

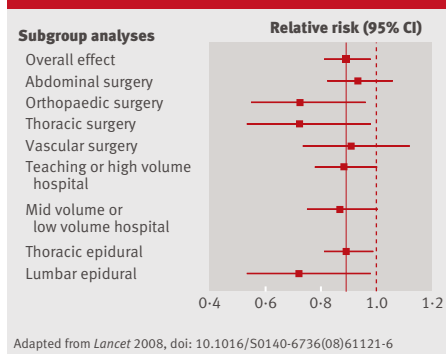
# SHORT CUTS

ALL YOU NEED TO READ IN THE OTHER GENERAL JOURNALS

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## Epidural anaesthesia and analgesia slightly improve postoperative mortality

### EFFECT OF EPIDURAL ANAESTHESIA ON 30 DAY MORTALITY AFTER SURGERY



Evidence of harms and benefits of epidural perioperative anaesthesia and analgesia in non-cardiac surgery has been going both ways. On one hand they provide better postoperative pain relief than parenteral opioid therapy, prevent lung related complications, and reduce the response to surgical stress, but on the other they are associated with rare but serious complications. A population based, retrospective, cohort study in Ontario, Canada, has looked into epidural anaesthesia's effect on a new outcome—30 day postoperative mortality.

The 259 037 participants, aged at least 40 years, underwent elective non-cardiac surgery of intermediate to high risk between 1994 and 2004. The researchers used propensity scores to match and compare people who had epidural anaesthesia or analgesia with those who did not.

Epidural anaesthesia and analgesia were mildly protective: 1.7% of people who received such treatment died within 30 days of surgery, compared with 2.0% of people who did not (relative risk 0.89 (95% CI 0.81 to 0.98),  $P=0.02$ ). The small absolute benefit (risk reduction of 0.2% with a number needed to treat of 477) doesn't support the use of epidural anaesthesia or analgesia as a means of improving survival in people undergoing non-cardiac surgery. However, argue the authors, the study does support their safety when they are used for other reasons, such as postoperative pain control, when they also might confer a small survival benefit.

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## School based group treatment reduces post-traumatic stress in children exposed to conflict

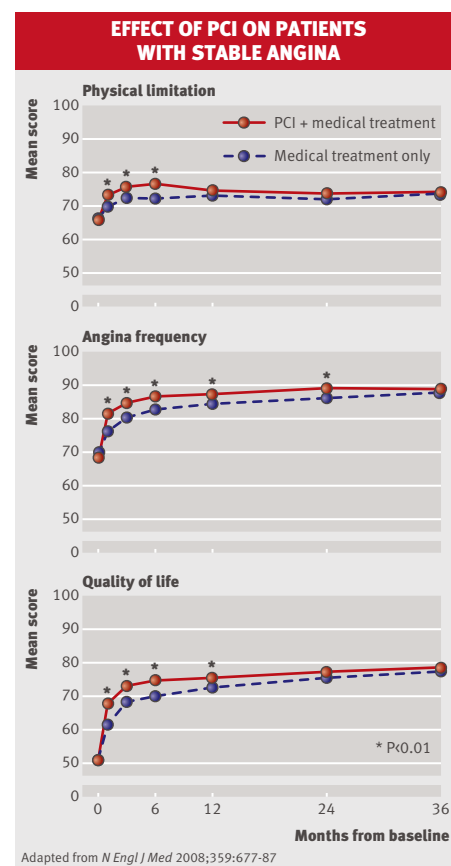
Mental health interventions for children exposed to armed conflict are recognised as important parts of secondary prevention of adverse mental health outcomes. More such interventions are being implemented in conflict ridden regions, but few have been tested for effectiveness in controlled studies. In a theme issue of *JAMA* on violence and human rights, a new cluster randomised trial helps fill this knowledge gap.

In the Indonesian district of Poso, communal conflict between Christian and Muslim groups has persisted to various degrees since 1998. A cluster trial randomised 495 children, with a mean age of 9.9 years to a waiting list or a school based programme consisting of 15 sessions with groups of about 15 children over five weeks. The programme integrated techniques of cognitive behavioural therapy with cooperative play and creative-expressive exercises such as drama, dance, and music.

At six months after baseline, the children who received the intervention had fewer post-traumatic stress symptoms and more hope than children randomised to the waiting list (mean change difference on the child post-traumatic stress scale 2.78 (95% CI 1.02 to 4.53) and on the children's hope scale  $-2.21$  ( $-3.52$  to  $-0.91$ )). However, the intervention group showed no advantages in traumatic stress related symptoms, depressive symptoms, anxiety symptoms, or functional impairment. *JAMA* 2008;300:655-62

## PCI slightly improves quality of life in stable angina, but only short term

A randomised trial of 2287 patients with stable angina explored whether adding percutaneous coronary intervention (PCI) to optimal conservative treatment conferred any benefit in terms of various outcomes related to quality of life. At three months into the trial, 53% of participants who had had PCI and 42% of those who had had medical treatment only were free of angina, compared with 22% of all participants at baseline ( $P<0.001$ ). Similarly, both groups improved in physical functioning, stability of angina, patients' satisfaction, and



overall quality of life, while the frequency of angina episodes decreased. All these improvements were more pronounced in the PCI group, and people with more severe angina at baseline benefited most from PCI.

However, the incremental benefits of PCI only lasted for six to 24 months, depending on the outcome, and no differences in health status existed between the groups at 36 months.

