LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Shared care of patients with a neuropathic bladder

Sir,

Even though the prognosis of traumatic cord injury continues to improve, the prevalence of the condition is rare and any one general practitioner is only ever likely to care for one or two such patients during his or her career. However, the management of the urinary tract after traumatic cord injury has many features in common with that of other neurological or disabling diseases. There is no single correct way of managing the bladder in these patients. The bladder management on discharge from hospital may be found subsequently to be inappropriate. The general practitioner should be aware of the principles of management of the neuropathic bladder and the reasons for change in management.

Between January 1989 and December 1990, 141 adult patients were discharged from the National Spinal Injuries Centre at Stoke Mandeville Hospital after their first admission following spinal injury. Twenty were excluded from the study (13 were lost to follow up, two died and five had no neurological deficit). The remaining 121 patients were reviewed 14 to 37 months (mean 27 months) after discharge.

Their bladder management on discharge from hospital fell into five categories. The 40 patients with neither appliance nor catheter had incomplete cord injuries with some preservation of motor or sensory function below the lesion. None of this group changed their management during the follow-up period. The other four categories of management were: penile sheath (39 patients), indwelling suprapubic catheter (28), indwelling urethral catheter (four) and intermittent catheterization (10) (usually by the patient).

Of the 121 patients reviewed, 16 changed their bladder management. Five using penile sheath drainage and one with a suprapubic catheter regained continence and dispensed with catheters and appliances altogether. Two using penile sheath drainage, two with indwelling urethral catheters and one using intermittent catheters changed to suprapubic drainage for reasons of retention, incontinence or recurrent infections. Five other patients with suprapubic catheters changed to penile sheath drainage (three) or indwelling urethral catheters (two) because of problems with blockage or leaking around catheters.

The message for the general practitioner is that whatever method of bladder management is prescribed it may need to be altered for a variety of reasons which includes improvement in bladder function. Self intermittent catheterization is popular with many patients provided they have wheelchair access to a toilet or place of privacy.

Bladder management for people with motor and sensory disability lends itself to shared care between hospital and general practitioner and close cooperation between the two parties is essential.

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Food intolerance and baby food

Sir,

A recent paper has estimated that 1.4% of the adult population in the United Kingdom have clinically significant symptoms related to food intolerance.[1] Food intolerance is more common in young children and the early introduction of certain proteins can lead to the onset of allergy in susceptible individuals.[2]

For this reason the Health Education Authority information leaflet published for parents correctly advises starting solids with single ingredients from four months of age. It advises that certain foods — cows' milk, wheat, eggs, citrus fruits and nuts — be withheld until at least six months of age because of their potential allergenic properties.[3] No specific mention is made of soya, fish and tomatoes which also commonly cause problems.[4]

For use with our own children, we obtained ingredients lists of infant foods from the major manufacturers and examined content labels of other brands as available. Few single ingredient preparations, particularly of vegetables, were available.

Baby foods labelled as suitable 'from three months' contained up to seven ingredients, most commonly skimmed milk powder, soya, wheat, citrus juices and tomatoes. Such mixtures make it more difficult to determine the cause of any intolerance reaction provoked. As they may be bought even in pharmacies, many parents may not realize that they are often inappropriate for babies under six months of age.

In the United States of America and some parts of Europe, we found only single ingredient foods of low allergenicity marketed for young infants. This policy is accompanied by consistent weaning advice from both medical and lay sources; the products sell well.

We are concerned that susceptible babies are being placed at an unnecessarily early risk of developing unpleasant allergic symptoms and even anaphylaxis.[2] It is our responsibility, as health professionals, to provide weaning advice to parents and to encourage the manufacture of more suitable baby foods.

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