



# MINERVA

## Sweet shots for babies . . . and other stories

### Give sugar, jab quickly

When performing painful procedures on newborn babies, international guidelines recommend giving sucrose and then waiting for two minutes. Dutch neonatologists decided to test whether this applied to the sick and premature infants in their intensive care unit (*Arch Dis Child Fetal Neonatal Ed* doi:10.1136/archdischild-2016-310841). In part A of the study, 100 heelstick procedures were performed without any guidance on time interval. In part B, the medical team was instructed to adhere to a two minute time interval during 50 heelstick procedures. Using a validated pain score, they found that pain intensity was not correlated with the length of the time interval between sucrose being given and the heelstick procedure.

### Don't blame me for the bad bugs

Questionnaires sent to Australian general practitioners showed that most of them would prescribe antibiotics for upper respiratory tract infections to meet patients' expectations, although the response rate was just 23.6% (*BMJ Open* doi:10.1136/bmjopen-2016-012244). In subsequent qualitative interviews with 32 general practitioners, other reasons given for antibiotic prescribing were limited time, poor doctor-patient communication, and diagnostic uncertainty. And when asked about antibiotic resistance, many argued that their prescribing played little part compared with hospital and veterinary use of antibiotics.

### Decisional peace at the end of life

When Canadian hospital patients and their families were asked what they wanted most at the end of life, they said they would like to be comfortable and suffer as little as possible, to have more time with family, to avoid being attached to machines and tubes, and that death would not be prolonged (*BMJ Support Palliat Care* doi:10.1136/bmjspcare-2015-001056). But with few exceptions, the participants' expressed values were not associated with expected corresponding treatment preferences, and this led to frequent decisional conflicts between patients and family members. Minerva sees this as a major challenge to good end-of-life care.

### Trichomonas uncommon in UK

In a national survey, urine from 4386 Britons aged 16-44 years reporting one lifetime sexual partner or more was tested for

*Trichomonas vaginalis* using real time polymerase chain reaction techniques (*Sex Transm Infect* doi:10.1136/sextrans-2016-052660). Urinary *T vaginalis* was detected in seven of the women and none of the men who provided urine samples, giving a weighted prevalence estimate of 0.3% (95% confidence interval 0.1% to 0.5%) in sexually experienced women aged 16-44 years, meaning that this infection is rather rare in Britain.

### Laughing at cancer

The ways that people use humour to cope with illness were recently explored in a lovely essay by John Launer (<http://pmj.bmj.com/content/92/1093/691.full>), but laughing about cancer can be considered bad taste—hence the title “Warped” for the humorous section of a website for patients with cancer. Its content is analysed in a study (*J Pragmat* doi: 10.1016/j.pragma.2016.05.010) that sees many positive aspects to the sharing of jokes between people facing illness that is life threatening and dignity robbing. Humour enables people to talk about things that would otherwise be too emotive, frightening, or embarrassing, and helps them to feel part of a community of support.

### Cardiac rehabilitation: to what avail?

In a retrospective cohort study of 4929 American patients who were discharged after myocardial infarction, those who did and did not participate in cardiac rehabilitation had similar reported health status over the subsequent year (*JAMA Cardiol* doi:10.1001/jamacardio.2016.3458). But this registry based analysis found that more of those who went for rehabilitation were alive up to seven years later, which could indicate either a real effect or selection bias.

### Sex and happy old age

A study of 2373 people in Rotterdam aged 65 or older who were free of dementia symptoms found that greater happiness and life satisfaction were associated with more sexual activity and physical tenderness (*Age Ageing* doi:10.1093/ageing/afw168), mainly in participants with partners. This association was independent of depressive symptoms, physical health, and chronic disease status. When the investigators flipped the analysis and looked for an association between negative effects and sexual behaviour, they found none. Cuddly old people tend to be happy old people.