

SHORT CUTS

WHAT'S NEW IN THE OTHER GENERAL JOURNALS

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Primary care fails people with anxiety

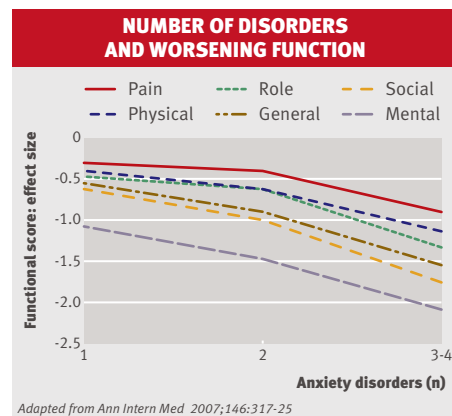
Anxiety disorders are common, disabling, and costly. But so far they have received only meagre attention from researchers and policy makers. This neglect is particularly serious in primary care populations, where anxiety disorders tend to go unnoticed and untreated, say commentators from Seattle. The situation is different for depression, although the two mental health problems often coexist.

Two new screening tools may help. Both ask patients how many days in the past two weeks they have been bothered by symptoms such as uncontrolled worry, fear, nervousness, or irritation. The short version has just two items, the longer has seven, so neither should take long. Both were reasonably good at picking up anxiety disorders in people attending primary care in the United States (pp 317-25). They worked best for general anxiety disorder. Overall, nearly one in five primary care patients in the sample had at least one common anxiety disorder. Many had several. All were associated with significant functional impairment. Only 41% (77/188) of the affected patients were being treated.

These findings and others, "indicate a serious failure in the management of anxiety in the primary care setting" say the commentators. Screening and diagnosis are only part of the solution. Patients also need much better access to treatments that have been proved to be effective, such as cognitive therapy.

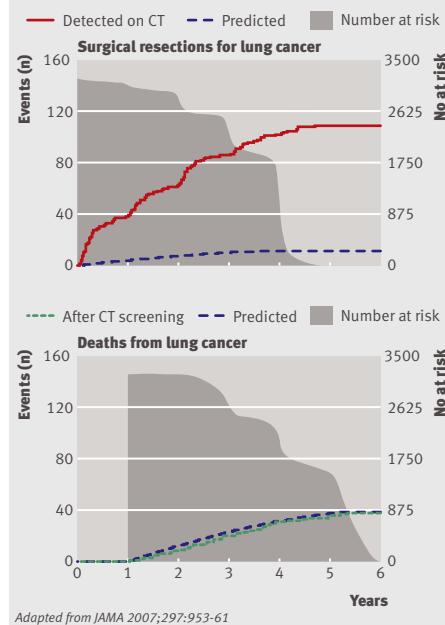
Ann Intern Med 2007;146:390-2

Ann Intern Med 2007;146:317-25



Screening for lung cancer must wait for better evidence

EFFECT OF CT SCREENING FOR LUNG CANCER



Screening for lung cancers with computed tomography (CT) remains an experimental and unproved intervention that may do more harm than good, says an editorial. There's no consistent evidence that screening saves lives, even when offered only to heavy smokers. But it does increase the chance of invasive tests, biopsies, or even a resection. Mortality after lung resections is about 5% in the United States.

The editorial's authors were commenting on a cohort study of 3246 current or ex-smokers who had at least three annual CT scans (pp 953-61). The scans detected three times as many cancers as would have been expected without screening (relative risk 3.2, 95% CI 2.7 to 3.8), and resulted in 10 times as many resections (10.0, 8.2 to 11.9). But screening did not reduce the risk of an advanced cancer and had no overall impact on mortality (1.0, 0.7 to 1.3).

This kind of study is always a compromise, however. The researchers had no control group, so they used a prediction model to guess what would have happened without screening. It's possible the model was biased, and the researchers warn that their findings are preliminary.

Randomised trials under way in Europe and the US should tell doctors and smokers exactly what they need to know about the risks and benefits of lung cancer screening with CT. In the meantime, even enthusiasts should reserve their judgment.

