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British Medical Journal
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A new reproductive health bill that would promote the use of contraceptives and bring in mandatory sex education in the staunchly Catholic Philippines may fail because of opposition from church groups. Supporters of the bill, currently being debated in the national Congress, say it will reduce poverty by bringing the population growth rate under control and decrease the number of sexually transmitted infections, which are on the rise. But the Catholic church, which wields considerable social and political influence in a country where more than 80% of the population of 96 million people is Catholic, is deeply opposed to key elements of the bill. The Catholic Bishops’ Conference of the Philippines said in a statement that although the bill “makes a number of good points,” contraception was “intrinsically evil.” A member of Congress, Janette Garin, one of the main authors of the bill, said that the Philippines needed a “clear . . .


Lymphatic filariasis has probably been eliminated in 16 countries, including 12 in the Pacific, since an eradication drive was launched 10 years ago. The campaign, a private-public partnership involving two multinational drug companies, the World Health Organization, and many national governments, has treated 570 million people in 48 countries. Some 21 Pacific countries—such as the Solomon Islands, Tonga, and American Samoa—with a population totalling seven million people have completed the five annual cycles needed to get rid of the disease, and monitoring sites indicate that at least two thirds of these countries will be entirely free of the disease and that mopping-up exercises should succeed in the others. Several areas or countries in other regions have also completed the five annual cycles. Four are believed to be free of the disease: Zanzibar, Sri Lanka, Togo, and the Comoros Islands. Egypt, where the disease flourished 4000 years ago, has begun mopping-up . . .


Any move to put doctors under an automatic duty to report stabbings to the police should involve careful thought, a leading trauma surgeon has told MPs. Karim Brohi, from Barts and The London NHS Trust, told the House of Commons Home Affairs Committee, “The issue [of reporting stabbing] has to be much more carefully thought about than ‘if we report them to police everyone will be caught and everything will be all right.’ It’s a lot deeper than that.” The committee is considering the problem of the growing number of stabbings among teenagers and trying to identify causes and suggest action. One option is to recommend making knife injuries automatically reportable, as gunshot wounds currently are. Numbers of stabbings have risen throughout England and Wales, but the problem is particularly acute in London, especially among teenagers. Professor Brohi said that the number of serious knife injuries treated at his trust . . .


Bills to reinforce a new NHS constitution setting out the rights of patients and staff, to crack down on the irresponsible use of alcohol, and to reform the system of death certification form part of a thin legislative programme unveiled in the Queen’s speech. A health bill will be published in the new year along with the final form of the NHS constitution, which is still in draft. The bill will create a duty to take account of the constitution, which will “set out the core principles of the service and the rights and responsibilities of patients and staff.” Providers will be required to publish annual accounts on the quality of their services and the bill will pave the way for some patients to be given individual budgets to commission their own health services. Measures will be included to reduce the harm caused to young people by smoking.


Drug companies are bracing themselves for the launch of a series of antitrust investigations in Europe after the European Commission published a highly critical report on industry practices. The 426 page preliminary
Ms McCall, 2008, has described that the rights of freedom to move out of violent lifestyle. British Medical Journal, 337 (7682), 2809.

India’s health ministry is evaluating a proposal to introduce the injectable polio vaccine next year in one region of India, questioning for the first time its three decade policy of using only oral vaccines to eradicate polio. The India Expert Advisory Group on Polio Eradication has recommended adding the injectable vaccine to existing oral vaccine campaigns in the nine worst affected districts of the northern state of Uttar Pradesh. The group, a panel of experts from India, the World Health Organization, and other agencies, has advised that two campaigns be run, six months apart, in which the injectable vaccine is given to children aged between 3 months and 24 months. India accounted for 874 of the total of 1208 polio cases last year in the four countries with endemic polio (the others being Pakistan, Nigeria, and Afghanistan). Despite numerous campaigns with the oral vaccine, polio has persisted in the states . . .


