

where people are to remain sitting for a prolonged period of time (perhaps in excess of 4 hours), they should receive similar advice to those given to airline passengers, particularly when there are several risk factors present.

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Consent

Full consent for the use of all material in this letter was gained from the patient prior to publication.

A seemingly ineffective study on menopausal memory problems

Memory problems around the menopause are an interesting area for study.¹ However, it is hard to see where the paper in the June issue of *BJGP* fits in, and what it has to offer. There is very little data on the women invited to take part: all we are told is that 400 women were randomly selected from the general practice patient list — what is this, a primary care trust-held list? There is no detail as to the number of women in the age bands, apart from that they were women aged 25-64 years. The response rate is extremely disappointing and really it is very hard to see how a study with a reported response rate of 50.5% can give any information on the condition under study. In fact, this is actually compounded by the fact that of the 202 women who did respond, 30 failed to meet the inclusion criteria. So, really, the

overall response rate from the 400 women invited was only 43% (although presumably there would be other women in the random group who also did not meet the inclusion criteria).

We do not pretend to have any great understanding of the statistics involved, but looking at the low response rate and the small numbers in each group, it is hard to see how any statistical significance can be achieved. There is also no explanation of why 400 women were invited. Was there a power calculation on which this number was based? Common-sense suggests that no conclusions of any sort could be drawn from this study; although obviously disappointing for the authors, this might also demonstrate the difficulty of undertaking a study such as this.

Of course, it is tempting to conclude that the women with the real memory problems simply forgot to return the questionnaire!

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Simple and effective treatment for head lice

Head lice infestation is a very common community-wide problem, affecting millions of young people in industrialised countries. In the UK, 58% of 7-8 year-olds were found to be infested.¹ Transmission occurs from person to person between infested individuals and indirectly through hats, clothes, or pillowcases.² Persistent infection leads to a variety of problems including secondary impetigo, pruritis, sleep disturbance and difficulty in concentration at school.

Pediculicides are the mainstay of head lice management. Most agents currently used rely on neurotoxicity. Permethrin is a synthetic pyrethroid, which interferes with sodium transport of the arthropod with subsequent

depolarisation of neuromembranes and resultant respiratory paralysis. Pyrethrin has the same mode of action as permethrin. Malathion is a weak, organophosphate cholinesterase inhibitor; lindane is an organochloride — both of these two treatments cause respiratory paralysis in arthropods.

All these agents are rather unpleasant to apply, especially for children, and all can cause unpleasant side effects, such as allergic and irritant dermatitis. Lindane also has the potential to cause seizures, and malathion, respiratory depression.

In addition, head lice are becoming increasingly resistant to standard treatments, and resistant head lice infestations are probably more common than generally realised.³ There is a need for a safe cosmetically acceptable agent that will effectively occlude respiratory openings of lice so that it kills lice without relying on neurotoxicity.

We recently treated eight patients from two families with head lice infestation that was persistent despite multiple separate treatments with malathion, permethrin, and additional fine combing. All eight people applied Dove® conditioner thickly from the root to the tip of the hair using approximately 100ml per treatment. The conditioner was left in place for at least 2 hours and then washed off. The treatment was repeated at one week to kill any newly hatched lice. All eight patients were cured by this very simple, safe and cheap method, with complete cessation of scratching and no evidence of lice on examination of their heads.

Although this is a small group of patients, we thought that it was useful to highlight this simple remedy for such a common problem that has become increasingly difficult to treat.

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