An accompanying editorial (pp 751-3) suggests that the best treatment strategy for people with stable angina would be to start with optimal medical treatment and proceed to PCI in those with a poor response or with severe symptoms at baseline.

*N Engl J Med* 2008;359:677-87

## Military deployment and exposure to combat increase new onset alcohol problems

Substance misuse has been associated with post traumatic stress disorder and other psychological disorders related to war, but

studies that researched these associations have largely lacked adequate comparison groups or means to control for baseline factors. The US millennium cohort study prospectively followed a cohort of 48 481 members of the US military, of whom 26 613 were on active duty and 21 868 were members of the Reserve or National Guard. Of these, 5510 were deployed to Iraq or Afghanistan and exposed to combat, 5661 were deployed without combat exposures, and 37310 were not deployed.

On returning home, 8.8% of the members of the Reserve or National Guard who were deployed and exposed to conflict reported heavy weekly drinking whereas they had not engaged in such behaviour before deployment. The corresponding rates for new-onset binge drinking and alcohol related problems were 25.6% and 7.1%. Compared with personnel who were not deployed, those who did and were exposed to conflict were more likely to report heavy weekly drinking (odds ratio 1.63 (95% CI 1.36 to 1.96)), binge drinking (1.46 (1.24 to 1.71)), and have alcohol related problems (1.63 (1.33 to 2.01)). Younger service members were at greater risk for all alcohol related outcomes.

*JAMA* 2008;300:663-75

### Traditional gender roles don't hold true in Liberian conflict

A population based survey of 1666 adults explored the impact of the Liberian conflict over the past two decades on people's health. Four out of 10 respondents met the criteria for major depressive disorder, 44% had post-traumatic stress disorder, and 8% met the criteria for social dysfunction. A third of respondents had served in fighting forces, and, surprisingly, a third of these were women. Moreover, 42% of female fighters were exposed to sexual violence (compared with 9% among women who did not serve in armed forces) and so were a third of the men who served (compared with 7% among men who did not).

Although mental health was poorer in all people who directly participated in conflicts, exposure to sexual violence made things even worse for both men and women. Female former combatants with a

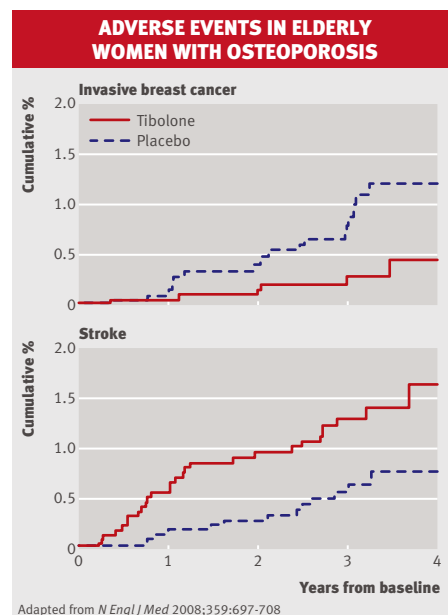
history of sexual violence were more likely than their counterparts with no such history to have post-traumatic stress disorder (74% v 44%); a similar pattern was seen with the men (81% v 46%). Male former combatants who reported being subjected to sexual violence also had more depression and suicidal ideation than men who fought in combat but were not forced into sexual servitude.

The findings challenge the traditional views that only men fight and only women are subjected to sexual violence. Interventions to reduce the detrimental consequences of conflict may need to reconsider their gender bias.

*JAMA* 2008;300:676-90

### Tibolone doubles the risk of stroke in older women with osteoporosis

Effective against hot flushes and for increasing libido and vaginal lubrication, as well as preserving mineral bone density, tibolone is approved in many countries for treatment of postmenopausal symptoms and osteoporosis. However, this drug with oestrogenic, progestogenic, and androgenic activities also lowers serum levels of high density lipoprotein cholesterol and triglycerides while having little effect on low density lipoprotein cholesterol.



In a placebo controlled trial of 4538 older women with osteoporosis, tibolone nearly halved the risk of spinal fracture (70 v 126 cases per 1000 person-years, relative hazard 0.55) and reduced the risk of non-spinal fractures (122 v 166, relative hazard 0.74). Tibolone also reduced the risk of invasive breast cancer (relative hazard 0.32) and colon cancer (0.31), but it doubled the risk of stroke (relative hazard 2.19), which caused the trial to end early. The placebo and tibolone groups did not differ in the risk of coronary heart disease or venous thromboembolism. The authors conclude that tibolone should no longer be used in elderly women and in women with risk factors for stroke.

*N Engl J Med* 2008;359:697-708

### Financial incentives for GPs reduced inequalities in delivery of care

In 2003 the UK government introduced a pay for performance scheme which rewarded general practices according to the proportion of patients with common chronic diseases for whom they achieved preset targets for quality of care. The scheme allowed practices to exclude people whom they deemed ineligible, and it has been reported that this happens more often in poorer areas than in affluent ones. Also, it has been suggested that practices serving deprived populations have achieved lower levels of performance and have received smaller financial rewards. All this could have increased health inequalities between rich and poor, but what has actually happened?

A study of 7637 general practices in England now shows that the scheme is more likely to have the opposite effect. Practices were categorised into five equal sized groups based on a deprivation score for the area they served, and the groups' levels of achievement were compared for the first three years of the scheme. Between years 1 and 3, median achievement increased by 4.4% for the least deprived group and by 7.6% for the most deprived, narrowing the gap in median achievement between the poorest and the richest areas from 4.0% in year 1 to 0.8% in year 3.

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