JAMA 2007;297:995-7

JAMA 2007;297:953-61

Thailand reduces child deaths and health inequality

In 1990, 27 of each 1000 children born in Thailand died before reaching their fifth birthday. By 2000, this figure had fallen by a third to just under 19. Importantly, death rates fell fastest among the poor. An analysis of data from two national censuses shows that in 1990 the poorest fifth of the Thai population had a mortality rate among under 5s that was three times higher than the richest fifth. By 2000 the mortality gap between rich and poor had halved. How did they do it?

Economic development certainly helped, say the authors. During the 10 years under study, people in Thailand got richer and the benefits of the economic boom were well distributed, which reduced economic inequality. At the same time, a series of health insurance programmes made health care affordable, primary clinics were established in every village, and the number of healthcare visits quadrupled. Family planning, skilled birth attendants, and childhood vaccinations all became widely available. By the end of the 1990s women were having fewer children, and 90% of them were being vaccinated against diphtheria, pertussis, tetanus, measles, and poliomyelitis.

Unlike many other countries, Thailand is now on track to meet the 4th millennium development goal and reduce childhood deaths by two thirds by 2015

Lancet 2007;369:850-5.

Occipital nerve stimulation for chronic cluster headache

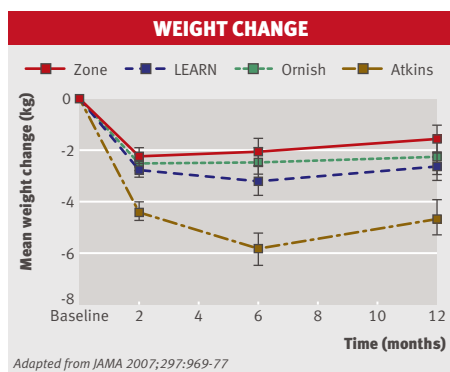
Chronic cluster headaches don't always respond to traditional medical treatments such as verapamil and lithium, leaving some

patients with frequent, intense, and disabling headaches. Researchers are currently investigating occipital nerve stimulation as a possible rescue treatment and two separate teams now report that it can work well in selected patients.

Both teams treated eight patients who had had chronic cluster headaches for between two and 12 years. Five of the eight patients given unilateral stimulation from implanted electrodes said their headaches improved more than 90% during the first two years of treatment. Only two of the eight given bilateral stimulation had such dramatic improvements, although three others said their headaches got at least moderately better. When treatment was successful, it reduced both the intensity and frequency of attacks. When the stimulator failed or the batteries ran out the attacks quickly returned in both groups of patients.

With only a handful of patients treated and no clinical trials, it's still too early to say whether this treatment is the answer to this particularly thorny problem. More invasive neurosurgical solutions have not helped or have left patients disabled or dead. Lead migration and battery failure were the only adverse events reported in these two preliminary reports of occipital nerve stimulation. *Lancet* doi: 10.16/S0140-6736(07)60377-8 *Lancet Neurol* doi: 10.1016/S1474-4422(07)70058-3

Atkins still best for weight loss



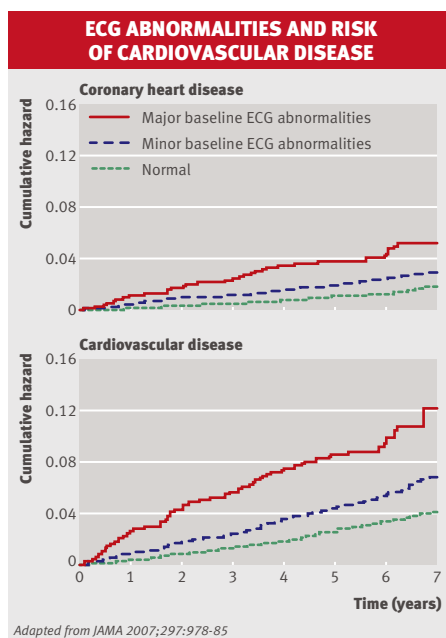
Further evidence supporting the Atkins diet has emerged from a randomised trial in overweight and obese American women. Women following the Atkins diet for 12 months lost more weight than women following three other popular diets. Their lipid profiles and other cardiovascular risk factors got no worse, and their systolic blood pressure came down significantly during the year. The other three diets—known as the Zone, the LEARN (lifestyle, exercise, atti-

tudes, relationships, and nutrition), and the Ornish diets—worked about as well as each other. Women on these diets lost 1.6-2.6 kg on average compared with 4.7 kg for women on the Atkins diet. The difference between Atkins and the others was significant after only two months and peaked at six months ($P < 0.05$ for all comparisons).

