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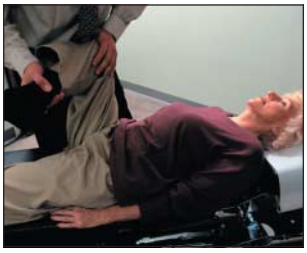
This week in the BMJ

Psychological screening of soldiers does not predict mental illness

MOD UK

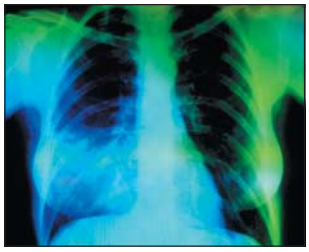
Screening for mental illness before deployment did not help to predict subsequent psychiatric morbidity in a cohort of British soldiers, say Rona and colleagues (p 991). In this longitudinal cohort study, 2820 randomly selected personnel from three services completed a screening questionnaire immediately before preparations for the Iraq war began, and again two years later. The positive likelihood ratio was higher for post-traumatic stress disorder than for other psychological assessments, but this disorder was a rare outcome, so that the positive predictive value of screening was low.

Evidence based interventions reduce knee pain in older people



A pragmatic multicentre trial in primary care shows that older people with knee pain benefit from two strategies for delivering evidence based care. Hay and colleagues (p 995) randomised 325 patients, aged over 55, with knee osteoarthritis to receive an algorithm directed enhanced pharmacy review, community physiotherapy, or an advice leaflet with follow-up telephone call (control). Compared with controls, patients in both intervention groups reported reduced pain and improved joint function and used fewer non-steroidal anti-inflammatory drugs in the short term. Physiotherapy reduced GP consultations for knee pain.

Statin use does not reduce severity of pneumonia



SPL

Statins are not associated with reduced mortality or fewer intensive care admissions in patients with community acquired pneumonia, say Majumdar and colleagues (p 999). In this prospective study of 3415 adult patients with pneumonia admitted to six hospitals over a two year period, researchers recorded patients' medication at presentation and determined the association between statin use and illness outcome. Unadjusted data suggested a 20% reduction in adverse outcomes in statin users, but after adjusting for confounders statin use was associated with a 10% poorer outcome.

Probiotics are relatively safe and beneficial

The benefits of probiotic bacteria such as *Lactobacillus* and *Bifidobacterium* seem to

MARTIN LEE/REX

outweigh any potential danger of sepsis, say Hammerman and colleagues in their review of randomised trials, Cochrane controlled trials, and case reports (p 1006). While anecdotes of *Lactobacillus* sepsis exist, retrospective reviews suggest no greater risk of systemic infection from these bacteria than from endogenous commensals. Prospective studies have reported that probiotic therapy is clinically useful and safe in immunocompromised adults and premature infants, although safety is relative not absolute.

WHO needs a major refocus

P VIROT/WHO

The World Health Organization has not lived up to its mandate and needs to be refocused, says Ruth Levine (p 1015) in her open letter to the incoming director general. The author points to an inadequate budget, lack of clear priorities, and tension between politics and science as the three mutually reinforcing problems that must be dealt with for the organisation to be effective. In the face of a growing number of narrowly focused public and private global health initiatives, WHO needs to take up the reins and lead.

bmjupdates+

Doubt remains over the equivalence of two treatments for carotid artery stenosis

Research question Does carotid artery stenting work as well as carotid endarterectomy for patients with symptomatic carotid artery stenosis?

Answer Probably, but we still don't know for certain.

Why did the authors do the study? Despite a handful of randomised trials, it's still unclear whether carotid angioplasty with stenting is a better, worse, or equivalent treatment to the more traditional carotid endarterectomy for patients with symptomatic carotid artery disease. A Cochrane review suggested there was little to choose between them, but these authors wanted to go one step further and find out if the treatments were statistically equivalent. Their hypothesis was that stenting would be as good as (or no worse than) carotid endarterectomy.

What did they do? They conducted a randomised controlled trial in 1183 patients with a recent transient ischaemic attack or moderate stroke, and severe ipsilateral carotid artery stenosis. Of these, 584 had a carotid endarterectomy, and 599 had carotid artery stenting. Both groups had a standardised regimen of antithrombotic drugs before and after the procedure, but other clinical aspects were left to the discretion of the operator, including choice of stent from an approved list. Initial follow-up lasted 30 days, and the main outcome measure was the combination of ipsilateral stroke (ischaemic or haemorrhagic) or death. The authors used intention to treat analysis to compare the two groups. They calculated that, to prove equivalence (non-inferiority), the upper confidence interval for the absolute difference in event rates between the groups would have to be less than 2.5%.

