

bmj.com news roundup

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Decline in smoking accounts for 40% of fall in US male cancer mortality

Around 40% of the fall in the number of deaths from cancer among US men from 1991 to 2003 can be attributed to the decline in smoking, say researchers from the American Cancer Society.

Writing in *Tobacco Control* (2006;15:345-7), Michael Thun and Ahmedin Jemal, of the society's department of epidemiology and surveillance research, say that around 146 000 men in the United States owe their lives to anti-smoking efforts. But no such improvement has yet been seen in women, who took up smoking later than men and have been slower to give it up.

The age adjusted cancer mortality in the US population peaked in 1991. From then until 2003, the most recent year for which data are available, mortality fell by 16.1% among men and by 8.4% among women.

"A large number of deaths from lung cancer were avoided because of the decrease in the lung cancer death rate in men during this period ... [which] reflects reductions in cigarette smoking that occurred because of anti-smoking messages and other tobacco-control measures implemented since the 1950s," the authors wrote.

Janice Hopkins Tanne *New York*

Epilepsy is misdiagnosed in 90 000 people a year in England and Wales

Each year more than 90 000 people in England and Wales are wrongly given a diagnosis of epilepsy, a new study has estimated. This scale of misdiagnosis may be resulting in unnecessary costs of as much as £138m (€205m; \$257m) a year, it says.

The study, which was published ahead of print publication on 29 September in *Seizure* (www.sciencedirect.com, doi:



STILL PICTURES

One in four autopsy reports in UK is substandard, report finds

A quarter of reports on autopsies requested by UK coroners are poor or unacceptable, concludes an audit of coroners' autopsy practice. The audit report calls for national criteria and standards to improve the quality of autopsies.

The report reviewed coroners' autopsies from one week in May 2005 in England, Wales, Northern Ireland, Guernsey, Jersey, and the Isle of Man. Scotland was not included because it operates under a different legal system.

Sebastian Lucas, one of the report's authors and clinical coordinator at the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), an independent body that reviews the quality and safety of medical care, said: "We don't manage death well in this country. It is important that the aim of coronial autopsy is clarified. We want the public to agree what level of investigation is appropriate and then [we want] measures in place to reduce the huge variation in the quality of autopsies."

Susan Mayor *London*

The Coroner's Autopsy: Do we Deserve Better? is available for free at www.ncepod.org.uk or as a CD (£15) from NCEPOD, Epworth House, 25 City Road, London EC1Y 1AA.

10.1016/j.seizure.2006.08.005), says that diagnosing epilepsy is difficult and that misdiagnosis occurs in one in four cases, largely as a result of patients being seen by medical practitioners who are not specialists in epilepsy.

The study's authors recommend that "all individuals with a recent onset suspected seizure need to be seen as soon as possible by a specialist medical practitioner with training and expertise in epilepsy."

Commissioners of health care should minimise misdiagnosis by ensuring that recent national evidence based guidelines on the management of epilepsy are followed, say the authors, who also developed the 2004 guidelines on

epilepsy of the National Institute for Health and Clinical Excellence, the body that advises on use of drugs in the NHS.

Roger Dobson *Aberavenny*

US eases its restrictions on prescription drugs from Canada

The US government has eased restrictions on its citizens importing prescribed drugs from outside the country, after intensive lobbying by patients' groups demanding access to cheaper prescription drugs from Canada.

Although it is still illegal generally to import drugs from Canada or any other country into the United States, US consumers who buy small quantities of prescription drugs in person, through the internet or by mail order, for their personal use will no longer have to worry about their drugs being seized at the border.

In late September the US Congress agreed to allow US citizens visiting Canada to buy and bring back legally a 90 day supply of prescription drugs for personal use.

For years US citizens living close to the Canadian border have crossed into Canada to buy prescription drugs. Canadian prescription drugs are usually cheaper than US drugs, mainly because the Canadian government regulates drug prices.

The US Department of Homeland Security said that from 9 October 2006 it would stop the confiscation of prescription drugs mailed from Canadian internet pharmacies to US citizens.

Barbara Kermod-Scott *Calgary*

SSRI use during pregnancy is associated with fetal abnormalities

Women who take selective serotonin reuptake inhibitors (SSRIs) during early pregnancy may increase the risk of having a child with a congenital malformation, a new study reports. However, the researchers say that it is not clear whether the increased risk is due to the drugs themselves or to other factors related to the women's underlying disease.

The research, which was published online ahead of print publication in *Epidemiology* on 4 October, showed that women who took an SSRI during the second or third month of pregnancy had nearly twice the risk of having children with congenital malformations as women who took no SSRI during pregnancy (www.epidem.com, doi: 10.1097/01Le.0000239581.76793.ae).

No increased risk was found among women who used other types of antidepressants or among women who were prescribed SSRIs in late pregnancy.

