

Come stanno cambiando le riviste di medicina?

Le riviste internazionali si contendono un lettore distratto, che non ha tempo da perdere. Le parole d'ordine diventano quindi sintesi e rapidità, mentre l'offerta è sempre più ricca e diversificata.

Cosa penseremmo di un cuoco che ci confessasse di non andare mai al mercato? Probabilmente, non torneremmo più a mangiare da lui. Revisioni sistematiche, linee-guida, sperimentazioni controllate randomizzate sono ingredienti di cui chi lavora in Sanità non dovrebbe fare a meno; per questo, non dovremmo fidarci di un medico che non legge.

A differenza delle verdure di stagione, però, i contenuti delle riviste di medicina sono ingredienti non facili da elaborare; sono spesso influenzati da interessi economici, talvolta da condizionamenti politici o di Scuola. Soprattutto, può essere difficile applicarli ai pazienti che frequentano il nostro reparto o ambulatorio.

Questa è certamente una delle ragioni principali che sta spingendo le riviste di medicina a modificare la propria fisionomia in maniera anche radicale, per riconquistare lettori perduti o per conquistarne di nuovi.

“Tra i concorrenti del BMJ, scrisse il direttore Richard Smith, c'è il cinema hollywoodiano, il Manchester United ed una passeggiata nel parco. Viviamo economizzando l'attenzione e cerchiamo di competere per catturare pochi momenti della vostra attenzione. Ci sono così tante cose da fare di meglio che leggere il BMJ. Così, molti lettori passano solo pochi minuti a sfogliarne le pagine, saltando dalla Minerva alle news e controllando i necrologi (è un antico giochino) per verificare di non essere citati...”. (Smith 2003)

Le riviste cambiano, dunque, pur non andando tutte nella stessa direzione. Alcune scelte, però, sembrano motivate da considerazioni condivise dai direttori dei principali periodici internazionali.

1. Medici, infermieri, dirigenti sanitari hanno poco tempo da dedicare all'aggiornamento: per questo gli articoli sono diventati **più brevi**. Questa maggiore sintesi fa sì che in un fascicolo potrai trovare molti **più articoli** di un tempo; quindi, i contenuti delle riviste sono più vari e sarà difficile che un lettore non riesca a trovare qualcosa di proprio interesse.

2. Come detto in precedenza, anche gli articoli di maggiore qualità e più rigorosi dal punto di vista metodologico possono nascondere delle insidie. E' dunque indispensabile mettere a confronto le opinioni degli autori con l'interpretazione della direzione della rivista (**Editoriali**) e con le lettere di commento ai lavori che giungono ormai immediatamente dopo la pubblicazione e che diversi periodici implementano sul proprio sito (accanto, la pagina delle *Rapid Responses* del *BMJ*).

Articles	Rapid Responses
<p>ANALYSIS Can deceiving patients be morally acceptable? Sokal (12 May 2007) [Full text] [PDF]</p>	<p>Dr Cross Andrew Montgomery (13 May 2007)</p> <p>Actively deceiving patients is morally wrong and should not be accepted Peter J T Baifour (13 May 2007)</p> <p>Read every Rapid Response to the article</p>
<p>FEATURE Should women be offered cholesterol lowering drugs to prevent cardiovascular disease? Yes Grundy (12 May 2007) [Full text] [PDF]</p>	<p>A sexy debate? George Loucas Tsani, et al. (13 May 2007)</p> <p>Read every Rapid Response to this article</p>
<p>OPPORTUNITIES Exploitation and apology Heath (12 May 2007) [Full text] [PDF]</p>	<p>Indian doctors have a responsibility as well Elizabeth T Augustime (13 May 2007)</p> <p>Read every Rapid Response to the article</p>
<p>NEWS Take politics out of day to day running of NHS, says RMA Kmetowicz (12 May 2007) [Full text] [PDF]</p>	<p>Enoch Powell on independent management of the NHS Richard Smith (13 May 2007)</p>

3. Chi prende in mano un fascicolo di un periodico di medicina (ma non solo) ha spesso la tentazione di metterlo da parte, per tornare a consultarlo in un secondo momento.

