

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

Routine suction of newborns is unnecessary

Healthy newborn babies don't need suction of the nose and mouth at birth, say researchers. A gentle wipe with a towel worked just as well in a trial from the US that tracked respiratory rate for 24 hours. Babies who were sucked out with a bulb syringe just after the cord was cut had a mean respiratory rate of 50 breaths/min. Babies treated with a gentle wipe of the nose and mouth area instead had a mean respiratory rate of 51 breaths/min (difference 1 breath/min, 95% CI -2 to 0). The trial was designed to test the equivalence of the two interventions. Babies born "non-vigorous" with meconium stained liquor were excluded.

Apgar scores, oxygen saturations at discharge, and incidence of tachypnoea were also comparable between the two groups. Fewer babies who were sucked out needed admission to a neonatal intensive care unit (18% (45/246) v 12% (30/242); relative risk 1.5, 95% CI 0.96 to 2.30), but the difference wasn't significant and this result may be insecure due to lack of power, say the authors.

Lancet 2013; doi:10.1016/S0140-6736(13)60775-8

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Higher iron concentrations may protect against Parkinson's disease

Serum concentrations of iron have been linked to risk of Parkinson's disease, and a new genetic study suggests that the link might be causal. In a series of analyses, genetic variants that increased serum concentrations of iron seemed to protect against Parkinson's disease. Genetic variation is randomly allocated (so called Mendelian randomisation), so associations between genetically determined iron concentrations and Parkinson's disease can't be undermined by confounding. The authors estimate that the risk of Parkinson's disease falls by a relative 3% (95% CI 1% to 6%) for every 10 µg/dL (1 µg/dL = 0.18 µmol/L) increase in serum iron. Alternatively, absolute risk in older white people falls from 100/10000 to 88/10000 with every standard deviation (38 µg/dL) increase in iron concentration.

Mendelian randomisation isn't foolproof, say the researchers, but it gives us the best evidence so far that serum iron might have a direct effect on risk of Parkinson disease. We don't yet know how, and

it's too early to say whether manipulating serum iron can reduce risk. These genetic effects operate over a whole lifetime.

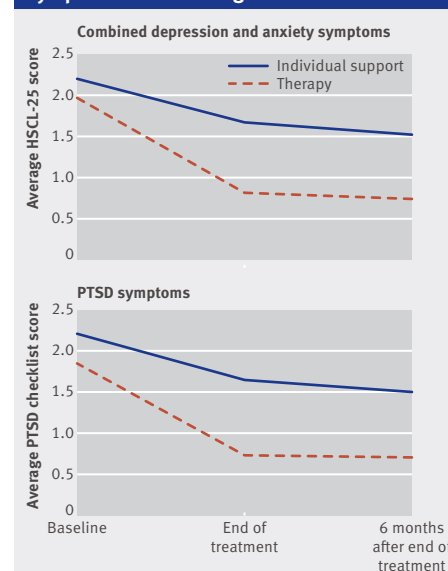
These findings emerged from analyses of three different genetic variants in almost 22 000 people from Europe and Australia, combined with meta-analyses of 20 809 people with Parkinson's disease and 88 892 controls from Europe and North America.

PLoS Med 2013;10:e1001462

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Cognitive therapy for Congolese survivors of sexual violence

Symptom scores during and after treatment



Adapted from *N Engl J Med* 2013;368:2182-92

We know that certain forms of cognitive therapy can help survivors of sexual violence who live in high income countries. A controlled trial suggests that group therapy can also work in the eastern Democratic Republic of Congo, where nearly 40% of women report sexual violence in communities affected by poverty, political instability, and conflict. A dozen group sessions of cognitive processing therapy improved women's mental health significantly more than individual counselling, and the difference persisted for at least six months after the end of treatment. Symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety all improved more for women given cognitive therapy, which

was provided by experienced local support workers after two weeks of extra training.

Researchers recruited 405 women from 15 villages. All had experienced or witnessed sexual violence and had symptom scores indicating high risk of PTSD, anxiety, or depression. The trial had a cluster randomised design, so whole villages were randomised to one group or the other. The groups weren't well matched at baseline, among other limitations, but the authors are confident that cognitive processing therapy made a noticeable difference to women in this setting.

N Engl J Med 2013;368:2182-92

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Treating diabetes with bariatric surgery

A randomised trial has confirmed that bariatric surgery can improve glycaemic control for adults with type 2 diabetes and moderate obesity, at least in the short term. Among 120 participants on an intensive and widely accepted weight loss programme, the 60 people who also had a laparoscopic Roux en Y bypass lost more weight. They were also more likely to achieve a treatment target combining glycated haemoglobin less than 7% (53 mmol/mol) with good control of lipids and blood pressure (49% v 19%; odds ratio 4.8, 95% CI 1.9 to 11.7). All outcomes were measured after one year.

So surgery worked for these individuals who had longstanding, poorly controlled diabetes and a body mass index of 30-40, but adverse events were common. These included iron deficiency, symptoms of hypoglycaemia, anastomotic stricture (2), bowel obstruction (2), and anastomotic leak (2). One patient's leak led directly to anoxic brain injury, lower limb amputation, and permanent disability.

The trial was carefully done, says a linked editorial (p 2274). It tells us that there are serious trade-offs to be made when considering surgery as a treatment for diabetes, even when the surgery is done by highly experienced teams in a well controlled environment. The balance of long term risks and benefits remains unknown, along with costs. Roughly 4% of the US population has diabetes and moderate obesity.

JAMA 2013;309:2240-9

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