RAGUET/PHANIE/REX

research. The methodological quality of the studies was poor, some were run simultaneously with clinical trials, and in some cases negative findings from animal trials did not prevent subsequent clinical trials. Systematic reviews of animal studies can provide important insights into the validity and value of animal research, say the authors, and should precede clinical trials.

POEM*

Sildenafil is not effective in postmenopausal women with acquired genital sexual arousal disorder

Question Is sildenafil effective treatment for sexual arousal disorder in postmenopausal women?

Synopsis Many postmenopausal women and their doctors are asking if sildenafil (Viagra) might be helpful to them to treat sexual arousal disorder. This Canadian crossover trial (randomised) recruited 34 postmenopausal volunteers who lacked genital responsivity despite preserved subjective sexual arousal from non-genital stimuli. All women were taking oestrogen/progestin hormone therapy, but not androgens, for at least six months before enrolment. The sample was homogeneous based on detailed structured interview. The study session was a 30 minute video of a heterosexual sexual encounter including foreplay and intercourse and use of a handheld vibrator. Women were randomly assigned to sildenafil 50 mg or placebo given one hour before the session and then crossed over in a subsequent session. Two different videos with similar content were used in balanced random order. There were no differences in the proportion of women reaching orgasm, orgasm latency, or subjective sexual arousal. The women also underwent measurement of sexual responsiveness with a photoplethysmograph, a tool used in research on sexuality in women to measure genital vasocongestion. The authors made multiple subgroup comparisons and concluded with a hypothesis that the subgroup of women with a low vaginal pulse amplitude response by photoplethysmograph may benefit from sildenafil. This group is clinically indistinguishable from the rest on the basis of interview characteristics. Side effects occurred in the women in 59% of sildenafil tests and 24% of placebo tests. The most common complaints with sildenafil were flushing, headache, and dizziness. One woman reported mild clitoral pain for 48 hours after using sildenafil.

Bottom line Sildenafil was not effective as a treatment of acquired genital sexual arousal disorder in postmenopausal women taking hormone therapy.

Level of evidence 1b (see www.infopoems.com/levels.html). Individual randomised controlled trials (with narrow confidence interval)

Basson R, Brotto LA. Sexual psychophysiology and effects of sildenafil citrate in oestrogenised women with acquired genital arousal disorder and impaired orgasm: a randomised controlled trial. *Br J Obstet Gynecol* 2003;110:1014-24.

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

Editor's choice

Nothingness: the role of journals

A whole issue of a journal devoted to what doesn't work. An orgy of failure. Isn't this a mad idea? Don't our readers want to hear about medicine's remarkable successes rather than its ignominious defeats? Maybe some do, but many, I suspect, will experience a shiver of delight on reading this litany of ineffectiveness. It's much closer than usual issues of the journal to the real world of misunderstood patients, wrong diagnoses, lost tests, illegible writing, incomprehensible instructions, failed treatments, broken relationships, and shattered dreams. For this week at least we will be closer to Shakespeare than Enid Blyton.

So this celebration of what doesn't work is, I think, a brilliant idea, and I can say that because I didn't have it. The idea came from Trish Groves, one of the *BMJ* editors, who, together with Phil Alderson and others, has created a treasure trove of negativity (p 473). But this isn't all negative because doing nothing is often the right and wisest thing to do. It takes courage and experience. "Good surgeons," the medical saw says, "know how to operate. Better surgeons know when to operate. The best surgeons know when not to operate." Doesn't this apply right across medicine?

Samuel Shem promotes the idea of "not doing" as fundamental to good medicine in his book *The House of God*. Jo—the unloved, unlovable, top of the class, senior resident—embodies action: "I'm the captain of this ship, and I deliver medical care, which for your information, means not doing nothing, but doing something. In fact, doing everything you can." Her interns make her team the most successful in the hospital by ignoring her commands and energetically doing nothing: "To do nothing for the gomers [elderly patients who never die] was to do something, and the more conscientiously I did nothing the better they got."

Where, I wonder, do medical journals fit in the galaxy of nothingness? Do they work? The questions are hard to avoid in a week in which the ways of medical journals—and the *Lancet* in particular—have made the front page of newspapers and the top items on broadcast news (p 483 and p 528). The *Sunday Times* alleges—among other allegations—that Andrew Wakefield, one of the authors of the *Lancet*'s infamous paper linking the measles, mumps, and rubella (MMR) vaccine with autism, had conflicts of interest that he failed to disclose. The *Lancet* says that if it knew then what it knows now it wouldn't have published the paper. Wakefield has hit back with counter accusations. A member of parliament has criticised the *Lancet* and called for an inquiry.

All is turmoil, not nothingness. But journals are better at turmoil than nothingness. Journals (words on paper) are poor at changing behaviour but good at creating debate, stirring the pot. So a journal that creates debate around what doesn't work is a paradoxical triumph.

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