with a “sharp distinction between what is displayed to the public and what is kept concealed.” Roland Bal and others argue that by keeping meetings confidential the council paradoxically allows its members to be open in their views, free of lobbying (p1339). To them the performance of the council is akin to theatre, with backstage deliberations unnecessary for public consumption. If displayed they would radically change the meaning of the on-stage performance. Disagreement between committee members is best kept concealed, they say, because public dissent would hamper communication of the consensus.

Public participation may be another demand foisted on scientific advisory councils that is best left to the political arena because it is unclear how it can be enacted or what its effects will be on the advisory process (p 1307). This doesn't mean that the council is undemocratic. Other than advice from scientists it seeks “experiential expertise,” which may be personal experience of a disease or attending hearings with representative groups, or a member of a patient organisation may exceptionally be invited to join the committee. Bal and colleagues conclude that “the call for transparency or a simple minded inclusion of interested representatives in the advisory process will lead to undemocratic or unscientific decisions,” which leads me to conclude that it is just as well that journals allow dissenting voices, even though the Dutch scientific advisory council frowns on this. For example, should we not have published this week's paper on the doubtful long term effects of NSAIDs for knee pain (p1317), or the one that suggests low and high diastolic blood pressures in pregnancy are associated with high perinatal mortality (p1312), or the finding that medication errors commonly occur during all stages of paediatric resuscitation (p1321), because we might deviate from the consensus?

Perhaps I'm being simple minded? I recommend a little simple mindedness every now and then, and it seems *BMJ* readers agree. Last month's hit parade from *bmj.com* shows that the most read article was a news report of a simplistic study exploring the link between country music and suicide (p1350). Sensibly, Stephen Hartley preferred John Peel's musical selections (p1341). Peel, a philosopher DJ and memorable teacher, taught him the value of passion, fierce individualism, kindness, compassion, and humility. Importantly, he helped Hartley “realise that it's OK to be a doctor and play in a rock and roll band.”

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