months' follow up, 25% more mothers with access to day care were in paid employment, but they were no more likely than those without access to reach a weekly household income of £200. The government has said that day care is important in helping reduce poverty, by increasing maternal paid employment. The authors argue that without simultaneously tackling low pay and the benefits structure, providing day care is not an effective strategy to reduce poverty.

employment than those without day care, but they did not have higher household incomes (p 906). At 18

POEM*

Impermeable bed covers don't help allergic rhinitis

Question Do impermeable bed and pillow covers improve symptoms of allergic rhinitis?

Synopsis Impermeable bed and pillow covers reduce the exposure of allergic patients to dust mite allergens—but is that enough to improve symptoms? Previous studies have been small and poorly designed and have provided conflicting results. In this randomised controlled (double blinded) trial, adults and children aged 8 to 50 years who were allergic to dust mites were randomised (allocation concealed) to receive either impermeable (n = 139) or permeable (n = 140) bed covers. They were recruited from specialty clinics and general practices and by advertisements. Patients with pets in the home, those using oral or high dose inhaled steroids, and those taking cyclosporine or regular doses of antibiotics were excluded. Baseline and 12 month follow up measurements were made between September and December, the peak months for dust mites in the Netherlands. Nineteen patients in the control group and 24 in the impermeable cover group were lost to follow up, most often because they moved or because of a protocol violation. The primary outcome was a 100 point allergy symptom severity score. The groups were similar at baseline, and analysis was by intention to treat for patients with a 12 month outcome measurement.

Although allergen counts were significantly lower in the beds of patients with impermeable bed covers, and although both groups experienced an improvement in symptoms, there was no significant difference between groups in the degree of improvement (9.8 points in the impermeable cover group v 10.9 points in the control group; $P = 0.8$). There was also no significant difference in daily symptom scores and in the results of the nasal allergen provocation test. The study was powered to detect at least a 25% reduction in the symptom score.

Bottom line Impermeable bed and pillow covers do not improve symptoms more than conventional covers in patients with allergic rhinitis who are sensitive to dust mites.

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

Terreehorst I, Hak E, Oosting AJ, et al. Evaluation of impermeable covers for bedding in patients with allergic rhinitis. *N Engl J Med* 2003;349:237-46.

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

Editor's choice

Interacting with the *BMJ* to solve clinical problems

I sometimes compare medical publishing to a man standing on a corner with a megaphone shouting at passers by. It has not been a conversation. Editors give readers what they think will be good for them, and the process has been designed to benefit authors not readers. The authors need to get their work published in order to gain academic credit, promotion, and the next grant and often don't care whether anybody reads what they write. The *BMJ* has tried to move away from this arid pattern, and our interactive case reports are one means of doing so.

We started them as an experiment, but we regard them as a success and have plans to publish many more. Indeed, we welcome submissions. You need a team that includes a generalist, a specialist, possibly an expert on learning (although we can supply somebody), and certainly a patient. They must all be willing to respond quickly to what can be a flood of rapid responses.

Any reader who hasn't noticed the cases might want to join the next round. We begin by describing the case in the paper edition of the journal, asking three questions, and inviting readers to respond through bmj.com. Questions about the diagnosis and further tests are usually well answered, but questions about "What would you say to the patient?" are, I judge, less well answered.

The case that concludes today began with a description of Elisabeth, a 2 year old child who presented 17 days after a fever and rash with the skin falling off her fingers (p 916). Readers almost immediately suggested Kawasaki disease, which is rare, probably underdiagnosed, and for which there is no diagnostic test. We then have a second round of questions after giving further information. Four weeks after the case is first launched we publish commentaries from the authors on the case and the responses from their different perspectives. This case captures well the uncertainty of medicine. Pippa Oakeshott, a general practitioner, says that she thinks that few general practitioners in Britain would have considered Kawasaki disease. Yet Ed Piele—an educator—writes: "All doctors who look after children need to recognise the presentation of Kawasaki disease: the consequences of missing it are potentially disastrous..." But this is hard: a respondent pointed out that "in practice even cardinal symptoms have low predictive value if the incidence of the condition is very low."

The most interesting part of the case is often the view of the patient, which is usually very different from that of the doctors. In this case the parent is an anaesthetist, and she describes extremely well the problems of being both a doctor and an anxious parent. Please send us cases and join the interaction. The point is not to be clever but to learn, and I encourage readers to describe what they would say to patients when they have little idea of the diagnosis—a common circumstance.

Richard Smith editor@bmj.com

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