

small number of patients who are unresponsive to, or intolerant of, other treatment.

... and salicylate works better in acute pain

Topical rubefacients containing salicylate may be efficacious in acute pain, but less so in chronic arthritic and rheumatic pain. Mason and colleagues (p 995) analysed

available data from randomised placebo controlled trials including 182 patients with acute pain and 429 patients with chronic pain. The trials suggest that rubefacients containing salicylates work better than placebo, but the information available is limited and of poor quality. Analgesic creams and ointments may be useful for treating some acute and chronic pain, comments Tramèr (p 998), but none are universally efficacious.

POEM*

Eradication of chronic *H pylori* reduces risk of gastric cancer

Question Does treatment of *Helicobacter pylori* infection reduce the risk of gastric cancer?

Synopsis Although chronic *H pylori* infection is associated with an increased risk of gastric cancer, it is uncertain whether treatment reduces risk. A total of 1630 healthy, asymptomatic, adult carriers of *H pylori* were identified by screening in the Fuzian province of China, a high risk area. All subjects underwent endoscopy and 988 did not have precancerous lesions on entry to the study. Patients were randomly assigned in a double blind fashion (uncertain allocation assignment) to receive *H pylori* eradication treatment with a two week course of 20 mg omeprazole, a 750 mg combination product of amoxicillin and clavulanate (Augmentin), and 400 mg metronidazole, all twice daily, or placebo. Individuals assessing outcomes were blinded to treatment group assignment. Ninety per cent of patients were available for the primary analysis (receiving treatment) after eight years of follow up. A total of 18 new cases of gastric cancer were diagnosed. The risk of developing cancer was not significantly reduced in participants who received *H pylori* eradication treatment compared with those who did not (7 cases *v* 11 cases; $P = 0.33$). In the subgroup who had no precancerous lesions on presentation, *H pylori* eradication treatment did significantly reduce the risk of gastric cancer compared with placebo (0 cases *v* 6 cases; $P = 0.02$).

Bottom line Asymptomatic carriers of *Helicobacter pylori* with no endoscopically determined precancerous gastric lesions are less likely to develop gastric cancer after eradication treatment. For most primary care clinicians, these patients will rarely, if ever, fall under their purview (most tests are ordered for patients with symptoms). We will need more evidence regarding long term outcomes and cost-benefit analyses before we can justifiably screen all adults for *H pylori* infection.

Level of evidence 1b (see www.infoPOEMs.com/levels.html). Individual randomised controlled trials (with narrow confidence interval).

Wong BC, Lam SK, Wong WM, et al. *Helicobacter pylori* eradication to prevent gastric cancer in a high-risk region of China. A randomized controlled trial. *JAMA* 2004;291:187-94.

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

Editor's choice

A commentary on commentaries

Doctors don't worry whether they will continue to have jobs. No matter how successful they may be, illness, disease, pain, and suffering will continue. Medical publishers, in contrast, fret about the future. The people who make their living in the space between authors and readers—that is, editors, publishers, librarians, and various other more mysterious types—may all be rendered redundant as authors go directly to readers courtesy of the world wide web. One defence we have is peer review, but it's a poor, shivering beast—albeit a holy one. Another defence is to “add value,” and this is one reason why we publish commentaries—wise words that we commission to complement the original studies that are submitted to us for free. Perhaps because our anxiety about our future is increasing we have in this issue three commentaries, one of which is almost as long as the study on which it comments.

Commentaries often pick up on particular issues—perhaps statistical, ethical, or legal—raised by studies. Occasionally they offer different perspectives from those of the authors, coming perhaps from patients. Sometimes they set the studies in context, although this is more the job of an editorial. Rarely they may severely criticise studies, and we will have agreed to publish the study only if it is accompanied by a commentary.

Terry F Pechacek and Stephen Babb comment (p 980) on the study that shows that a public smoking ban reduced admissions for myocardial infarction in a small, isolated town in Montana (p 977). They point out weaknesses in the study: the absence of data on actual exposures to secondhand smoke; the small size; and the unexpectedly large effect. But the main point of their commentary is to draw readers' attention to the increasing evidence that small exposures to tobacco can cause large increases in the risk of cardiovascular disease.

The commentary by Paul Ruddock addresses that age old medical question of what is normal (p 987). A study from Korea suggests that patients with “high normal” serum aminotransferase concentrations may be at increased risk of liver disease compared with those with “low normal” concentrations (p 983). Korea has high levels of liver disease, and Ruddock considers the implications for countries with lower levels of disease. The answer seems to be that they aren't clear.

The third commentary (p 998) tries to put into a clinical context the systematic reviews that show that analgesic creams and ointments may be useful in treating acute and chronic pain (p 991 and p 995). Martin R Tramèr produces some “practical clinical guidelines” that show that treatments can be useful but reflects on why it is that topical treatments are popular with patients but not doctors. The reason may, he suggests, be lack of evidence. I suspect something more primordial.

These commentaries all, I believe, add value—not least because the authors are willing to enter the tiger country of trying to determine what evidence means. It's so hard.

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