A change in the political make-up of a German state has resulted in a leading neuroscientist being denied the right to renew his licence to conduct research on primates. Andreas Kreiter, professor of animal physiology at the University of Bremen, whose research includes the use of monkeys, was told in October that his licence would not be renewed. Since May 2007 the state of Bremen has been run by a coalition of the centre left Social Democratic party of Germany (SPD) and the Greens, who during the election campaign called for an end to the monkey research. Professor Kreiter is preparing for a court battle to try
to reverse the politicians’ decision. In preliminary legal wrangling, an administrative court in Bremen ruled that he could continue his research on 24 macaques, a genus of Old World monkeys, beyond the expiry of his current three year licence on 30 November.


Women who have an elective legal abortion do not experience depression or long term psychological distress afterward, according to researchers at the Johns Hopkins Bloomberg School of Public Health, in Baltimore, Maryland (Contraception 2008; 78:436-50, (doi: 10:1016/j.contraception.2008.07.005). They reviewed the best 21 studies published in the past 20 years, involving thousands of women. “The highest quality studies had findings that were mostly neutral, suggesting few, if any differences between women who had abortions and their respective comparison groups in terms of mental health sequelae. Conversely, studies with the most flawed methodology found negative mental health sequelae,” the authors write. The authors say that their findings are important because claims that elective abortion causes mental health problems have been used in making policy. The US Supreme Court included adverse mental health outcomes in its reasoning to limit late term abortions in a decision last year. Several US states include warnings . . .


Zimbabwe has finally declared a national emergency, because of the cholera epidemic that is sweeping the country and the collapse of state hospitals, and has appealed for international help. David Parirenyatwa, the health minister, asked for drugs, laboratory reagents, renal and laundry equipment, x ray film, boilers, food for patients, and $11m to persuade striking doctors and nurses to resume their work. “Our central hospitals are literally not functioning,” he said. “The emergency appeal will help us reduce the morbidity and mortality associated with the current socioeconomic environment by December 2009.” Cholera has killed at least 575 people in Zimbabwe since September, according to latest figures from the World Health Organization. About 12 700 people have been infected. The disease has spread to neighbouring countries, with 455 cases reported in South Africa and two in Botswana. Parts of the Limpopo river between Zimbabwe and South Africa have tested . . .


The Russian government is flouting the World Health Organization’s convention against smoking, despite having ratified it earlier this year. In defiance of the convention a new Russian standard permits the use of misleading advertising of cigarettes, including the use of the word “light” to describe certain brands, and allows representatives of the tobacco industry to take part in the legislative process. The lower chamber of the Russian national parliament, the Duma, has passed the national standard for tobacco products in its second hearing. The standard, which was prepared by a lobbyist from the tobacco industry, legalises the trade of cigarettes under names that include words such as “light.” Although a third hearing is needed before the standard becomes law, this tends to be a formal approval process only, and changes at this stage are unlikely.


Unintentional injuries kill more than 2000 children every day around the world, and harm tens of millions of others every year, say the World Health Organization and Unicef in a joint report published this week. The global death toll could be halved with the adoption of sometimes relatively simple evidence based measures, says the report. These include legislation on the wearing of car seatbelts and cycle helmets for children; temperature regulation for hot water taps; and child resistant medicine bottles, lighters, and household products. Other successful approaches include the use of separate traffic lanes for motorbikes or bicycles, as well as redesigning nursery furniture, toys, and playground equipment. The report, which involved contributions from more than 180 international experts, is the first global assessment of the scale of unintentional childhood injuries. Road traffic crashes and drowning are the primary causes of unintentional childhood injury, followed by burns, falls, and poisoning—mostly . . .

