Trial results have dramatically reduced HRT use

The publication of the combined oestrogen-progestogen trial from the Women's Health Initiative, which generated extensive

media coverage in 2002, has affected women's decisions to use hormone replacement therapy (HRT). In a cross sectional survey of women attending general practices in New Zealand, Lawton and colleagues (p 845) investigated the effect of the publication on the use of HRT in known users. Over half of those surveyed had stopped taking HRT, and stopping was significantly associated with increasing age, use of combined HRT, and use for more than five years. The authors say that women sought appropriate advice from health professionals and that stopping HRT was in line with recommendations in international guidelines.

POEM*

Routine use of magnetic resonance scans for back pain increases costs without improving pain or function

Question Is rapid magnetic resonance imaging (MRI) more effective than radiographs in patients with low back pain?

Synopsis Rapid MRI early in the care of patients with low back pain is being promoted as more cost effective than traditional management. Critics are concerned that the rapid MRI will discover additional incidental findings, leading to unnecessary treatments, costs, and harm. A total of 380 consenting patients aged 18 years or older whose primary physicians had ordered radiographs to evaluate their low back pain were enrolled between 1998 and 2000 from four different centres in Seattle, Washington, into this single blind, randomised controlled trial. Participants were those with and without radiating leg pain. They were randomly assigned (concealed allocation assignment) to rapid MRI or routine radiography of the lumbar spine. Outcomes were evaluated by individuals blinded to treatment group assignment. A total of 89% of the patients were evaluated after 12 months of follow up. With intention to treat analysis, pain and functional scores were essentially equal in both groups. Patients initially randomised to radiography were more likely to be referred for conventional MRI. Patients randomized to early MRI were more likely to have lumbar spine surgery. The overall societal costs were non-significantly higher for patients randomised to rapid MRI than radiography (\$2380 v \$2059). Satisfaction rates of patients and physicians were higher for the rapid MRI scan.

Bottom line Routine use of the rapid magnetic resonance imaging in the evaluation of low back pain has the potential to increase costs, mainly as a result of increased lumbar spine surgery, without any significant benefit in relieving pain or improving long term function.

Level of evidence 2b (see www.infoPOEMs.com/resources/levels.html); single blind randomised controlled trial.

Jarvik JG, Hollingworth W, Martin B, et al. Rapid magnetic resonance imaging vs radiographs for patients with low back pain. A randomized controlled trial. *JAMA* 2003; 289:2810-8.

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

Editor's choice

An extreme failure of concordance

About half of patients with a chronic illness don't take their medicines as prescribed (p 819). They have many reasons, lots of which doctors might regard as "unreasonable," for not doing so. Despite Oliver Wendell Holmes suggesting that if the entire pharmacopoeia were sunk to the bottom of the sea it would be all the better for mankind and all the worse for the fishes, it doesn't seem to be useful for drugs to be invented, researched, described, prescribed, and then not taken. More understanding is needed of what's going on, and this theme issue makes a contribution. In particular, it explores "concordance"—patients and doctors agreeing together about medicines.

My understanding of this elusive concept comes in part from a marvellous book that explores an extreme failure of what might be called "concordance," even though the term is never used in the book. *The Spirit Catches You and You Fall Down* (New York: Farrar, Straus and Giroux, 1997; ISBN 0 374 52564) describes the complete failure of communication between a Hmong family with a daughter with severe epilepsy and the Californian healthcare system. The family, the doctors, and many others involved—including nurses, social workers, and the judiciary—all wanted the best for Lia Lee, the Hmong child. People in the healthcare system, particularly two paediatricians at the hospital in Merced, went to extreme lengths to provide care—but the end result was disastrous. Lia died a few years after an episode of status epilepticus. The parents thought that the doctors and their drugs had killed her rather than helped. (A filler from the book on p 867 describes some of the problems Lia's parents had with her drugs.) The doctors—who at one stage had Lia taken into care—felt misunderstood, unappreciated, and angry.

The triumph of Anne Fadiman, the author, is that she manages to make the reader understand and respect the views of both sides. She attributes her success to her insignificance. *BMJ* readers will know about the medical side, but many have probably never heard of the Hmong. They are an ancient people from Laos who were offered residency in the United States after fighting for the CIA in Indochina. They believe that "loss of soul" is the main cause of illness and, like many peoples, that there is a positive aspect to epilepsy—in that its presence marks a person as a possible shaman.

Fadiman makes clear that understanding and cooperation—let's call it concordance—doesn't come easily. It's not just a matter of knowing a language and listening but also of understanding something of both the ancient and near history of a people, their beliefs, and their culture—something that nobody managed. This may seem irrelevant to British doctors treating British patients, but I suspect that the misunderstandings may be less dramatic and obvious but still not easily bridged. Outstanding doctoring may come from doing what Fadiman did—but day after day. That may be concordance.

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