

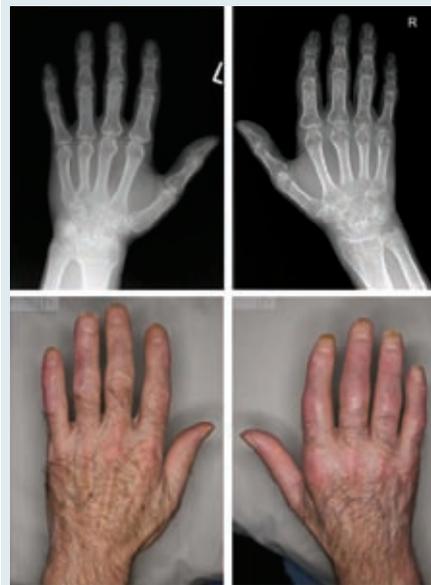
A 91 year old man with acute onset right sided abdominal pain
Try the picture quiz in ENDGAMES, p 303

A direct comparison of cognitive behavioural therapy with short term psychodynamic psychotherapy for generalised anxiety disorder (30 weekly sessions for each type of therapy) found that both therapies yielded significant, large, and stable improvements in symptoms of anxiety and depression at the completion of treatment and six months later (*American Journal of Psychiatry* 2009; published online 1 July, doi:10.1176/appi.ajp.2009.09030441). The results were backed up by two self report measures of anxiety. In measures of trait anxiety, worry, and depression, however, cognitive behavioural therapy came out top. The authors state that more subtle research is needed to identify the patients who would benefit most from each form of therapy.

Plastic and metal backed tibial components in total knee arthroplasty survive equally well after 10 years of wear, reports a prospective randomised controlled trial (*Journal of Bone and Joint Surgery* 2009;91:1587-94, doi:10.2106/JBJS.G.01427). A total of 293 patients who underwent primary total knee arthroplasty returned for a 10 year follow-up evaluation. Among these patients, 28 knees had undergone revision surgery. The incidence of the main end point—revision surgery for any reason—was the same in both groups and neither design proved superior.

The “Slum Doctor Project” is currently looking for volunteers to join a Sikh monastery in northern India, which is the base for a diabetic clinic that operates for five days at a time in a poverty stricken part of the Punjab region. The project focuses mainly on the treatment of diabetes, but also offers cataract surgery and fits hearing aids. Monks at the monastery provide alternative and traditional approaches to health care alongside the more conventional Western medicine offered by the project. The next trip leaves on 21 March 2010, and volunteers pay for their own travel and accommodation. For more information email vijaybangar@hotmail.com or trcc@novonordisk.com.

Parents who refuse whooping cough vaccination for their children are putting them at risk of pertussis infection. A case-control study in *Pediatrics* reports that herd immunity does not appear to protect unvaccinated children from pertussis (2009;123:1446-51, doi:10.1542/peds.2008-2150). In the population studied,



These are the hands of a 52 year old man who developed chronic regional pain syndrome following a burn injury to his right arm. Three weeks later he developed pain that manifested as a burning sensation in his right arm associated with decreased range of movement. His right hand had a shiny erythematous swollen appearance associated with hyperaesthesia. Plain radiographs taken approximately three months after the burn injury showed marked patchy osteopenia of his right hand. He is currently undergoing intensive physiotherapy and his arm is improving. The pathophysiology of osteopathic changes in chronic regional pain syndrome is complex and poorly understood.

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 Patient consent obtained.
 Cite this as: *BMJ* 2009;339:b3039

11% of all pertussis cases were attributable to parental vaccine refusal. The findings suggest that determining how to convey more effectively to parents the risks and benefits of immunisation is critical.

Hormone suppression therapy plus radiotherapy significantly decreases recurrence and death in patients with localised prostate cancer, according to a meta-analysis of seven randomised controlled trials (*Cancer* 2009;115:3446-56, doi:10.1002/cncr.24392). Analysis of the pooled data demonstrated that hormone suppression

significantly decreased biochemical failure and increased clinical progression free survival. Despite recent warnings of increased mortality when adding hormone therapy to radiotherapy in such patients, this analysis found that toxicity from treatment was not affected.

Autopsies of three patients who had undergone neural transplants more than 10 years ago as a treatment for Huntington's disease have identified that the transplanted tissue degenerated more rapidly than the patient's existing neurones (*Proceedings of the National Academy of Sciences* 2009;106:12483-8, doi:10.1073/pnas.0904239106). The three had been transplanted as an experiment to see if grafted tissue could replace damaged tissue. Sadly, the grafted tissue not only had a short lifespan but seemed equally, if not more, vulnerable to Huntington's related degeneration. Alternative treatments—such as damping down patients' immune and inflammatory responses to the huntingtin protein—could provide more benefit.

There's enough evidence that first trimester medical abortions can be successfully offered independently by so called “mid level clinicians” (nurses and midwives) for governments to implement, monitor, and evaluate such programmes, especially in rural and remote areas where doctors are scarce. Arguing the case in *Reproductive Health Matters*, Jillian Yarnall et al claim that where surgical facilities and equipment are rare, expanding the medical abortion provider pool could potentially greatly improve the reproductive health of women around the world (2009;17:61-9, doi:10.1016/S0968-8080(09)33445-X).

Mathematics was never Minerva's strong point, but a mind bogglingly complex set of equations in *Health Economics* apparently concludes that shorter waiting times should be offered to groups of patients with higher marginal waiting time costs and less “elastic demand” (2009;18:977-86, doi:10.1002/hec.1423). In other words, prioritisation should not necessarily favour groups that will receive higher gains from the treatment in question. The definition of “elastic demand” is that “if group A has a less elastic demand than B, then waiting time for group A will fall by more than the increase in the waiting time for group B.” So now you know.

Cite this as: *BMJ* 2009;339:b3038