The researchers chose these diets because they form a continuum of weight loss strategies, with the Atkins diet (low in carbohydrate and high in fats and protein) at one end and the Ornish diet (high in carbohydrate and very low in fat) at the other. Neither diet restricts calories.

These findings should reassure women that the Atkins diet is unlikely to harm their health in the short term, say the authors. But don't expect dramatic results. The women in this trial lost only 5% of their body weight. *JAMA* 2007;297:969-77

ECG abnormalities predict cardiovascular disease in older women



What can an electrocardiogram (ECG) tell you about the likelihood of cardiovascular disease in apparently healthy postmenopausal women? In a new study, women with even minor abnormalities were more likely than other women to have a heart attack, a stroke, or to die from heart disease in the next five years. Minor abnormalities included first or second degree heart block and frequent premature beats. Major abnormalities such as left or right bundle branch block were also linked to an increased risk of cardiovascular

disease or death (hazard ratio 2.34, 95% CI 1.80 to 3.05).

In this cohort of more than 14 000 women, developing a new abnormality was also risky. Women who started the study with a normal ECG but developed evidence of ischaemia, atrial fibrillation or flutter, ventricular hypertrophy, abnormal excitation, or repolarisation were more than two and a half times more likely to develop clinical cardiovascular disease than women whose ECGs stayed normal. The women were all enrolled in a placebo controlled trial of combined hormone replacement therapy (the women's health initiative), but findings from the ECG analysis were independent of any hormones they took. An ECG is a quick, cheap, and widely available source of valuable prognostic information for postmenopausal women, say the authors. *JAMA* 2007;297:978-85

Abandon chemoprevention for colorectal cancer

The US preventive services task force has warned doctors not to prescribe aspirin or non-steroidal anti-inflammatory drugs to prevent colorectal cancer. The recommendation follows two systematic reviews showing that the risks of primary prevention with any drug, including cyclo-oxygenase-2 inhibitors, outweigh the benefits (pp 365-75, pp 376-89).

Low dose aspirin does not seem to protect people at average risk from colorectal cancer. A higher dose taken for up to 12 years reduces the risk by about 22% (relative risk 0.78, 95% CI 0.63 to 0.97), but it also causes gastrointestinal bleeding and possibly haemorrhagic stroke. Non-steroidal anti-inflammatory drugs probably help prevent colorectal cancer, although the task force describes the evidence as fair. It's still unclear whether any of these agents save lives. The evidence weighing in on the other side is good: non-steroidal anti-inflammatory drugs cause gastrointestinal bleeding and renal impairment, while cyclo-oxygenase2 inhibitors increase the risk of cardiovascular disease.

In its new guidelines, the task force says primary chemoprevention should be abandoned for anyone with an average risk of colorectal cancer, including people with a family history of cancer not associated with familial adenomatous polyposis.

Ann Intern Med 2007;146:361-4

Ann Intern Med 2007;146:365-75

Ann Intern Med 2007;146:376-89

SHORT CUTS EXTRA

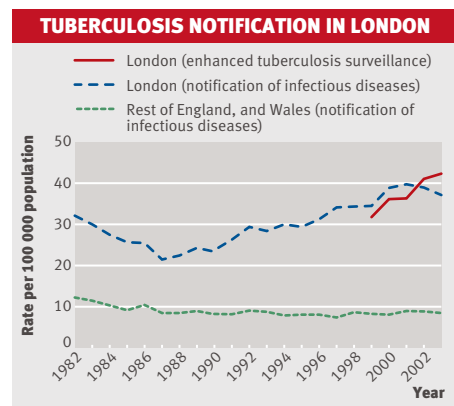
WHAT'S NEW IN *BMJ* JOURNALS

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Tuberculosis in London is rising



The rate of tuberculosis notifications has doubled in London since the late 1980s, from about 20 cases per 100 000 persons in 1987 to 41.3 cases per 100 000 persons in 2003. The capital accounts for 45% of the total UK burden of tuberculosis; 86% of people with tuberculosis in London are non-white, and three quarters were born abroad. The highest rate—283/100 000—is in black African people. Hospitals report coinfection with HIV of 17-25%. Multidrug resistant tuberculosis accounts for about 2% of cases.