Per questo, le principali riviste di medicina generale offrono nelle primissime pagine una panoramica sintetica ma esauriente del proprio contenuto.

THIS WEEK in the JOURNAL

ORIGINAL ARTICLE
Quadrivalent Vaccine against HPV to Prevent High-Grade Cervical Lesions
 In this large, randomized, placebo-controlled trial, a quadrivalent vaccine (including human papillomavirus types 6, 11, 16 and 18) given at day 1, month 2, and month 6 was associated with a significant reduction in the occurrence of cervical intraepithelial neoplasia. No beneficial effect was observed on prevalent lesions. The prevention benefit for incident lesions associated with HPV-16 and HPV-18 appears to increase with time.
 SEE P. 1915; PERSPECTIVES, P. 1905 AND P. 1908; EDITORIALS, P. 1990 AND P. 1991; CME, P. 2015

ORIGINAL ARTICLE
Quadrivalent Vaccine against HPV to Prevent Anogenital Diseases
 Human papillomaviruses are an important cause of genital warts and cervical cancer. In this large, randomized, placebo-controlled trial, a quadrivalent HPV vaccine given at day 1, month 2, and month 6 was found to significantly reduce the occurrence of cervical intraepithelial neoplasia and vulvar or vaginal perianal lesions. No beneficial effect was observed on prevalent lesions. The benefit for prevention of incident lesions associated with HPV-16 and HPV-18 appears to increase with time.
 SEE P. 1928; PERSPECTIVES, P. 1905 AND P. 1908; EDITORIALS, P. 1990 AND P. 1991

ORIGINAL ARTICLE
Case-Control Study of HPV and Oropharyngeal Cancer
 This study offers persuasive evidence of a strong association between exposure to oral infection with the human papillomavirus and oropharyngeal cancer. The data indicate that sexual behaviors can spread the virus to the oral cavity. The use of tobacco, alcohol, or both did not strengthen the association between exposure to HPV and oropharyngeal cancer. Among patients who had no evidence of exposure to HPV, however, tobacco and alcohol use were strongly associated with oropharyngeal cancer.
 SEE P. 1944; EDITORIAL, P. 1993

SOCIAL ARTICLE
End-of-Life Practices in the Netherlands under the Euthanasia Act
 In 1993, the Netherlands established a reporting procedure for euthanasia and physician-assisted suicide, and most physicians who followed the guidelines were not prosecuted. Euthanasia and physician-assisted suicide were not officially legalized until a law was passed in 2002. According to surveys of physicians conducted from 1990 through 2005, euthanasia and physician-assisted suicide have remained uncommon, and the rates declined modestly after the practices were legalized.
 SEE P. 1957; PERSPECTIVE, P. 1911

MECHANISMS OF DISEASE
Sodium and Potassium in the Pathogenesis of Hypertension
 This review examines epidemiologic, physiological, and molecular evidence that the interplay between sodium and potassium is central to the development of hypertension. The review concludes with recommendations for reducing sodium and increasing potassium in the diet.
 SEE P. 1965; CME, P. 2014

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL
A 59-Year-Old Man with Fever and Pain and Swelling of Both Eyes and the Right Ear
 A previously healthy 59-year-old man was admitted to this hospital with fever, weight loss, and painful swelling of both eyes and the right ear. Six weeks earlier, headache and fever had developed, followed by pain in the neck, pain and swelling of the eyes, and pain in the right ear; symptoms did not respond to antibiotic therapy. Laboratory studies on admission disclosed an elevated erythrocyte sedimentation rate and anemia. A diagnostic procedure was performed.
 SEE P. 1980; CME, P. 2013

CLINICAL IMPLICATIONS OF BASIC RESEARCH
Cancer, p53, and Senescence
 Experiments in mouse models of lymphoma, sarcoma, and hepatocellular carcinoma indicate that targeting p53 may be a sensible therapeutic strategy and that cellular senescence contributes to tumor regression.
 SEE P. 1995

