

# MINERVA

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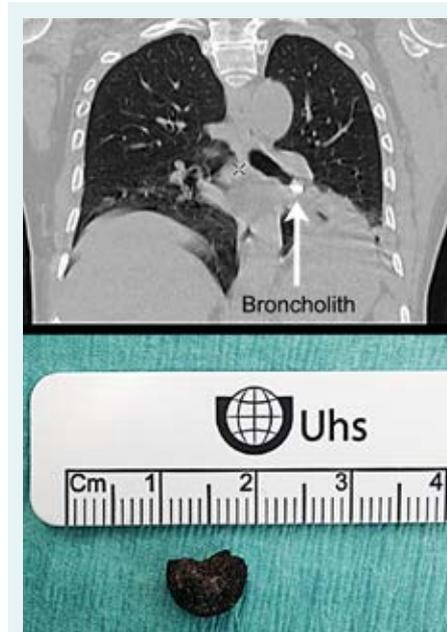
## Lateral radiograph of the knee

Try the anatomy quiz in ENDGAMES, p 38

Cluster headache is the prosaic name given to a dramatic and intensely painful condition. Fortunately, breathing in pure oxygen usually provides a rapid escape from its agonies. But just as we don't understand what causes this periodic syndrome, with its localised autonomic symptoms of unilateral flushing and lachrymation, neither do we know why oxygen treatment works. An excellent meta-analysis in *Cephalalgia* (2014, doi:10.1177/0333102414529672) dates the first use of oxygen for severe headache to 1940, although it was not commonly used for cluster headache until the 1980s. An oxygen delivery rate of 6-7 L/min seems to work for most attacks, but some people need  $\geq 12$  L/min.

Public health physicians, chief medical officers, health visitors, and counsellors share a keen sense of the innate sinfulness of humankind. People seldom change their behaviour. But just occasionally an intensive lifestyle intervention can actually be shown to work; and even more rarely it can be shown to affect real outcomes. In Da Qing, China, 28 years ago, 577 adults with impaired glucose tolerance were randomised (1:1:1:1) to a control group or lifestyle intervention groups (diet or exercise or both, lasting six years). After 23 years, all cause mortality was 28.1% in the intervention groups compared with 38.4% in the control group, and the incidence of diabetes was 72.6% versus 89.9% (*Lancet Diabetes and Endocrinology* 2014, doi:10.1016/S2213-8587(14)70057-9). Alas, these differences were only just statistically significant, and it's far from certain that similar compliance could be achieved in a free living Western population.

"Would you be surprised if this patient were to die in the next year?" If the answer is no, then you should think hard about involving palliative care services, according to leading advocates of better end of life care such as Scott Murray, professor of palliative care in Edinburgh. Minerva is pleased to see that the same question works well in Bologna, Italy (*Palliative Medicine* 2014, doi:10.1177/0269216314526273). General practitioners there were very good at identifying patients with advanced cancer who were going to die within a year: the positive predictive value of the question was 83.8% and the negative predictive value was 69.0%. But it might be just as important to ask this question about patients with life shortening conditions other than cancer.



Broncholiths are calcified peribronchial lymph nodes that extrude into the adjacent airway, resulting in clinical symptoms that present the clinician with a therapeutic challenge. This computed tomogram shows a broncholith in the left lower lobe bronchus of an elderly man with recurrent left lower lobe pneumonia. A broncholith (9×6 mm) was extracted with a ureteric stone basket at rigid bronchoscopy. The pre-procedure chest radiograph showed left lower lobe collapse, which resolved after extraction of the broncholith. Computed tomography is the definitive radiological investigation because it can identify the intrabronchial location of calcified abnormalities in the pulmonary hilum.

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Patient consent obtained.

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Growing up with asthma in Melbourne in the 1960s carried the risk of being recruited into the Melbourne Asthma Cohort and being asked to do questionnaires and lung function tests for the rest of your life. Thanks to these we know a little more about the association between childhood asthma and respiratory disease later in life. Sadly, the news is not good (*Thorax* 2014, doi:10.1136/thoraxjnl-2013-204815)—compared with children without symptoms of wheeze up to the age of 7 years (non-asthmatics), children with severe asthma had an adjusted 32 times higher risk for developing chronic obstructive pulmonary disease (95% CI 3.4 to 269). In this cohort, 43% of those with chronic obstructive pulmonary disease had never smoked.

If you smoke, you are bound to increase your risk of chronic obstructive pulmonary disease and lung cancer. This also applies to cardiovascular disease, although the risk might be modifiable by diet. Minerva is fond of fish, but not especially fond of dietary studies, especially when they may not be generalisable across populations. What befalls fish eating Japanese smokers may not be true for the rest of the world, but according to a recent study of 72 012 Japanese men (*American Journal of Epidemiology* 2014, doi:10.1093/aje/kwu030), cardiovascular risk was slightly attenuated in smokers who ate a lot of seafood. But it's best to throw away the cigs altogether, and then the fish will taste better.

Ketamine has been in the news lately after reports of dramatic relief in long standing depression (*Journal of Psychopharmacology* 2014, doi:10.1177/0269881114527361). This intravenous anaesthetic seems to be a versatile drug, which has also been used to induce symptoms of schizophrenia in experimental subjects (*Journal of Psychopharmacology* 2014;28:287-302). And a small double blind crossover trial from New York (*JAMA Psychiatry* 2014, doi:10.1001/jamapsychiatry.2014.62) suggests that it may have a place in the treatment of post-traumatic stress disorder. But it's definitely not one to try at home.

Minerva's eye was caught by a paper (*Cephalalgia* 2014, doi:10.1177/0333102414527645) called "Phenotype of migraine headache and migraine aura of Richard Wagner." Is there really a migraine phenotype that is triggered by the music of Wagner? Almost certainly there is, but this is not what concerns the authors of this earnest north German study. It is the suffering of the master himself that they explore, and they conclude that "Effective migraine therapy of present day standards could have given Richard Wagner, whose music dramas count towards the most frequently performed operas across the world, more creative ability and life span." But compared with penicillin for Mozart, Schubert, and Schumann or antituberculous drugs for Beethoven and Weber, triptans for Wagner would come rather low on Minerva's wish list.

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