Learning from “positive deviance”

Even in the most adverse of circumstances, a few individuals adopt beneficial practices and have better health outcomes than their neighbours, who share

similar risks. Marsh and colleagues (p 1177) say that identifying these unusual strategies and promoting them within the community is the core of an approach that has been successful in improving child health and may be of value in many other areas.

POEM*

SSRIs provide modest benefit in selected patients with IBS

Question Are selective serotonin reuptake inhibitors effective for the treatment of irritable bowel syndrome (IBS)?

Synopsis Although tricyclic antidepressants are somewhat effective for irritable bowel syndrome, it is less clear whether selective serotonin reuptake inhibitors (SSRIs) are similarly helpful. Patients for this randomised controlled trial (double blinded) came from two groups: patients presenting to the gastroenterologist eating a low fibre diet who did not improve on a high fibre diet, and patients who were already eating a high fibre diet. They were randomised to either placebo (n = 43) or paroxetine 10 mg per day; the dose was increased to 20 mg or 40 mg per day if there was no improvement at the lower dose (n = 38). The mean age of patients was 46 years; 74% were women, and most had diarrhoea-predominant IBS. Eight patients withdrew from the paroxetine group and seven withdrew from the placebo group, approximately half in each group because of perceived adverse drug effects. The primary outcome was overall wellbeing measured using a five point scale, where a change of 0.5 points equals a clinically significant improvement. (It was not clear whether the overall wellbeing score was part of the irritable bowel syndrome quality of life scale or whether it was a separate, unvalidated scale.) A clinically significant improvement was reported by 63% of patients receiving paroxetine and 26% receiving placebo (P = 0.01; number needed to treat = 2.7). The benefit was similar for the subset of patients with a Beck depression inventory score of less than 10. There was a small improvement in perceived necessity to avoid certain foods for the patients taking paroxetine, but no difference in work or social function. When patients were asked at the end of the 12 week study whether they wanted to continue the medicine, 84% in the paroxetine group said yes compared with only 37% in the placebo group (P < 0.001; number needed to treat = 2). The mean improvement in scores for wellbeing are not reported for the two groups, though.

Bottom line Paroxetine in a dose of 10 to 40 mg per day provides at least a small benefit in terms of overall wellbeing for patients with irritable bowel syndrome who have already tried a high fibre diet. We do not know the true magnitude of this benefit because of the way the results are reported. We also do not know whether selective serotonin reuptake inhibitors are more effective than tricyclic antidepressants.

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

Tabas G, Beaves M, Wang J, et al. Paroxetine to treat irritable bowel syndrome not responding to high-fibre diet: a double-blind, placebo-controlled trial. *Am J Gastroenterol* 2004;99:914-20.

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

Editor's choice

The power of women, community, and Bob Geldof

Twenty years ago images of Ethiopia were beamed into our living rooms and showed people in poor countries living with overwhelming poverty, disease, and despair. What could they possibly teach us? At least we could offer money, pity, and our clever ideas about eradicating corruption and resurrecting their failed states. When musician Bob Geldof inspired his pop pals to sing for charity we learnt that one man could begin to change the world, provided that man lived in a rich country. “Do they know it's Christmas?” may have been a futile lyric for millions living in poverty, but it captured a mood that said we are no longer willing to tolerate such a divided world.

Now, with a humanitarian crisis in Sudan, sub-Saharan Africa in deep poverty, Asia strangled by child deaths, and Bob Geldof singing his Christmas song again, what have we really learnt and what have we done for the world's poor? Perhaps there are better ways of lifting Africa and Asia out of poverty? Perhaps there are local solutions that—since they work in the most desperate circumstances—might even teach us, the privileged in richer countries, better ways of improving our health care. Why look to the United States for ideas when you might equally adopt pioneering initiatives from Bangladesh (p 1124), Colombia, India, Iran (p 1115, p 1134), Haiti (p 1142), Malawi (p 1164), Pakistan, Tanzania (p 1126), or Zimbabwe?

This is the premise of our theme issue, a celebration of the ingenuity of the human spirit brought to you by Tessa Richards and her team of international advisers (p 1113), who argue that the rich world doesn't have a monopoly on solutions. And there is much to learn, particularly that it will take many millions of women in poor countries to change the world. For states to free themselves of poverty, women's health, education, and employment have to be priorities—another message that has been sung loudly for decades. But what has been the response? Women have become effective agents of change in maternal and child health in the poorest communities (p 1117, p 1166), initiatives for prevention of mother to child transmission are successfully implemented (p 1147), “positive deviance” is a powerful way of promoting beneficial healthcare behaviour (p 1177), and Kangaroo Mother Care, whereby low birthweight infants use their mothers—or fathers—as incubators, can create ideal conditions for infants to thrive (p 1179). A stepdown unit, which involves mothers in the regular care of stable, low birthweight infants, reduces hospital stay (p 1151).

Alongside the power of women we are reminded of the power of community. “As the power of systems grows, the power of community declines, and as control magnifies, consent fades,” say Masamine Jimba and Susumu Wakai (p 1183). “As standardisation is implemented, creativity disappears—to build a healthful society both system and community are needed.” Amen.

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