THIS WEEK IN JAMA
 MAY 9, 2007

Medical News & Perspectives
 Scientists and others recently gathered to discuss practical strategies and research innovations to help ensure that patients get needed pain relief, while also preventing abuse of opioid pain medications.
 SEE PAGE 1965

Predicting Pandemic Influenza
 Greater understanding of the biology and ecology underlying host-switching events will improve prediction of pandemic influenza.
 SEE PAGE 2025

Author in the Room Teleconference
 Join Jan L. Brandes, MD, Wednesday, May 16, 2007, from 2 to 3 PM eastern time to discuss sumatriptan-naproxen for acute treatment of migraine. To register, go to <http://www.ihri.org/AuthorintheRoom>.

Audio Commentary
 Dr. DeAngelis summarizes and comments on this week's issue.
www.jama.com

JAMA Patient Page
 For your patients: information about lymphoma.
 SEE PAGE 2044

PCI for Silent Ischemia
 Silent ischemia is associated with a worse prognosis in patients after myocardial infarction. Whether percutaneous coronary intervention (PCI) improves the long-term prognosis for these patients is not known. In the Swiss Interventional Study on Silent Ischemia Type II (SWISSII), patients with a recent myocardial infarction, silent ischemia, and 1- or 2-vessel coronary artery disease were randomly assigned to receive either PCI or intensive treatment with anti-ischemia medications, in addition to 100 mg/d of aspirin and statin therapy. Erne and colleagues report that during a mean follow-up of 10.2 years, patients who received PCI had a significantly reduced risk of major cardiac events compared with patients who received intensive anti-ischemia medical therapy.
 SEE PAGE 1985

Outcomes After Off-Label Use of Drug-Eluting Stents
 Clinical use of drug-eluting stents in percutaneous coronary interventions has expanded beyond the original US Food and Drug Administration approved indications. Data relating to the safety and efficacy of drug-eluting stents for off-label or untested uses are reported by 2 groups of investigators in this issue of JAMA. In the first article, Bechar and colleagues report that patients with off-label or untested use vs on-label indications for drug-eluting stent placement had comparable in-hospital and 1-year risks of a composite outcome of death, myocardial infarction, or stent thrombosis, but this risk was significantly higher at the 30-day follow-up point among patients with an off-label use. At 1 year, patients with off-label or untested use vs on-label had a higher likelihood of target vessel revascularization. In the second article, Winn and colleagues report that patients who had drug-eluting stent placement for an off-label indication had higher rates of the composite outcome of death, myocardial infarction, or target vessel revascularization during the index hospitalization and at 1 year compared with patients receiving a stent for an on-label indication. In an editorial, Harrington and Chinman discuss potential explanations for the different event rates in the 2 studies and the importance of systematic data collection to improve device safety surveillance.
 SEE PAGES 1992 AND 2001 AND EDITORIAL ON PAGE 2028

Hepatitis C Virus Infection and Cancer Risk
 Hepatitis C virus (HCV) infection causes liver cancer, and some data suggest HCV infection is associated with an increased risk of other tumors. In a retrospective cohort study of US veterans infected with HCV and uninfected veteran controls, Gordan and colleagues tested the hypothesis that HCV infection is associated with an increased risk for hematological malignancies, related lymphoproliferative disorders, and thyroid cancer. The authors found that HCV infection was associated with a 20% to 30% increased risk of non-Hodgkin lymphoma overall, a 3-fold higher risk of Waldenström macroglobulinemia, and an increased risk of cryoglobulinemia, but not a higher risk of thyroid cancer.
 SEE PAGE 2010

CLINICIAN'S CORNER
Aspirin Dose to Prevent CVD
 Clinical Review
 Aspirin in a dose greater than 75 to 81 mg/d is not associated with enhanced cardiovascular disease (CVD) prevention but is associated with an increased risk of gastrointestinal bleeding.
 SEE PAGE 2018