**RESEARCH**


Fetal growth restriction, as defined by customised birth weight centile, adjusted for alcohol intake and salivary cotinine concentrations. Caffeine consumption throughout pregnancy was associated with an increased risk of fetal growth restriction (odds ratios 1.2 (95% CI 0.9 to 1.6) for 100-199 mg/day, 1.5 (1.1 to 2.1) for 200-299 mg/day, and 1.4 (1.0 to 2.0) for >300 mg/day compared with <100 mg/day; test for trend P<0.001). Mean caffeine consumption decreased in the first trimester and increased in the third. The association between caffeine and fetal growth
restriction was stronger in women with a faster compared to a slower caffeine clearance (test for interaction, P=0.06). Caffeine consumption during pregnancy was associated with an increased risk of fetal growth restriction and this association continued throughout pregnancy. Sensible advice would be to reduce caffeine intake before conception and throughout pregnancy.


Proportion of protocols and publications that did not provide key information about sample size calculations and statistical methods; proportion of trials with discrepancies between information presented in the protocol and the publication. Only 11/62 trials described existing sample size calculations fully and consistently in both the protocol and the publication. The method of handling protocol deviations was described in 37 protocols and 43 publications. The method of handling missing data was described in 16 protocols and 49 publications. 39/49 protocols and 42/43 publications reported the statistical test used to analyse primary outcome measures. Unacknowledged discrepancies between protocols and publications were found for sample size calculations (18/34 trials), methods of handling protocol deviations (19/43) and missing data (39/49), primary outcome analyses (25/42), subgroup analyses (25/25), and adjusted analyses (23/28). Interim analyses were described in 13 protocols but mentioned in only five corresponding publications. When reported in publications, sample size calculations and statistical methods were often explicitly discrepant with the protocol or not pre-specified. Such amendments were rarely acknowledged in the trial publication. The reliability of trial reports cannot be assessed without having access to the full protocols.


Primary outcome: use of oxytocin for augmentation of labour. Secondary outcomes: medical interventions in labour, admission management, and birth outcome. No significant difference was found between groups in percentage use of oxytocin for augmentation of labour (experimental minus control, difference=0.3, 95% confidence interval −9.2 to 9.8; P=0.9) or in the use of medical interventions in labour. Women in the algorithm group were more likely to be discharged from the labour suite after their first labour assessment (difference=−19.2, −29.9 to −8.6; P=0.002) and to have more pre-labour admissions (0.29, 0.04 to 0.55; P=0.03). Use of an algorithm to assist midwives with the diagnosis of active labour in primiparous women did not result in a reduction in oxytocin use or in medical intervention in spontaneous labour. Significantly more women in the experimental group were discharged home after their first labour ward assessment.


Incidence and remaining lifetime risk of major cardiovascular disease (myocardial infarction, stroke, and death from cardiovascular disease) and cancer. 3252 major cardiovascular events and 5400 incident cancers were confirmed over 23 years of follow-up. The incidence of major cardiovascular disease continued to increase to age 100. Beginning at age 80, however, major cardiovascular disease was more likely to be diagnosed at death. The incidence of cancer peaked in those aged 80-89 and then declined. Cancers detected by screening accounted for most of the decline, whereas most cancers for which there was no screening continued to increase to age 100. Unadjusted cumulative incidence overestimated the risk of cardiovascular disease by 16% and cancer by 8.5%. The remaining lifetime risk of cancer at age 40 was 45.1% (95% confidence interval 43.8% to 46.3%) and at age 90 was 9.6% (7.2% to 11.9%). The remaining lifetime risk of major cardiovascular disease at age 40 was 34.8% (33.1% to 36.5%) and at age 90 was 16.7% (12.9% to 20.6%). In this prospective cohort of men, the incidence of new cardiovascular disease continued to increase after age 80 but was most often diagnosed at death. The decrease in incidence of cancer late in life seemed largely due to a decline in cancers usually detected by screening. These findings suggest that people aged 80 and older have a substantial amount of undiagnosed disease.