What did they find? Of those in the stent group, 6.84% (41/599) had a stroke or died within 30 days of the procedure, compared with 6.34% (37/584) of those who had a carotid endarterectomy. The absolute difference was 0.51% with a 90% confidence interval between −1.89% and 2.91% (P = 0.09). Since the upper limit was above 2.5%, the authors could not say for certain that carotid artery stenting was no worse than surgery. Statistically, however, there was no significant difference between the groups (odds ratio for stenting *v* surgery 1.09 (95% CI 0.69 to 1.72)).

What does it mean? These results mean that if you assumed that carotid artery stenting worked as well as surgery, you would be wrong 9% of the time. So you can't. Interpretation of these findings is complicated by poor recruitment, however, which meant the trial was substantially smaller and weaker than it should have been. Critics may also argue that the stenting was not done according to best practice because only a quarter of the patients had cerebral protection from plaque emboli during the procedure. Even so, the authors and a linked commentary agree that this trial does not support the widespread use of carotid artery stenting for patients with symptomatic stenosis. The difference between the treatments is likely to be small, but for a definitive answer doctors should continue randomising patients into two other ongoing trials, and await longer follow-up data from this one.

SPACE Collaborative Group. 30 day results from the SPACE trial of stent-protected angioplasty versus carotid endarterectomy in symptomatic patients: a randomised non-inferiority trial. *Lancet* 2006;368:1239-47

Editor's choice

Trust me

It's good to hear that, yet again, doctors have been voted the most trusted profession in Britain (p 986). In the annual MORI poll, commissioned by the Royal College of Physicians, 92% of the British public said they trusted doctors to tell the truth, compared with 75% for judges and members of the clergy, and around 20% for politicians and journalists. Whether the public is right to put so much trust in doctors is another question, but it seems important that we should do all we can to preserve it. As the actress Vanessa Redgrave is quoted as saying, "Integrity is so perishable in the summer months of success."

And there is no shortage of threats to our individual and collective integrity. Drug company funding for continuing professional education is one, says Adriane Fugh-Berman in this week's *BMJ* (p 1028). "As a last resort, we physicians could actually pay for our continuing education, as do lawyers, accountants, business people, and aerobics teachers, to mention a few." The media is another, says Jonathan Gornall, himself a journalist, describing the dark side of its campaign for more transparency in family courts (p 1024). Transparency has always been (and remains) the *BMJ*'s byword for creating and maintaining trust. Our open peer review process requires peer reviewers to sign their reports, which almost all are willing to do. But removing anonymity for expert witnesses in high profile child protection cases may mean doctors are no longer willing to do this work. Who then will speak for the child?

Trust is at stake in every decision doctors make, and unchecked clinical enthusiasm can threaten professional integrity. Above all, beware of optimism bias, mentioned in Editor's Choice two weeks ago in relation to flu vaccine. Two papers in the *BMJ* suggest that this "unwarranted belief in the value of interventions" has been at work with statins. It would be great, of course, if statins turned out to be another aspirin-like wonder drug, with proved benefits in an ever expanding range of conditions. Observational studies have raised this possibility in severe infections and in preventing perioperative cardiovascular events. But Majumdar and colleagues do a more complete adjustment for confounders and conclude that any benefit in cases of infection is due to the healthy user effect (p 999); and Kapoor and colleagues' systematic review (bmj.com doi: 10.1136/bmj.39006.531146.BE) finds inadequate support for routine use of statins perioperatively.

Those who are trusted can lead and inspire others, as Ian Jacobs, interviewed in this week's *BMJ*, has manifestly shown in his successful, worldwide championing of women's health (p 990). We issue a call this week for health professionals to show leadership in relation to climate change (p 983). And by the time you read this, we will know who the next leader of WHO will be. As Ruth Levine says in her open letter to the new director general, he or she has a huge task ahead to restore trust in the organisation's abilities to deliver on global health (p 1015).

Fiona Godlee *editor (fgodlee@bmj.com)*