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BMJ Today

Comment
PHS: the Blair years
 Philip Tobias - 10 May 2007
 Having led the House of Commons and later the public, yet still and the public are all unhappy with the NHS. As Tony Blair prepares to step down, Philip Tobias writes why his legacy has gone horribly wrong.
 Patient | [View Comment](#)

Research
Post-traumatic stress disorder in the context of terrorism and other civil conflict in Northern Ireland
 Michael Duffy and colleagues - 11 May 2007
 Three months after immediate cognitive therapy people with chronic post-traumatic stress disorder had significantly fewer symptoms, less depression, and fewer social and occupational problems than waiting list controls.
 Abstract | [Online First PDF](#)

Research
Alarm symptoms in early diagnosis of cancer in primary care
 Roger Jones and colleagues - 10 May 2007
 Likelihood ratios for a diagnosis of cancer after haematuria, haematoxytic dysphagia, and rectal bleeding was high in the first six months after onset of symptoms and fell towards unity at around three years.
 Abstract | [Online First PDF](#)

Comment
Should women be offered cholesterol lowering drugs to prevent cardiovascular disease?

This week's good issues

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- BMJ Medicines for 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 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Presentare i propri contenuti nel modo migliore è certamente una strada per incentivare la consultazione e la lettura degli articoli. Può non essere abbastanza, però, per aumentare il numero degli abbonati. Il numero delle riviste, infatti, cresce costantemente e avere una panoramica generale su cosa c'è di nuovo può essere molto utile. Per questo, sulle pagine di più di una rivista troviamo delle rubriche che commentano anche gli **articoli pubblicati su altre testate**. Non sempre si tratta di periodici concorrenti; nel caso del *JAMA*, per esempio, sia sulla rivista cartacea, sia sul sito, ci viene data una panoramica del contenuto sia degli *Archives of Internal Medicine*, sia degli altri *Archives* specialistici.

Digest

Robin Spiller and Emad El-Omar, Editor and Deputy Editor

PREVALENCE OF EOSINOPHAGEAL OESOPHAGITIS AND EOSINOPHILIC OESOPHAGITIS IN ADULTS: THE POPULATION-BASED KALIXANDA STUDY

Eosinophilic oesophagitis is an important condition, but its prevalence in the general population remains unknown. Rankinen *et al* determined the prevalence of eosinophilic oesophagitis and its association with upper gastrointestinal symptoms and gastro-oesophageal reflux disease in an adult Swedish population (the Kalixanda study). A random sample of 2860 adults was surveyed using the validated Abdominal Symptom Questionnaire. An upper gastrointestinal endoscopy was performed in a representative sample of 1000 of the respondents to the questionnaire. Eosinophils were present in 48 subjects (4.8%, 95% CI 3.5 to 6.1), just over half of whom had no troublesome reflux symptoms. Definite eosinophilic oesophagitis was present in four subjects (0.4%, 95% CI 0.0 to 0.8) (see fig.). Eosinophilic oesophagitis (odds ratio (OR) = 2.9) and absence of dyspepsia (OR = 0.23) and *Helicobacter pylori* infection (OR = 0.41) were independent predictors for the presence of eosinophils in the oesophagus. This study provides the first robust, current, community prevalence estimates, which appear higher than previously appreciated. See p 615

Number of subjects in the Kalixanda study population with eosinophils present in the oesophagus, with low eosinophil count/high power field (HPF) (ie, ≤ 4) and possible, probable or definite eosinophilic oesophagitis (EO).

