SHORT CUTS

ALL YOU NEED TO READ IN THE OTHER GENERAL JOURNALS

Alison Tonks, associate editor, *BMJ* atonks@bmj.com

Renal transplantation is feasible for adults with HIV

End stage renal disease is a growing problem among adults with HIV. Renal transplantation is complicated and controversial in this patient group, but an uncontrolled study of 150 patients from the US suggests it can work, at least for some. Doctors at 19 transplant centres selected patients carefully. All had stable treated HIV and very low or undetectable circulating levels of HIV RNA. Around a quarter had HIV related nephropathy. The others had a variety of aetiologies including diabetic nephropathy, renal failure caused by hypertension, or glomerular disease.

In general, patients did reasonably well after their transplant. Estimated survival after three years was 88%—comparable to national survival rates for recipients aged 65 or over. Graft survival was also comparable with national data for older recipients, although HIV infected adults had significantly more episodes of acute rejection (cumulative incidence 41% at three years, 95% CI 32% to 52%). HIV disease did not progress after transplantation. As expected, outcomes were best for the third of recipients who had a living donor.

The biggest challenge was finding an immunosuppression regimen that worked alongside highly active antiretroviral therapy for HIV. Doctors had to juggle with multiple potential drug interactions, which were implicated in extra rejection episodes in patients managed with cyclosporine (hazard ratio 2.1, 1.1 to 3.9), and a higher risk of graft loss for those given antithymocyte globulin (2.5, 1.1 to 5.6).

N Engl J Med 2010;363:2004-14

Behavioural disorders linked to road trauma in older teenage boys

Young men, particularly teenagers, have a worse crash record than any other group of road users. Older teenage boys with disruptive behaviour disorders are particularly vulnerable, according to a case-control study from one Canadian province.

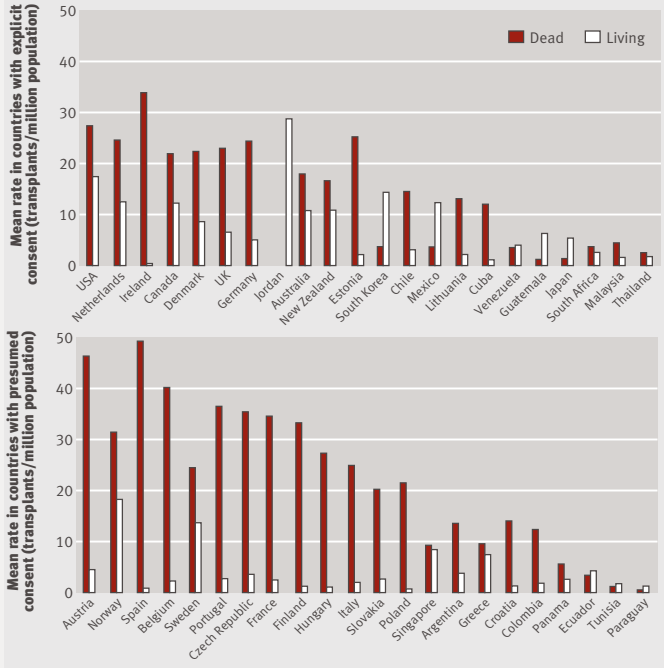
Teenagers aged 16-19 admitted to hospital for serious road trauma involving a motor vehicle were significantly more likely to have a history of attention deficit hyperactivity disorder, conduct disorder, or oppositional defiant disorder than age matched controls with appendicitis. The authors estimated that these conditions increase the odds of a serious road crash by a third (odds ratio 1.37, 95% CI 1.22 to 1.54) and contribute to about one in 20 crashes across Ontario. The link was evident for teenage drivers, passengers, and pedestrians.

All the data in this study came from universal healthcare databases, and the authors weren't able to explore the contribution of drug treatments or use of alcohol. They had no information about who caused the crashes, so behavioural disorders could possibly make some male teenagers more vulnerable to trauma caused by other people. Limiting their driving isn't justified, say the authors, not least because they seem to be at risk even when walking or cycling.

Disruptive behavioural disorders do seem to contribute to serious road trauma in teenage males, however, and the risks look substantial. It is not yet clear why, but as a first step the authors recommend common sense measures such as avoiding mobile phones and alcohol while driving—good advice for everyone.

PLoS Med 2010;7:e1000369; doi:10.1371/journal.pmed.1000369

RATES OF KIDNEY TRANSPLANTATION IN COUNTRIES WITH EXPLICIT (top) OR PRESUMED (bottom) CONSENT



Adapted from *Ann Intern Med* 2010;153:641-9

The ups and downs of "opt-out" consent for organ donation

Presumed consent for organ donation is a controversial policy designed to increase the supply of organs for donation and close the widening gap between the number of people waiting for transplants and the number of organs available. A specific effect is hard to prove, although a cross national comparison recently suggested that countries operating presumed consent do more renal transplants using kidneys from dead donors than nations operating explicit "opt-in" consent (median, 22.6 *v* 13.9 transplants/million population; adjusted rate ratio 2.0, 95% CI 1.2 to 3.4). The analysis was confined to 44 countries with established transplant infrastructure and enough accurate national data for meaningful comparisons. Two of the world's biggest nations, China and India, had to be excluded. Half the included countries had legislation mandating presumed consent. The other half had legislation mandating explicit consent.