Randomised controlled trials comparing fibre, antispasmodics, and peppermint oil with placebo or no treatment in adults with irritable bowel syndrome were eligible for inclusion. The minimum duration of therapy considered was one week, and studies had to report either a global assessment of cure or improvement in symptoms, or cure of or improvement in abdominal pain, after treatment. A random effects model was
used to pool data on symptoms, and the effect of therapy compared with placebo or no treatment was reported as the relative risk (95% confidence interval) of symptoms persisting. 12 studies compared fibre with placebo or no treatment in 591 patients (relative risk of persistent symptoms 0.87, 95% confidence interval 0.76 to 1.00). This effect was limited to ispaghula (0.78, 0.63 to 0.96). Twenty two trials compared antispasmodics with placebo in 1778 patients (0.68, 0.57 to 0.81). Various antispasmodics were studied, but otilonium (four trials, 435 patients, relative risk of persistent symptoms 0.55, 0.31 to 0.97) and hyoscine (three trials, 426 patients, 0.63, 0.51 to 0.78) showed consistent evidence of efficacy. Four trials compared peppermint oil with placebo in 392 patients (0.43, 0.32 to 0.59). Fibre, antispasmodics, and peppermint oil were all more effective than placebo in the treatment of irritable bowel syndrome.


75 401 people were discharged from psychiatric inpatient care over the study period, 4935 (6.5%) of whom were admitted at least once for self harm in the following 12 months. Risk of self harm was greatest in the four weeks after discharge; one third (32%, n=1578) of admissions for self harm occurred in this period. The strongest risk factor for self harm after discharge was admission for self harm in the previous 12 months (hazard ratio 4.9, 95% confidence interval 4.6 to 5.2). The risk of self harm was also higher in females, younger people, those with diagnoses of depression, personality disorders, and substance misuse, and those with short lengths of stay. More than 6% of patients discharged from psychiatric inpatient care are readmitted for an episode of self harm within 12 months, with one third of these episodes occurring in the month after discharge. Self harm after discharge from hospital shares many of the features of suicide after discharge. Interventions should be developed to reduce risk in this period.


Clinical review and skin prick and intradermal testing with the quadrivalent vaccine and subsequent challenge with the vaccine. 35 schoolgirls with suspected hypersensitivity to the quadrivalent human papillomavirus vaccine were notified to the specialised immunisation services in 2007, after more than 380 000 doses had been administered in schools. Of these 35 schoolgirls, 25 agreed to further evaluation. Twenty three (92%) experienced reactions after the first dose. Thirteen (52%) experienced urticaria or angio-oedema, and of these, two experienced anaphylaxis. Thirteen had generalised rash, one with angio-oedema. The median time to reaction was 90 minutes. Nineteen (76%) underwent skin testing with the quadrivalent vaccine: all were skin prick test negative and one was intradermal test positive. Eighteen (72%) were subsequently challenged with the quadrivalent vaccine and three (12%) elected to receive the bivalent vaccine. Seventeen tolerated the challenge and one reported limited urticaria four hours after the vaccine had been administered. Only three of the 25 schoolgirls were found to have probable hypersensitivity to the quadrivalent vaccine. True hypersensitivity to the quadrivalent human papillomavirus vaccine in Australian schoolgirls was uncommon and most tolerated subsequent doses.


The response for screening was high overall (70.8%), and significantly better in women (78.1%) than in men (63.3%). The incidence of cancer in the controls was somewhat higher in men than in women (103 v 93 per 100 000 person years), which was not true for interval cancers (42 v 49 per 100 000 person years). The sensitivity of the faecal occult blood test was 54.6%. Only a few interval cancers were detected among those with positive test results, hence the episode sensitivity of 51.3% was close to the test sensitivity. At the population level the sensitivity of the programme was 37.5%. Although relatively low, the sensitivity of screening for colorectal cancer with the faecal occult blood test in Finland was adequate. An experimental design is a prerequisite for evaluation of such a screening programme because the effectiveness of preventing deaths is likely to be small and results may otherwise remain inconclusive. Thus, screening for colorectal cancer using any primary test modality should be launched in a public health programme with randomisation of the target population at the implementation phase.