GASTRITIS STAGING IN CLINICAL PRACTICE: THE OLGA STAGING SYSTEM

Existing gastritis classification systems lack simplicity and prognostic information. An international group, the Operative Link on Gastritis Assessment (OLGA) proposed the OLGA staging system for reporting gastric histology. This staging system integrates the atrophy score and the atrophy topography (see fig.). Ruggie *et al* tested in a prospective, cross-sectional study whether OLGA staging consistently stratified patients according to their cancer risk and provided clear prognostic/therapeutic information. OLGA staging for gastric cancer risk (0-IV) and gastritis grading (overall score of the inflammatory infiltrate, grade I-IV) were applied to 439 prospectively-recruited, consecutive patients with dyspepsia who underwent endoscopy with standardized biopsy sampling. All significant lesions were recorded. Results were presented as stage including antral (A) and corpus (C) atrophy scores, and *Helicobacter pylori* status (eg, A=3, C=2, stage IV). However, benign conditions (including duodenal ulcers, peptic ulcer) consistently clustered in stages 0-III, whereas all neoplastic (invasive and non-invasive) lesions clustered in stages III-IV ($p < 0.0001$). The OLGA staging system combined with *H. pylori* status provides useful prognostic data that could aid the treatment and management of patients. See p 631

The OLGA gastritis staging system.

NEONATAL FAECAL ESCHERISCHIA COLI AND CLOSTRIDIUM DIFFICILE ASSOCIATED WITH DEVELOPMENT OF ECZEMA

The bacterial flora in neonates is believed to play an important role in the development of the immune system. This study is part of a large prospective birth cohort study in the Netherlands examining the causes of atopy. Stool samples were analysed for bacterial DNA to assess total bacterial numbers and numbers of *Bifidobacteria* spp, *Bacteroides fragilis*, *Escherichia coli*, *Clostridium difficile* and *Lactobacillus* spp. At 1 month old most infants had detectable *Bifidobacteria*, *E. coli* and *B. fragilis* but only one third had *Lactobacillus* spp and one quarter had *C. difficile*. By 2 years old, 30% had experienced eczema (defined as an itchy rash, excluding nappy rash or rash around the eyes/nose). There was an increased risk of eczema in those with *C. difficile* and *E. coli*, which showed a dose-response (see fig.). The cause of the link is uncertain, but could reflect bacterial induced alterations in gut permeability leading to a breach of immune tolerance. See p 661

Odds ratio for developing eczema for low (1.8×10^8 log cfu), middle (8.8×10^7 log cfu) and high numbers of *E. coli* (>9.75 log cfu) and *C. difficile* (log cfu).

www.gutjnl.com

Quality Lines

David P Stevens, Editor

PREVENTABLE ADVERSE EVENTS LEADING TO HOSPITAL ADMISSION

Errors and related harm in ambulatory care offer opportunities for safer patient care. A review of 14 700 hospital discharge records from two US states found 70 ambulatory care adverse events, of which 31 were preventable. Preventable events occurred most commonly in physicians' offices and the emergency department. Such events were less common in day surgery, but these caused the greatest patient harm. Overall, 10% of preventable adverse events resulted in serious permanent injury or death. When these findings are weighted for the general population, there are an estimated 75 000 hospitalizations per year attributable to preventable adverse events that occur in outpatient settings in the US, resulting in 4839 serious permanent injuries and 2587 deaths. See p 127

USING TRIGGER PHRASES TO DETECT ADVERSE DRUG REACTIONS IN AMBULATORY CARE NOTES

Adverse drug reactions (ADRs) are an important patient safety issue and they are increasingly, and systematically, evaluated in hospitalised patients. Detection of ADRs in the ambulatory setting, however, is frequently a random and manual process. This report describes a monitoring system to better detect ADRs through the analysis of electronic ambulatory care notes, taken from 2 years' worth of visits to an urban primary care medicine clinic. Using "trigger phrases" related to the discontinuation of or non-compliance with prescription medications, ADRs were detected in a sample set of 1250 notes with a sensitivity of 31%, a positive predictive value of 45% and a specificity of 98%. Refinement of this detection algorithm should provide a vigilant system to detect ADRs in a large, integrated healthcare delivery network. See p 132

www.qshc.com

QUANTIFYING DISTRACTION AND INTERRUPTION IN UROLOGICAL SURGERY

Distraction occurs in all lines of work; however, one would expect little interference to work in the operating theatre. When investigators studied distractions or interruptions to members of surgical teams, an average of one event occurred every 2 minutes. These distractions included equipment problems, communication, and visits from external staff. These observations argue that there is good reason to distinguish high and low levels of work interference in healthcare, to identify its source and to show its effects on performance. Both observational and self-reporting measures will be useful for improving the design of work and for enhancing patient safety. See p 135