The authors acknowledge that their crude comparisons have limitations, mostly to do with variations in national characteristics that they were unable to control for. They also warn legislators that presumed consent was associated with a significantly lower rate of living donor transplantation than explicit consent (2.4 *v* 5.9 transplants/million population). Because kidneys from living donors work better than those from dead donors, this result should be considered carefully by any nation currently considering a change in policy.

Ann Intern Med 2010;153:641-9

"Like all doctors who survived their hospital jobs in the 1970s, I have some shocking memories. Oddly enough, though, some of them are happy too, as the shocks saved lives"

Richard Lehman's journal blog at www.bmj.com/blogs

FRENCH DRUG LABELLING SYSTEM

Adapted from *PLoS Med* 2010;7:e1000366

Prescription drugs implicated in road traffic crashes

Researchers estimate that 3.3% (95% CI 2.7% to 3.9%) of road traffic crashes in France are attributable to prescription drugs, such as antidepressants and anxiolytics. They explored associations between "injurious crashes" recorded nationally over three years and use of prescription drugs recorded in the national healthcare insurance database. Drivers judged to be responsible for crashes were significantly more likely than other drivers to have used drugs classified as risky by the French authorities. The difference wasn't explained by age, sex, social class, use of alcohol, presence of chronic disease, or the time and place of the crash.

Risks were highest for drugs classified as level two or three, both of which trigger package warnings about driving and operating machinery (odds ratio 1.31, 1.24 to 1.40 for level two drugs; 1.25, 1.12 to 1.40 for level three). A second analysis, in which drivers acted as their own controls, confirmed a link for level three drugs only.

Around a quarter of the 72 685 drivers in this study had filled prescriptions for at least one drug the day before they crashed. The authors were unable to tell whether or not they took it. Antiepileptics, anxiolytics, antidepressants, and other drugs that act on the nervous system were consistently implicated in crashes. The authors were a little surprised to find no link between crashes and analgesics, a drug class that includes opioids.

PLoS Med 2010;7:e1000366; doi:10.1371/journal.pmed.1000366

Minimising the red tape crippling ethics review

Ethical review of human research can be clumsy and inefficient. Critics argue that the system urgently needs reform because current dysregulation delays important medical research while failing to protect participants. Maybe so, write two observers from the US, but other measures could be deployed while we wait. Reform could take years.

Firstly, biomedical researchers should familiarise themselves with the federal definition of "human subjects research." Many studies of anonymised data, for example, do not qualify and do not need ethical review. Researchers should also familiarise themselves with the six categories of human subject research that are exempt from review, including studies from publicly available data sources. Expedited review of low risk research—review by a chairman or one board member—and centralised review of multisite studies are other underused but perfectly permissible options that would reduce the overall burden of bureaucracy currently drowning researchers, institutions, and review boards, they write. Reform may come, but in the meantime we should maximise the efficiency of the regulations we have. It is not just common sense. Current inefficiencies delay medical innovation, which is probably unethical.

Ann Intern Med 2010;153:655-7

Telemonitoring looks disappointing for adults with heart failure

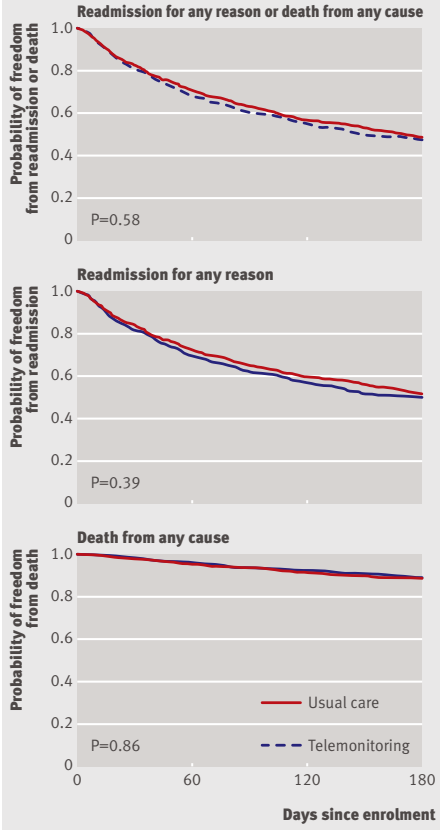
People admitted to hospital with heart failure are often readmitted within a few months of discharge, and meta-analyses of small trials have suggested that remote surveillance by telephone can help prevent this. A large definitive trial was launched in the US but proved disappointing.

Patients using a well established telephone monitoring system were no less likely to be readmitted or to die within six months than controls given standard care (52.3% (432/826) *v* 51.5% (426/827); P=0.75). Subgroup analyses also drew a blank. The intervention didn't prolong survival, prevent admissions, or shorten admissions for men or women. It didn't work for those with or without a low left ventricular ejection fraction.

Patients using the system were asked to make daily telephone calls reporting their weight, symptoms, and general wellbeing. By the end of the study only half were making calls more than three times a week, so adherence was one problem, says a linked editorial (doi:10.1056/NEJMe1011769). The other was that site coordinators reviewed patient data to look for "variances" that required intervention, but they couldn't intervene without a doctor. This may have introduced delays. Ideally, remote monitoring should cut out the middle man or woman and allow immediate changes to treatment by mid-level professionals or even the patients themselves.

N Engl J Med 2010; doi:10.1056/NEJMoa1010029

PRIMARY END POINT AND ITS COMPONENTS, BY TREATMENT GROUP



Adapted from *N Engl J Med* 2010; 10.1056/NEJMoa1010029

Cite this as: *BMJ* 2010;341:c6640