Brief training in primary care does not lead to weight loss in obese patients

Training general practitioners and practice nurses on the management of obesity does not result in weight loss in their obese patients. In a cluster randomised trial that included 635 patients, Moore and colleagues (p 1085) evaluated the impact of a 4.5 hour training programme on weight management in 44 general practices in the United Kingdom. Although

the staff had better knowledge of weight management strategies, these were seldom used and did not affect patients' weight loss.

POEM*

Antibiotics are no better than placebo for symptoms of sinusitis

Question Is co-amoxiclav effective in treating acute sinusitis diagnosed in general practice?

Synopsis Sinusitis is a tricky diagnosis; just distinguishing sinus infection from rhinitis is difficult. Moreover, a good proportion of the patients who have sinusitis have a viral infection. This randomised controlled trial (double blind) study evaluated the role of antibiotics in 252 adults with a clinical diagnosis of rhinosinusitis. The patients had a history of repeated purulent nasal discharge and maxillary or frontal sinus pain for at least 48 hours (but less than one month). In addition, all had pus documented under rhinoscopy. The patients were consecutively enrolled using central randomisation (allocation concealed). All patients received a topical nasal decongestant along with acetaminophen, in addition to placebo or co-amoxiclav (amoxicillin/clavulanic acid 875 mg/125 mg; Amoxiclav) twice daily for six days. The primary outcome, time to cure, was no different between co-amoxiclav and placebo (5 days *v* 4 days). Cure rates at 1 week (30%) and 2 weeks (75%) were similar in the two groups. There was no difference between the two treatments in the number of days of restricted activity. One niggling result: one patient in the placebo group died of a brain abscess. Diarrhoea was almost four times more likely in the co-amoxiclav group at 1 week (odds ratio 3.89; 95% confidence interval 2.09 to 7.25) and still higher at 2 weeks (1.71; 0.91 to 3.23). The study was large enough to find a 50% increase in cure rate, assuming a spontaneous cure rate of 60%. Smaller differences may not have been identified.

Bottom line A broad spectrum antibiotic was ineffective in relieving symptoms faster than placebo in patients diagnosed with acute sinusitis in general practice. Adverse effects, as expected, were higher in the antibiotic group.

Level of evidence 1c (see www.infoPOEMs.com/resources/levels.html); all or none randomised controlled trials.

Bucher HC, Tshudi P, Young J, et al. Effect of amoxicillin-clavulanate in clinically diagnosed acute rhinosinusitis. A placebo-controlled, double-blind, randomized trial in general practice. *Arch Intern Med* 2003;163:1793-8.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Claims and counter claims

Are journal editors more worried about libel than ensuring that research is valid? Peter Wilmshurst, a consultant cardiologist famous for exposing research misconduct, believes so (p 1113). He tells Annabel Ferriman: "I have submitted many scientific articles for publication, and many had implications for survival of patients, but no journal has ever asked me to prove that I got the results claimed. This might suggest that medical journals are more concerned with the reputations of academics and their institutions than the lives of patients." We like to think that we do care more about patients than reputations, but we don't routinely ask authors to prove the results they claimed. Perhaps we should—though it would probably be unworkable.

As usual, this week's journal is full of claims and counter claims. Venous thromboembolism after air travel was first recorded in 1954, yet the risk is unclear. Australian researchers investigated this question by linking hospital data from Western Australia with records on air travel (p 1072). Of just under 10 million people landing in Perth over an 18 year period, 246 developed venous thromboembolism within 14 days—representing a small increase in absolute risk.

Others have suggested that improving management of obesity in primary care would improve patient outcomes. Using a cluster randomised design, Helen Moore's team evaluated a training programme promoting evidence based treatment of obesity (p 1085). Doctors' knowledge improved, but patients in the intervention group were 1 kg heavier after 12 months. Was it a failure of implementation? You might think so.

You might also think that acute viral illnesses in children "get better in a few days." Investigators from Wales found that over half of children with a viral infection of the upper respiratory tract are still unwell four days after their initial consultation, 1 in 20 after two weeks (p 1088). Will any of this have, in Wilmshurst's words, any implications for the lives of patients? Two articles in our debate section certainly will. US doctors and medical students claim that reframing HIV and AIDS as a disaster would be the most effective approach (p 1101), and a separate team believes that focusing on prevention fails millions of people already affected and treatment should not be ignored (p 1104).

At one time, experts claimed that chickenpox and shingles were caused by two distinct viruses. Robert Hope-Simpson thought differently. His radical hypothesis was that there was only one virus (p 1111). To prove it he took his team of researchers to Yell, the second largest of Scotland's Shetland islands—famous for otters and uninhabited beaches and moorland—to follow up every known case in a closed community. Denis Pereira Gray believes that Hope-Simpson's conclusion that a virus—later known as varicella zoster—lay dormant for decades before reappearing in another form is "the most important clinical discovery in general practice in the 20th century."

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