BARRIERS IN HOSPITALS TO OPTIMAL ANTIBIOTIC USE FOR COMMUNITY-ACQUIRED PNEUMONIA

Improvement of clinical systems to achieve timely administration of optimal antibiotics for community-acquired pneumonia continues to encounter barriers. To explore these barriers, semi-structured interviews were conducted with care providers in three Dutch hospitals, exploring recommendations about the prescription of antibiotic treatment in accordance with national guidelines, timely administration of antibiotics, switching and de-escalating treatment, and blood and sputum culturing. Each recommendation elicited a different type of barrier. They included organisational factors, for example delayed laboratory results, antibiotics not directly available and lack of time; concerns about patient outcome when prescribing narrow-spectrum antibiotic treatment; conflicting guidelines; and physicians' attitude of "never change a winning team". These findings confirm the value of targeting each guideline with a strategy tailored to its specific barriers. See p 143



Luisa, Wolfgang e Maria lavorano nel reparto di Medicina Interna di un ospedale dell'Alto-Adige. Si sono divisi i compiti: nel corso di ogni settimana, ognuno stampa dal web due delle pagine "In this issue" delle sei principali riviste di medicina generale e le appendono in una bacheca vicina alla macchina del caffè. Spesso, gli articoli segnalati diventano oggetto di discussione nei momenti di pausa durante il lavoro. Gli operatori interessati scaricano i full-text degli articoli dalla **Biblioteca Medica Virtuale**, un servizio fornito dall'Assessorato alla Sanità di Bolzano al personale sanitario.

Alcune riviste hanno studiato soluzioni ancora più accattivanti per presentare i nuovi fascicoli. In alto, *GUT*, prestigiosa rivista inglese di malattie digestive; in basso, *Quality & Safety in Health Care*, rivista del gruppo del *BMJ*.

Il *BMJ* è ancora più generoso: da qualche tempo, le rubriche di "osservatorio" sono due. Alla tradizionale *Minerva*, si è aggiunta *Short Cuts*, dedicata alle altre riviste internazionali di medicina generale; non solo: *Short Cuts Extra* propone gli articoli più intriganti usciti sulle altre riviste del BMJ Publishing Group.

Periodici prestigiosi come *Nature Medicine* segnalano sì lavori apparsi su altre riviste, scegliendo però di inquadrarli in un contesto più ampio, che non trascura di rimandare a bibliografie ragionate anche non estremamente recenti. La rubrica in cui sono inserite queste segnalazioni è *News and Views*.

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MINERVA

Three women who were desperate to preserve their reproductive capacity—but knew that they were at risk of bleeding and needing a hysterectomy when giving birth—took the unusual step of giving birth in a delivery suite or in an operating theatre but in an interventional radiology suite. All three had caesarean sections after placement of a balloon embolotherapy in the uterine artery, which successfully minimised blood loss in delivery. (*Anaesthesia and Analgesia* 2007;104:1193-4).



During operations such as laparoscopic appendectomy and laparoscopic cholecystectomy it can be difficult to place the specimen into the retrieval bag. Often this is because the bag tends to remain

Chronic stress, such as in employment, is linked to persistent impairment of natural killer cells, resulting in a reduced immune function. But it is not clear how this happens. (*Journal of Internal Medicine* 2007;261:481-9).

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SHORT CUTS

WHAT'S NEW IN THE OTHER GENERAL JOURNALS
Alison Tonks, associate editor, *BMJ* atn@bmj.com

Infliximab doesn't work in giant cell arteritis or polymyalgia rheumatica

Giant cell arteritis and polymyalgia rheumatica are related inflammatory diseases. Corticosteroids are the only effective treatments for both. Searching for something less toxic, researchers were drawn to infliximab, a monoclonal antibody against tumour necrosis factor. But it failed to help patients with either disease in two separate trials. The trials compared groups of patients given steroids alone or steroids plus infliximab. Patients in both trials had high rates of recurrence or relapse, whatever treatment they received.

