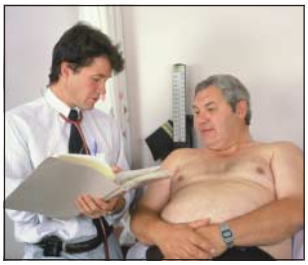

SIMON FRASER/SPL

Herder and colleagues (p 955) say that undiagnosed sleep apnoea is common. Obesity (especially large neck circumference), increasing age, being male, and alcohol consumption predispose to sleep apnoea. Tailored premedication and intubation technique and careful post-extubation management are needed, including judicious use of pain relief medication, continuous positive airway pressure, and surveillance in an intensive care unit.

POEM*

Early surgery for acute calculous cholecystitis is better than delayed

Question For patients with acute calculous cholecystitis, is it better to do surgery immediately or let them "cool off" first?

Synopsis The decision to perform open or laparoscopic surgery on patients with acute calculous cholecystitis, and whether that surgery is done during the initial hospital admission or later, after symptoms have "cooled down," seems to depend largely on the surgeon. This meta-analysis with uncertain allocation, identified all available prospective randomised trials on the topic to try to provide a more solid evidence base for this decision. They identified nine studies with a total of 916 patients who underwent early or delayed open cholecystectomy, and three studies with a total of 228 patients who underwent early or delayed laparoscopic surgery. Most excluded patients with peritonitis, pancreatitis, or jaundice or who were otherwise at high risk. Patients in the early surgery group had surgery within seven days after onset of symptoms; those in the delayed surgery group typically had surgery about 6-12 weeks later. The exception was one of the laparoscopy studies, in which patients had early surgery within 72 hours or delayed surgery five days after admission. Analysis was by intention to treat, and most studies were of fair methodological quality (2 or 3 on the 5 point Jadad scale). Outcomes were consistent between studies for most variables. More patients in the open cholecystectomy group died than in the delayed surgery group (7/448 *v* 1/468), but this was not statistically significant (pooled rate difference −0.85%; 95% confidence interval −2.3% to 0.6%). The likelihood of complications was similar (1.4%; −3.8% to 6.5%). No deaths occurred in the studies of early versus delayed laparoscopic cholecystectomy, and the likelihood of complications was not significantly different (10.9% *v* 15.6%; difference −3.1%; −15 to 8.9%). Patients undergoing delayed surgery had longer total hospital stays (17.8 days *v* 9.6 days), although it is unclear whether this large a difference would occur in the United States, given the generally shorter length of stays.

Bottom line Early open or laparoscopic surgery for acute calculous cholecystitis was not associated with greater mortality or morbidity—in fact, trends were toward lower mortality and morbidity—and resulted in shorter hospital stays and lower costs.

Level of evidence 1a (see www.infopoems.com/levels/html). Systematic reviews (with homogeneity) of randomised controlled trials.

Papi C, Catarci M, D'Ambrosio L, et al. Timing of cholecystectomy for acute calculous cholecystitis: a meta-analysis. *Am J Gastroenterol* 2004;99:147-55.

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

Editor's choice

Transparency and trust

"Disclosure is almost a panacea," said John Bailar. I must tell you—in the interests of transparency, of course—that I have never heard him say this, although I firmly believe he must have—or words to that effect—because this was a favourite quote of the *BMJ*'s former editor, Richard Smith, and I trusted what he had to say. But if I use this quote now, should I say, " 'Disclosure is almost a panacea, said John Bailar,' said Richard Smith" or should I stop using the quotation altogether because using it without verification is some kind of fraud or misconduct? Perhaps this is turning transparency into absurdity.

England's soccer captain and cultural icon, David Beckham, tried his hand at transparency by admitting that he deliberately fouled a player to pick up a yellow card and an automatic one match ban for a game he was going to miss anyway. Howls of derision greeted this dastardly admission. John Bailar might say, "Well done David, you have just proven why disclosure is almost a panacea."

Another David (Healy), and cultural icon of sorts for his work in criticising SSRIs, gave evidence at a UK House of Commons select committee inquiry into the dastardly drug industry, claiming that 50% of papers on drugs in the *BMJ* and the *Lancet* are ghost written (p 937). Can this be true? We know that gift authorship happens, and the nature of the gift may vary from a pat on the back and anonymity to a six figure sum and elevation to the presidency of a royal college. We know that ghost writing happens, and the identity and the motivations of the ghost writer are not revealed. Whether this happens in 50% of papers on drugs is an incredible claim that needs substantiation. Our articles on drugs this week discuss the use of placebo (pp 927, 944), antipsychotics in pregnancy and breastfeeding (p 933), safety of COX 2 inhibitors and NSAIDs (pp 935, 948), individual response to treatment (p 966), perindopril and stroke recurrence (p 968), and the "fourth" hurdle in drug licensing (p 972).

The *BMJ* requires authors to declare competing interests, and we ask for a contributorship statement in the form of film credits. You can tell us who wrote the article and who was the key grip (if anyone knows what that is please write in). Crucially, we ask for a guarantor to take responsibility for the intellectual content and the honesty of the work. When we smell misconduct we hunt it down with editorial zeal, culminating in trial by academic institution or the Committee on Publication Ethics. Beyond these attempts to urge authors to full transparency, journals operate on a basis of trust. Thanks to transparency and trust, journals maintain their integrity. And it is the integrity of drug companies and some (or many, according to Healy) researchers that has been crushed by commercial interests—a warning for all of us who gyrate in this seven veiled dance.

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