Think again about childhood depression

VOISIN/PHANIE/REX

In 2003, more than 50 000 children were prescribed antidepressants in the United Kingdom, even though antidepressants have been shown to be largely ineffective, and possibly dangerous, in this age group. On p 1394 Timimi re-examines childhood and adolescent depression, discussing contemporary cultural beliefs and the organisation of family life as well as presenting currently available evidence. Arguing that sociocultural changes and a change in the meaning given to childhood problems have probably caused increasing happiness in young people, she proposes a multiperspective approach with more emphasis on non-medical treatments to deal with children's unhappiness and their families.

POEM*

Antioxidants don't prevent GI cancers, but increase overall mortality

Question: Do antioxidants prevent gastrointestinal cancers?

Synopsis: This Cochrane review follows their usual rigorous methods of searching, identification of unpublished data, and data extraction. The authors included all trials that randomised participants to supplementation with antioxidants (β carotene; vitamins A, C, and E; and selenium, as different combinations or separately) versus placebo, and that reported the incidence of gastrointestinal cancers. They assessed the methodological quality of trials and calculated whether the findings were consistent across trials. A total of 14 randomised controlled trials with 170 525 patients were evaluated. The number of patients in each trial ranged from 226 to nearly 40 000. Half the studies of cancer incidence were of good quality; seven of the nine that also reported mortality were of good quality. None of the supplements protected against oesophageal cancer, gastric cancer, colorectal cancer, or pancreatic cancer. In the high quality studies, antioxidants increased overall mortality (8.0% *v* 6.6%). This translates to a number needed to treat to harm of 69 for one additional death (95% confidence interval 58 to 85). Four trials of selenium (three with unclear or poor methodology) reduced the incidence of gastrointestinal cancer (odds ratio 0.49; 0.36 to 0.67). Selenium should be evaluated in randomised trials with sound methods.

Bottom line: Antioxidants do not prevent gastrointestinal cancers. In fact, in pooled results of high quality studies, antioxidants increased overall mortality.

Level of evidence: 1a (see www.infopoems.com/levels.html) systematic reviews (with homogeneity) of randomised controlled trials

Bjelakovic G, Nikolova D, Simonetti RG, Gluud C. Antioxidant supplements for prevention of gastrointestinal cancers: a systematic review and meta-analysis. *Lancet* 2004;364:1219-28.

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

Editor's choice

Public health's Holy Grail

A television company once approached us proposing a fly on the wall documentary of life at the *BMJ*. Viewers, we reasoned, would find it hard to be mesmerised by editors staring at computer screens or discussing sample sizes and the finer points of nested case control studies.

Were we wrong? Reality television manages to sex up most professions, and medical editing can be almost as exciting as hairdressing, dog walking, or proper doctoring. "I'm a manuscript, get me out of here," would be discussed in tabloids and on digital channels. The editor with the "X Factor" might—thanks to the public phoning premium rate numbers and pressing coloured buttons on remote controls—be elevated to the editorship of the *BMJ*, and the loser to the editorship of the *Lancet*.

The international outbreak of reality television might even be good for public health if it was legislated to carry public health warnings as advertisements. So promotion of beer, fizzy drinks, and salty foods would be out, and gruesome footage of people with end stage respiratory failure, severe peripheral vascular disease, and morbid obesity would be mandatory. Governments talk about the Holy Grail of delivering public health messages into people's living rooms—what could be better? This is an important hypothesis that needs further investigation.

Another important hypothesis that requires exploration is the finding of this week's research pointer. Folate supplements in pregnancy are advised to prevent neural tube defects in infants, supported by a reasonable evidence base, and widely used—either through personal choice or fortification of food. But what do we know about harms? Not much, argue Deborah Charles and colleagues, who completed over 30 years of follow up of a supplementation trial to find that higher doses of folate may double the risk of maternal breast cancer and hasten death (p 1375).

The result is not statistically significant—and may be the play of chance—but troublesome enough for the authors to propose further study. Clearly, nobody should avoid folate supplements on the strength of this work (p 1376), and many readers will consider the study to be sensationalist and meaningless. Journals, though, have a role in asking uncomfortable questions that may produce uncertain answers.

For those seeking succour in rigour, Ian Colman and colleagues show that parenteral metoclopramide is an effective treatment for migraine headache, and propose it as primary therapy in emergency departments (p 1369). A randomised controlled trial indicates that targeted occupational therapy at home increases mobility in people after stroke (p 1372). And two papers describe the benefits of spinal manipulation for back pain (p 1377, p 1381).

That's where the reality of 2004 almost draws to a close, except for our seasonal double issue that hits your doormats and browsers next week, asking uncomfortable questions such as is democracy good for people's health, is Gollum schizophrenic, and is a polimeal safer—and tastier—than the polypill?

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