Although the trials were small (n=51 and n=44), and the confidence intervals of both sets of results relatively wide, infliximab now looks an unlikely treatment for giant cell arteritis or polymyalgia rheumatica, says an editorial (pp 674-6). The evidence linking tumour necrosis factor to either disease is weak, and the researchers may have picked the wrong target. Others should concentrate on refining existing steroid treatment and continue to explore the role of other cytokines such as interleukin 6.

Ann Intern Med 2007;146:621-30, 631-9, 674-6

Many drugs implicated in agranulocytosis

Chemotherapy is the most common cause of drug induced agranulocytosis, but other drugs have been linked to the life threatening complication. A systematic review found

180 reported cases of agranulocytosis associated with non-chemotherapy drugs since 1966. Using criteria developed by the World Health Organization, the review authors judged that 49% of them were definite (56) or probable (436) drug reactions. Most of the rest were "possible".

Patients developed agranulocytosis 19-90 days after starting treatment with one of 125 different drugs. Carbamazepine, clozapine, dapoxetine, dipyrom, melbinazole, penicillin G, procainamide, propylthiouracil, rituximab, sulfasalazine, or ticlopidine were implicated in more than half the definite or probable reactions. The manufacturers already recommended monitoring all or selected patients taking these drugs.

Of the cases reported since 1995, 65% of patients received haematopoietic growth factors such as granulocyte colony stimulating factor, and treatment with these agents was associated with a significantly shorter duration of neutropenia (8.9 days, P=0.015). Recent case fatality rates are 5-9%—significantly lower than in those recorded for patients diagnosed before 1981.

Ann Intern Med 2007;146:657-65

Treatment trends are going the right way in acute coronary syndrome

Researchers tracking trends in the treatment of acute coronary syndrome report substantial improvements since 1999, with matching gains in survival for some patients. Between 1999 and 2005, prescription of most recommended drug treatments, including β block-

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SHORT CUTS EXTRA

WHAT'S NEW IN *BMJ* JOURNALS
Harvey Maczewitch, *BMJ* syndication editor, hmaczewitch@btinternet.com

Carpal tunnel syndrome rarely predicts underlying disease

When researchers screened for raised blood glucose, thyroid stimulating hormone, and erythrocyte sedimentation rate in 386 of 516 consecutive patients retrospectively identified to have carpal tunnel syndrome, they found that only four patients had positive results; 130 patients had been excluded from the screening because of a previous diagnosis of diabetes mellitus, hypothyroidism, or connective tissue disorder.

Two patients were found to have diabetes mellitus (a positive predictive value for screening of 0.5%; 95% confidence interval 0.1% to 1.7%); two were hypothyroid (0.4%; 0.1% to 1.5%), and none had connective tissue disorder. Despite these largely negative findings, the authors say that some might consider that the £14.68 (£1000/\$2000) cost per diagnosis of hypothyroidism (and fourfold lower cost for diabetes mellitus) a worthwhile expenditure.

J Neurol Neurosurg Psychiatry 2006;doi:10.1136/nnp.2006.102145

Chondroitin sulphate may help knee osteoarthritis a little

A randomised controlled trial of 1000 mg/day of chondroitin sulphate versus placebo for six months showed a minor advantage of the drug in relieving pain. This result, however, was regarded by the investigators as of questionable clinical import, with no significant difference in function over placebo. Both groups (just over 150 patients in each) with symptomatic knee osteoarthritis were permitted to take rescue medication, and no difference was seen in their use of analgesics or non-steroidal anti-inflammatory drugs. Similarly, no difference was found in relevant biochemical markers of joint metabolism, but chondroitin was rated "highly more effective" than placebo with regard to quality of life and as an overall assessment by the investigators.

Ann Rheum Dis 2007;doi:10.1136/ard.2006.059899

Road traffic noise linked to hypertension

A linear exposure-response relation was found between road traffic noise and self reported diagnosis of hypertension in 6871000 residents of Stockholm, Sweden, who responded to a questionnaire.

