

Flora medica

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From the journals, January–February 2006

New Eng J Med Vol 354

119 This paper is worth finding and keeping handy — it tells you which exotic disease your patient is likely to bring back from which exotic destination.

229 Some pretty exotic substances are used to treat cystic fibrosis these days (see the excellent editorial on page 291), but the latest is the most abundant on the Earth's surface — hypertonic saline. Inhaled regularly, it helps to clear secretions and reduce infective episodes — possibly because it makes patients cough a lot.

296 You don't have to kill bacteria to get rid of them — you can just disarm their invasive mechanisms. This may be the best way to eliminate *Vibrio cholerae*.

333 Smoking more than 30 cigarettes a day carries a high risk of lung cancer whatever your ethnic origin. Below that, the risk may be higher in African–Caribbean patients in the UK, as it is in African–Americans in this US study.

462 This study managed to find hundreds of US babies with infant botulism and treated them with anti-botulinum globulin. The botulism isn't the work of Al Qa'ida but due to *Clostridium* in the infant bowel.

Lancet Vol 367

122 Cervical cytology has used the same crude sampling technique for decades — wouldn't it be better to change to liquid-based cytology? Not according to this systematic review.

303 When the influenza pandemic arrives, forget about being able to cure everybody with antivirals. This systematic review rubbishes amantadine and rimantadine, and finds that the neuraminidase inhibitors are useless for prevention and not much better for treatment.

314 A wonderful decline in sudden infant death syndrome followed the simple observation that it happened more to babies sleeping face down. The strong remaining message is that nobody should ever sleep with a baby on a sofa.

320 If you don't want to become a vegetable, eat more of them. This meta-analysis shows that fruit and veg prevent stroke in a dose-related manner.

397 A paper that should change your practice and save lives. If a child has a high fever, leg pains, and cold peripheries, bear in mind that these can herald meningococcal disease, and act accordingly.

JAMA Vol 295

172 David Sackett first showed us how to use diagnostic tests in a Bayesian way, and this is well illustrated by the use of D-dimer

for pulmonary embolism and deep vein thrombosis (see page 199). It's not that D-dimer itself is definitive: it's the way you use it — a triumph of Sackett over serum.

285 Rationing of hernia referrals has already arrived, but is it evidence-based? Sort of: inguinal hernias rarely incarcerate, but often get bigger and uncomfortable, at which point get them mended.

306 A systematic review showing that low-dose aspirin does work for primary prevention of stroke in women and heart attacks in men; odd that it failed in the British Doctors' study of the 1980s.

499 Pregnancy does not protect against depression: women who give up their antidepressants when they get pregnant usually relapse.

536 How to diagnose peripheral arterial disease rationally: get a hand-held Doppler.

Arch Intern Med Vol 166

38 The study that finally confirms that PSA stands for Perfectly Stupid Attributes in screening for prostate cancer: even digital rectal examination is of unproven value.

101 Consider asking your patients, 'Are you at peace?' when they are dying, and be prepared to find them spiritual support if they need it.

201 Erectile dysfunction is common in men referred for coronary disease investigations, and increases the risk of a positive result; in primary care (page 213), it may precede vascular disease, but we lack, er, hard evidence.

Ann Intern Med Vol 144

73 In late middle age, stop thinking about exercise and do some: it may prevent dementia.

172 Kidney buffs tell us we should calculate the Glomerular Filtration Rate rather than glance at the creatinine, and they get support from this study, which shows that it correlates with outcomes in high-risk hypertensives.

Guest Journal: *Queueing Systems*

As your PCT seeks ever-more creative ways of managing demand without lengthening waiting times, perusal of this journal becomes increasingly essential. Of particular interest is Argon and Androttir's 'Partial Pooling in Tandem Lines with Cooperation and Blocking' (**52**: 5–30).

Plant of the Month: *Skimmia* 'Kew Green'

Thriving on any kind of soil (and neglect), this small evergreen shrub forms a handsome mound with wonderfully fragrant yellow-green flower-heads.

understandably irresistible to the pharmaceutical companies. Who can argue with the phrase 'statins are usually indicated as part of the treatment of diabetes'?

I can. It is unfortunate in the extreme that the results of the research based on analyses done in developed countries are extrapolated to areas such as here, the North West Frontier Province of Pakistan. For the best possible motives doctors are prescribing such drugs and the patients are buying them at the expense of basic living requirements, usually for very short periods of time. This cannot be right. The recently published International Diabetes Federation guideline for diabetes makes a valiant attempt at remedying this, including, for the first time, a 'minimal care' guidance option for such situations, but still misses the point in that it is too narrowly focused on the illness itself.

What is required is evidence on which to base what I intuitively know to be true — that a recommendation to buy a statin (or indeed a dose of many other preventative drugs) is, ultimately, harmful to the majority of those living in these areas. A spreadsheet that would include variables such as: patient income; cost of a loaf of bread (or equivalent in the local staple diet); ethnic origin (if it affects complications of the disease); cost of a month's supply of drug; and likely beneficial effect over a period of, say, a year, would be immensely useful, being flexible enough to deal with those few who can indeed afford such drugs. A primary care institution could design protocols around the results — and I would be happy to start with diabetes here. But I am not a computer programmer and I know that my return to the UK in a week will bring the normal tyranny of the urgent over the important. Can anybody help?

Jim Newmark, Qalandarabad