RESEARCH

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RESEARCH NEWS All you need to read in the other general medical journals Alison Tonks, associate editor, *BMJ* atonks@bmj.com

PCI patients taking oral anticoagulants may not need aspirin

The management of percutaneous coronary intervention (PCI) in people taking long term oral anticoagulants involves a difficult balancing act, so that the risk of bleeding is minimised while protection against thromboembolic events is maximised. One preliminary trial suggests that clopidogrel alone causes fewer bleeds in these patients than clopidogrel plus aspirin (19.4% (54/279) *v* 44.4% (126/284); hazard ratio 0.36, 95% CI 0.26 to 0.50). Dropping the aspirin didn't increase thromboembolic events over one year and was associated with fewer deaths overall (2.5% *v* 6.3%; 0.39, 0.16 to 0.93). All participants continued their long term oral anticoagulants throughout the trial. Most (69%) participants had atrial fibrillation or flutter.

These findings could overturn current recommendations, but we need further reassurance before switching everyone from two antiplatelet agents to just one, says a linked comment (doi:10.1016/S0140-6736(13)60054-9). Dropping aspirin didn't prevent major bleeds in two out of three analyses, and the trial wasn't powerful enough to rule out extra stent thromboses in patients taking clopidogrel alone.

The trial was open label and designed pragmatically to reflect real world practice. Most of the participants had drug eluting stents, not the bare metal stents recommended for people taking oral anticoagulants. They needed longer treatment with antiplatelet agents as a result. Doctors didn't always use modern measures to prevent bleeding, such as radial artery access (only 25-27% of patients) and proton pump inhibitors (34-39%). Overall rates of bleeding were higher than expected.

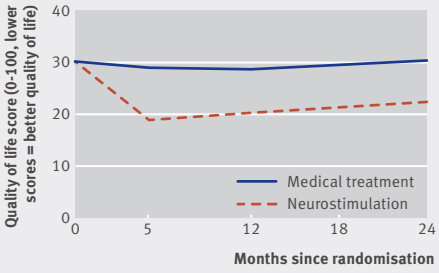
Lancet 2013; doi:10.1016/S0140-6736(12)62177-1

Cite this as: *BMJ* 2013;346:f1052

Neurostimulation earlier for selected adults with Parkinson's disease

Neurostimulation of the subthalamic nucleus is an established treatment for people with advanced Parkinson's disease and severe motor complications such as dyskinesias. Doctors could consider treating people at an earlier stage, say researchers. In a randomised trial, neurostimulation worked significantly better than medical treatment alone in a selection of patients with early motor complications who were still young (mean age 52 years), relatively well, and responding well to levodopa.

Quality of life over two years



Adapted from *N Engl J Med* 2013;368:610-22

The 124 patients treated with neurostimulation in addition to medical treatment reported significantly greater improvements in quality of life than 127 controls given medical treatments alone (an extra 8 point improvement on a score running from 0 to 100, 95% CI 4.2 to 11.9; P=0.002). They had greater improvements in motor function and reported longer periods of good mobility without dyskinesia than controls. Serious adverse events were more common in the neurostimulation group (68 *v* 56 patients reporting at least one), however, and included one extra suicide (2 *v* 1). The trial lasted two years.

N Engl J Med 2013;368:610-22

Cite this as: *BMJ* 2013;346:f1051

Remove diclofenac from lists of essential drugs

Diclofenac carries an unacceptably high risk of cardiovascular side effects and should be removed from national lists of essential drugs, say researchers. It is also very popular. Diclofenac alone accounted for almost 28% of the market for non-steroidal anti-inflammatory drugs in analyses of sales and prescriptions data from 15 economically diverse countries.

The researchers reviewed published meta-analyses to rank non-steroidal anti-inflammatory drugs for cardiovascular risk. Diclofenac, etoricoxib, and the banned rofecoxib were at the top. Naproxen was at the bottom. They studied published lists of essential drugs from 100 countries and found diclofenac on 74 lists and naproxen on just 27.

Countries with high, low, and middle incomes have a worrying preference for diclofenac, even though we have known about the cardiovascular drawbacks of this agent for at least a decade, says a linked comment (*PLoS Med* 2013;10:e1001389). Diclofenac is associated consistently with a 40-60% increase in the risk of serious cardiovascular events, including strokes and heart attacks. There are effective and safer alternatives, including naproxen and ibuprofen. National health agencies and regulatory authorities should seriously consider removing diclofenac from essential drug lists or banning it from the market altogether, says the comment. Diclofenac has a comparable cardiovascular risk profile to rofecoxib, a drug that lost its marketing authorisation years ago.

PLoS Med 2013;10:e1001388

Cite this as: *BMJ* 2013;346:f1053

How big is too big for lung nodules on screening scans?

Screening high risk adults for lung cancer in the US starts with low dose computed tomography of the chest, followed by further scans, a biopsy, or even resection for those with non-calcified nodules. A large minority of adults screened have these nodules, and the efficiency, effectiveness, and cost effectiveness of screening is intimately bound up with the size of nodule that triggers further investigation. A retrospective look at a large cohort of baseline screens suggests that increasing the trigger threshold from the current 5 mm to 7 mm, or even 8 mm, would cut the number of screened adults who need further investigations from 16% (3396/21 136) to 7.1% (95% CI 6.7% to 7.4%) or 5.1% (4.8% to 5.4%), respectively. The same move would delay diagnosis by up to nine months for 5.0% (1.1% to 9.0%) or 5.9% (1.7% to 10.1%) of adults with cancer—a total of six or seven people in this cohort of 21 136.

Would the delay matter? Possibly not, say the authors. Most screen detected cancers in this cohort were early stage adenocarcinomas, the least aggressive type.

Ann Intern Med 2013;158: doi: to come

Cite this as: *BMJ* 2013;346:f1070