The authors propose screening residents of hostels for refugees, asylum seekers, and homeless people; improved access to primary care; and better diagnosis of coinfection. They also emphasise the need for treatment continuity and completion, as recommended by recently published guidelines from the UK National Institute for Health and Clinical Excellence.

Thorax 2007;62:162-7

Topical azithromycin is effective for conjunctivitis

A three day course of a new preparation of azithromycin (1.5% eye drops (Azyter)) is as effective and safe as seven days of tobramycin 3% in treating purulent bacterial conjunctivitis. A multicentre, randomised, single blind trial recruited 1043 children and adults, of whom 471 had an initial positive bacterial culture and no major deviation from protocol. On an intention to treat analysis, the clinical cure rate at days 8-10 was 87.8% for azithromycin

and 89.4% for tobramycin. The only adverse event was a burning sensation on application: four patients complained of this.

The authors recommend the new preparation, especially for children, because of its reduced dosage regimen—twice daily for three days only—rather than one drop of tobramycin every two hours for the first two days, followed by four times daily for five days. The trial was funded by Laboratoires Théa, the manufacturer of the eye drops used in the study.

Br J Ophthalmol Oct 2006; doi: 10.1136/bjo.2006.103556

New guidelines for hand osteoarthritis

Evidence based recommendations for treating hand osteoarthritis have been published by the European League Against Rheumatism. A 21 strong international guideline development group, including 16 rheumatologists, searched databases for acceptable trials, finding 309 studies of treatment of hand osteoarthritis in humans.

The systematic search was followed by a Delphi exercise that negotiated 11 propositions involving 17 treatment modules. In general, the paucity of clinical trials meant that levels of evidence were low (expert committee reports or opinion) except for topical non-steroidal anti-inflammatory drugs (NSAIDs), topical capsaicin, low dose short duration oral NSAIDs, and, possibly, intra-articular corticosteroids for painful flares in the trapeziometacarpal joint.

The group highlighted eight areas for future research.

Ann Rheum Dis 2007;66:377-88

More on the “date rape” myth

Doctors in Wales investigated all 75 patients (51 women) attending an accident and emergency department over a year who claimed their drinks had been covertly contaminated with drugs (a practice known as “spiking”). They found no evidence on urine and blood testing of agents reputed to be used in this way—in particular, no trace of flunitrazepam

(Rohypnol) or gamma-hydroxybutyrate (GHB).

Alcohol concentrations of >160 mg/dl were found in 65% of the 34 patients whose blood was analysed for the presence of alcohol. Five samples showed recreational drugs—amphetamine, opiates, and cocaine. Despite 14 patients having made allegations to the police, the authors conclude that the group’s symptoms were the result of excess alcohol, not drinks spiked with central nervous system depressants.

Emerg Med J 2007;24:89-91

Surgery helps athletes with hamstring tears

Distal hamstring tears in athletes can be treated successfully by surgery. Eighteen athletes injured when sprinting or running complained of pain and stiffness of the posterior thigh and weakness in flexion or instability at the knee joint. Most tears were at the myotendinous junction. Thirteen tears were repaired by suturing after excision of scar tissue (as in a tendinous tear of the biceps femoris) and two by tenotomy. Two patients with avulsions required tendon reinsertion.

Fourteen athletes were able to return to their preinjury sporting level after an average of four months; three resumed only recreational sport. A professional dancer, who had surgery twice six years after injury, had an outcome that was classified by the researchers as “poor” (described as “occasional disturbing symptoms even in activities of daily living”).

Br J Sports Med 2007;41:80-3

