

Prevalence of asthma in Finland hasn't stabilised

Although the prevalence of atopic diseases has recently been levelling off in some European countries after several decades of increasing, this is not the case in Finland. Latvala and colleagues (p 1186) examined the trends

for asthma, allergic rhinitis, and atopic eczema in almost 1.4 million Finnish men aged 18-19. Between 1966 and 2003 the prevalence of asthma increased 12-fold (from 0.29% to 3.45%) and showed a continuous rising trend throughout the period. In the past 13 years, though, asthma seems to have become milder and better controlled.

POEM*

Aspirin + PPI is safer than clopidogrel if patient has history of GI bleeding

Question What is the best antithrombotic for patients with a history of upper gastrointestinal (GI) bleeding?

Synopsis Clopidogrel has been recommended by the American College of Cardiology as the preferred drug for patients who require an antithrombotic agent to prevent heart disease but who also have a history of bleeding peptic ulcer. This study compared clopidogrel with the combination of aspirin and esomeprazole in this setting. Patients with a source of upper gastrointestinal bleeding (52% gastric ulcer, 34% duodenal ulcer, 8% both, 6% other erosions) who had healing confirmed by endoscopy were randomised to clopidogrel 75 mg daily plus esomeprazole placebo twice daily or aspirin 80 mg daily plus esomeprazole 20 mg twice daily. Groups were fairly well balanced at the outset, allocation was concealed, and analysis was by intention to treat. Patients were treated for 12 months. The primary outcome (haematemesis, melaena, or a decrease in haemoglobin of at least 20 g/l accompanied by endoscopic evidence of ulcer or erosion) was seen in 8.6% of the clopidogrel group and 0.7% of the aspirin plus esomeprazole group ($P = 0.001$; number needed to treat = 13). Three patients in the clopidogrel group had severe bleeding complications not related to the gastrointestinal tract, including two intraventricular haemorrhages, one of which was fatal; there were no bleeding complications in the aspirin group. More deaths occurred in the clopidogrel group (8 v 4), but this difference was not statistically significant. There was no difference between groups in the likelihood of adverse cardiovascular events (9 v 11).

Bottom line For patients with a history of bleeding peptic ulcer, the combination of aspirin and a proton pump inhibitor twice a day was safer than clopidogrel in terms of bleeding side effects. Although esomeprazole (Nexium) was used in this study, generic omeprazole 20 mg given twice a day provides nearly the same degree of acid suppression at a much lower cost. This study calls into question the overall safety of clopidogrel (Plavix), which has been claimed to not significantly increase the risk of bleeding.

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

Chan FK, Ching JY, Hung LC, et al. Clopidogrel versus aspirin and esomeprazole to prevent recurrent ulcer bleeding. *N Engl J Med* 2005;352:238-44.

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

Editor's choice

Simple problems please, and one at a time

Great is our desire as doctors to identify a single simple problem that has a single simple solution. This approach usefully fits the constraints of the 10 minute consultation, but its roots lie in Western medicine's biomedical model of disease. Doctors are still trained to diagnose single well defined disorders and to offer single targeted treatments. We prefer if possible to deal with one problem at a time.

The very name post traumatic stress disorder (PTSD) fits this picture: a single problem with an identifiable cause and potentially therefore a single solution. But this is deceptive says Simon Wessely (p 1215). Since the Vietnam war, when PTSD was first characterised, psychiatry has had to accept that "the invention of the disorder did not reverse half a century of knowledge and that the person exposed to the trauma matters just as much as the trauma itself." It has proved surprisingly difficult, for example, to predict who will develop PTSD, and the results of trials of the disease specific intervention psychological debriefing have been disappointing.

The apparent simplicity of PTSD as a concept may be to blame for what the World Health Organization sees as the disproportional resources it receives in disaster areas. As van Ommeren and colleagues point out, other more mundane conditions such as anxiety and depression contribute most to the burden of mental illness after a disaster such as the Asian tsunami (p 1160). Under these circumstances, the most useful interventions are likely to be social and economic, such as getting children back to school and supporting economic development.

Randomised controlled trials (RCTs) are a construct of the biomedical model and one of its key pillars. No wonder then that they too thrive on simplicity. Gunn Elisabeth Vist and colleagues give them a clean bill of health—patients in trials do as well as those given the same treatment outside a trial and the results of trials can be generalised to people not in trials (p 1175). But Charlotte Paterson and Paul Dieppe explain convincingly why RCTs are no good at evaluating complex interventions, such as acupuncture and psychotherapy (p 1202). Acupuncture is interwoven with so called non-specific factors, such as talking and listening, which are in fact part of the therapeutic relationship. The process of diagnosis is also hard to separate from the therapy, emerging as it does throughout treatment rather than being an isolated preceding event. The fact that these non-specific but probably therapeutic elements are usually in both arms of trials explains (to my satisfaction at least) the otherwise puzzling fact that, despite its long history and widespread use, acupuncture has never found convincing support from RCTs. It also explains why both real and sham acupuncture shows benefit in trials. Simplicity is appealing but can, if we are not careful, be misleading. Fiona Godlee *editor* (fgodlee@bmj.com)

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