“Our data indicate a moderately increased risk of congenital malformations associated with prenatal exposure to SSRIs,” write the authors, from Aarhus University Hospital in Denmark. “Further studies are needed to confirm this risk and to clarify whether the risk is attributable to the drugs themselves, to underlying psychiatric disease, or to other confounding factors.”

Roger Dobson *Abergavenny*

New gonorrhoea strains are resistant to antibiotics

The number of strains of gonorrhoea that are resistant to antibiotics has continued to increase in England and Wales, despite recommended changes to first line treatment. Gonorrhoea is the second most commonly transmitted bacterial sexual infection in the United Kingdom.

Figures released by the Health Protection Agency last week indicate considerable regional variations in levels of resistance and sharp increases in resistance among gay men and men who had sexual contact while abroad.

The report was based on results of tests on more than 1600 isolates—mostly from specimens from genitourinary medicine clinics—collected over three months in 2005 in England and Wales as part of the agency's annual surveillance programme.

More than one in five isolates (22%) were resistant to the fluoroquinolone ciprofloxacin, up from 14% in 2004. In all regions at least 10% of isolates were resistant to ciprofloxacin, but the percentage was highest in the south east of England at 42%.

Resistance to penicillin also rose, from 11% of isolates in 2004 to 18% in 2005, but ranged from zero in the east of England to 25% in London. Much smaller rises were reported for tetracycline (4%) and azithromycin (0.4%).

Caroline White *London*

GRASP, The Gonococcal Resistance to Antimicrobials Surveillance Programme: Annual Report, 2005 is available at www.hpa.org.uk.

South Africa acts to curb spread of lethal strain of TB

The South African government has invited experts from the World Health Organization to meet next week in a bid to formulate a plan to combat the rise in multidrug resistant and extensively multidrug resistant tuberculosis.

The move comes amid allegations that the government has failed to act promptly.

South Africa's Medical Research Council, its National Health Department, and WHO say that none of the drugs currently available in South Africa for first or second line treatment of tuberculosis is effective against the extensively resistant variant.

The government's response follows an emergency meeting held last month in Johannesburg that was attended by representatives from the Medical Research Council, WHO, and the US Centers for Disease Control but not health department officials.

About 500 000 South Africans have tuberculosis, most of whom are also infected with HIV. Around 6000 people have the multidrug resistant variant.

The extensively resistant variant first came to public attention when it was diagnosed in some 50 people in a rural hospital in KwaZulu-Natal.

They were all HIV positive and died rapidly. All but one had died when a paper dealing with the phenomenon was presented at this year's international AIDS conference in Toronto. Most provinces around South Africa have now reported cases of the deadly variant.

It has since become clear that the problem has been around for longer than health department officials have suggested, although as the *BMJ* went to press South African government officials had not responded to requests for a comment on the apparent delay.

Pat Sidley *Johannesburg*

Government launches campaign to cut alcohol related deaths

Government ministers are launching a high profile advertising campaign in England to try to reduce the amount of injury and death among young people caused by binge drinking.

The £4m (€6m; \$7.4m) initiative, run jointly by the Department of Health and the Home Office, will target 18 to 24 year olds who drink heavily. Department figures show that 48% of men and 39% of women in this age group drink over the limit of what is considered safe.

The public health minister, Caroline Flint, said: “In England it is estimated that 5.9 million people drink to get drunk. Males and females aged 18 to 24 are our priority in this campaign, as they are the most likely to drink irresponsibly.

“The ‘Know Your Limits’ campaign will support the actions that the government is taking to tackle the problem of alcohol related harm, and we hope it will help create a culture where drinking responsibly is the norm.”

The advertisements have also been designed to appeal to a slightly younger age group, as research indicates that illegal drinking, including binge drinking, is also increasing in this age group.

Ian Gilmore, president of the Royal College of Physicians, said: “This launch is really important. If we can start to change young people's drinking patterns, there is a chance that we may begin to turn the tide of

escalating cirrhosis deaths that we are currently seeing in people in their 30s and 40s.”

The campaign will start on television on 16 October and will then be rolled out across cinemas, radio, magazines, and online throughout November. It will illustrate what can happen when drunk youngsters fall from high scaffolding, stumble into busy roads, or get into fights.

David Poley, chief executive of the Portman Group, which lobbies on behalf of the drink industry, said: “Drinks companies have no wish to see their products misused by binge drinking young adults. We therefore warmly welcome this government campaign, which complements the educational work already carried out by the industry.”

A spokesman for Alcohol Concern said: “We think that this is a genuinely important initiative. Advertising can be effective if it is highly targeted in this way.”

He warned, however, that advertising alone would not achieve the desired reductions in alcohol consumption, and he said that the drinks industry itself may have to make more concessions.

“We think, for example, that there are irresponsible pricing strategies. There are issues about the easy availability of alcohol. We'd like to see a more grounded and broad understanding of what makes young people drink,” he said. □



How the Department of Health promotes safer drinking