About half the subjects lived within 100 metres of a highway or other main road, and the rest acted as controls. Noise exposures were measured, modelled, or assessed by a noise specialist. The odds ratio for reported hypertension in those exposed was 1.28 (95% confidence interval 1.05 to 1.60) with a linear exposure-response relation. Stronger associations were found in those who had lived in

their house for >10 years, whose house was built before 1976, and whose bedroom windows faced the street or had no triple glazing. *Circulation* 2007;doi:10.1161/CIRCULATIONAHA.106.263226

Better interaction on prescribing needed between GPs and hospitals

Medical staff at a Copenhagen university hospital are apparently unaware of a fifth of medications used by newly admitted patients and fail to inform general practitioners about nearly 60% of medications being taken at discharge.

Two hundred patients were interviewed at home soon after hospital discharge they were storing 1180 prescription-only medicines and using 305. Only 144 medicines were mentioned in the discharge letters to the general practitioners, while a further 305 were documented in hospital notes but not recorded in the discharge letters, despite 47 of the medications being newly prescribed. For 16 patients who were taking at least one prescription-only medicine, the discharge letter contained no record of any medication.

"In patients who were not taking

a drug newly prescribed while they were in hospital, and I had resumed taking a medication that had seemingly been discontinued during their hospital stay, with most of these patients at risk of harmful effects. Forty prescription-only medicines were being used at a different dose or frequency than that documented on discharge.

The authors conclude that the hospital had not succeeded in producing an updated medication list nor did it successfully communicate the administration of prescription-only medicines to patients' general practitioners. The study was especially apparent with surgical patients, 55 of 83 having no medicines mentioned in the discharge letter.

Qual Saf Health Care 2007;16:94-9

"Superhero" boys live to tell the tale—just

One UK hospital reported that five boys sustained serious injury while dressed as Spiderman or Superman. At least three of them had tried to fly without a planned landing strategy. Four of the boys sustained fractures and one a minor head injury. Guidance for parents of putative superheroes is available from the American National Association for the Education of Young Children at www.naeyc.org/issue/1997/16.asp.

Arch Dis Child 2007;doi:10.1136/adc.2006.092423

INR easily monitored at home

A portable coagulometer (CoaguChek XS, Roche Diagnostic Australia), which measures blood international normalised ratio (INR) on a fingerprick sample proved accurate and easy to use. Tasmanian patients received two training sessions and then had near synchronous tests performed with the device and by a standard laboratory method. Planned results were highly correlated (r = 0.91) and only three (5%) of the home tests differed from laboratory results by >20% or were discrepant by >0.5 INR units. Further tests are needed to evaluate its accuracy outside standard INR target ranges.

J Clin Pharm Ther 2006;doi:10.1111/j.1365-2702.2006.01631.x

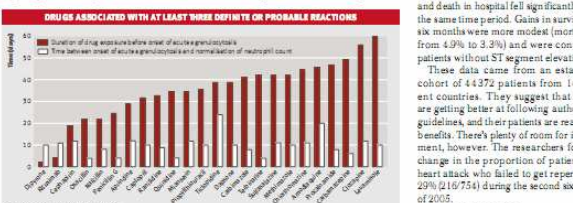
A QUESTO PUNTO COSA SAPPIAMO?

- Le riviste di medicina stanno cambiando: articoli più numerosi e più brevi
- Cresce l'attenzione per le esigenze di lettori sempre più distratti e meno disponibili all'approfondimento

... E LA PROSSIMA SETTIMANA?

- Come le riviste attraggono l'attenzione dei lettori
- L'importanza del parlare per immagini

DRUGS ASSOCIATED WITH AT LEAST THREE DEFINITE OR PROBABLE REACTIONS



Duration of drug-associated events before onset of agranulocytosis
Time between onset of agranulocytosis and a normalisation of neutrophil count

Source: *BMJ* 2007;135:1192-1193

Tra le principali riviste, fanno eccezione il *New England* e il *Lancet*, che preferiscono dedicare spazio a flash su problematiche di carattere politico-sanitario.

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