GPs must act as gatekeepers to bowel cancer services

The policy that all patients with suspected bowel cancer should be seen by a specialist within two weeks will overwhelm secondary care unless general practitioners act as efficient gatekeepers. Thompson and colleagues (p 263) discuss the guidelines

PHANIE/REX

for identifying patients at high and low risk in primary care and suggest appropriate management strategies within primary care for patients at low risk.

POEM*

Hip protectors are ineffective for preventing hip and pelvic fractures

Question Do hip protectors protect elderly people who are at risk of hip fractures?

Synopsis A current Cochrane review, as well as other POEMs, concludes that hip protectors do not help prevent fractures. This randomised controlled trial (non-blinded) identified 830 elderly people from homes or nursing homes who had been identified as at high risk of hip fracture. All participants were 70 years or older with low bone density. A total of 561 were then randomly assigned (concealed allocation assignment) to wear the hip protectors as much as possible, or not at all. Fractures were verified by patients' family physicians, who were not blinded to group assignment. Both groups received written information on bone health and instructions on how to minimise risk of falls. The mean follow up was 70 weeks. Compliance with wearing hip protectors was assessed by unannounced regular home visits. Using intention to treat analysis, 18 fractures (5/100 person years) occurred in the intervention group compared with 20 (5/100 person years) in the control group (no significant difference). Four fractures in the intervention group occurred while subjects were wearing the protectors. Survival time until death was equal in each group. A per protocol analysis comparing the 78 completely compliant participants with 281 participants in the control group did not show a statistically significant difference between the intervention and control groups (3.9 fractures per 100 person years *v* 5.1 per 100 person years, respectively). This study was, however, underpowered to find a significant difference between the groups—700 patients would have been needed to reach a power of at least 80%, and only 561 were recruited.

Bottom line In this study, unlike previous reports, hip protectors were ineffective for preventing hip and pelvic fractures. We'll need to wait for the updated Cochrane review that will soon incorporate this new study into the meta-analysis. In the meantime, for people at risk to use the protectors is unlikely to be harmful (and may be helpful), but there is no compelling reason to mandate their use.

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

Van Schoor NM, Smit JH, Twisk JWR, et al. Prevention of hip fractures by external hip protectors: a randomized controlled trial. *JAMA* 2003;289:1957-62.

©infoPOEMs 1992-2003 www.infoPOEMs.com/informationmastery.cfm

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

Editor's choice

The positive in negatives

"Does the *BMJ* publish studies on American datasets?" asked a researcher at a meeting in Atlanta, Georgia, last week on reporting behavioural interventions. We do, of course, although it is worrying that a scientist from the Centers for Disease Control and Prevention thinks we may not. Inevitably, there is considerable international interest in the US healthcare system, just as there is in the NHS, and studies in one setting might generalise to others. But there are more reasons for us to be interested. Our website, bmj.com, attracts about 185 000 users a week, mostly from outside the UK, many from North America. *BMJ USA*, a monthly digest of the weekly *BMJ* reaches about 100 000 US family physicians.

One method of shortening research papers, suggested a few journal editors at the same meeting, is to chop out negative findings. We do not—this is publication bias, where positive findings are reported and negative ones consigned to the dustbin of research history. Publication bias distorts the scientific record but many editors abet it unwittingly—and wittingly—in an attempt at "sexing up" their journals. Researchers and funding bodies—especially industries with an interest in product development—are reluctant about submitting negative studies for publication. Yet there are positives in negatives: they can shake our faith. Some of us, George W Bush for example, have more than our fair share of self belief. "I know what I believe," he said in Rome two years ago. "I will continue to articulate what I believe and what I believe—I believe what I believe is right." Well, often what we believe is not right.

This week we publish several articles that generate more doubt than certainty. Enzyme potentiated desensitisation has been used to treat a range of allergic conditions for over 20 years, notably as a method of pollen desensitisation for hay fever. Previous randomised trials have suggested it works. Michael Radcliffe's team investigated this treatment's ability to reduce symptoms in severe hay fever and report that enzyme potentiated desensitisation is no better than placebo (p 251). Might changing smoking practices in the home, such as not smoking near children or airing a room after smoking, protect children from exposure to tobacco smoke? No, say Clare Blackburn and coworkers, although a complete ban on smoking in the home does have a small beneficial effect (p 257). Current guidelines in the UK and elsewhere recommend tuberculin testing before BCG vaccination for all children older than 3 months. Graham Bothamley and colleagues have reviewed the literature and conclude that tuberculin testing is unnecessary (p 243).

Many bmj.com users have a Bush like faith in our website remaining fully free forever. From 2005, this will only be the case for users who are BMA members or from the world's poorest countries. Tony Delamothe and Richard Smith explain why (p 241).

Kamran Abbasi *deputy editor*

To receive *Editor's choice* by email each week subscribe via our website: bmj.com/cgi/customalert