Prevalence of use per year calculated by drug class (anatomical and therapeutic). Prevalence of “recurrent/chronic” use (three or more prescriptions a year) and “non-recurrent” or “acute” use (less than three prescriptions a year) within each therapeutic class. Descriptions of the top five most commonly used drugs evaluated for off label status within each anatomical class. Three levels of drug use could be distinguished in the study population: high (>10/100 children per year), moderate (1-10/100 children per year), and low (<1/100 children per year). For all age categories, anti-infective, dermatological, and respiratory drugs were in the high use group, whereas cardiovascular and antineoplastic drugs were always in the low use group. Emollients, topical steroids, and asthma drugs had the highest prevalence of recurrent use, but relative use of low prevalence drugs was more often recurrent than acute. In the top five highest prevalence drugs topical inhaled and systemic steroids, oral contraceptives, and topical or systemic antifungal drugs were most commonly used off label. This overview of outpatient paediatric prescription patterns in a large European population could provide information to prioritise paediatric therapeutic research needs.


A high proportion of suicides in all diagnostic categories took place within the first year of follow-up (14-64% in men, 14-54% in women); the highest short term risk was associated with bipolar and unipolar disorder (64% in men, 42% in women) and schizophrenia (56% in men, 54% in women). The strongest psychiatric predictors of completed suicide throughout the entire follow-up were schizophrenia (adjusted hazard ratio 4.1, 95% confidence interval 3.5 to 4.8 in men, 3.5, 2.8 to 4.4 in women) and bipolar and unipolar disorder (3.5, 3.0 to 4.2 in men, 2.5, 2.1 to 3.0 in women). Increased risks were also found for other depressive disorder, anxiety disorder, alcohol misuse (women), drug misuse, and personality disorder. The highest population attributable fractions for suicide among people who had previously attempted suicide were found for other depression in women (population attributable fraction 9.3), followed by schizophrenia in men (4.6), and bipolar and unipolar disorder in women and men (4.1 and 4.0, respectively). Type of psychiatric disorder coexistent with a suicide attempt substantially influences overall risk and temporality for completed suicide. To reduce this risk, high risk patients need aftercare, especially during the first two years after attempted suicide among patients with schizophrenia or bipolar and unipolar disorder.

CLINICAL REVIEW


Summary points
The seven point checklist is useful for identifying suspicious lesions
Suspicious pigmented lesions should be excised by specialists
Rapid referral for surgery and further management are imperative to improve outcomes
Multidisciplinary specialist teams should manage patients with high risk or advanced disease
Systemic treatment options have modest effectiveness, so patients should be offered entry into clinical trials of new agents

Most melanomas that are detected and treated early are cured. However, advanced disease carries a dismal diagnosis, and timely intervention from members of the multidisciplinary skin cancer team at all stages of the disease is essential to maximise cure rates. The management of patients with incurable disease is highly specialised and requires the input of surgeons, medical and clinical oncologists, palliative care teams, and clinical nurse specialists. In the second of this two part series on melanoma we review its management from primary lesion through to metastatic disease.


Summary points
People with intellectual disabilities have twice as many health problems as the general population
The medical history should be obtained as far as possible from the patient; otherwise an accompanying person should complete it
Pictures, gestures, and body language are useful for communicating with the patient
The excess morbidity is related to the disabilities (such as epilepsy, mobility problems, sensory deficits), is syndrome related (such as related to hypothyroidism in people with Down’s syndrome), or is secondary (such as obesity and reflux disease)
Accessible health promotion materials are scarce

People with intellectual disabilities have a higher prevalence of health problems than the general public, and their health needs are often unrecognised and unmet.1 People with intellectual and other disabilities are also more likely to develop secondary health conditions.w1 Improving the health of people with disabilities during their lives is a specific aim of the Healthy People 2010 initiative in the . . .