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## Use of anticonvulsants in eclampsia and pre-eclampsia: survey of obstetricians in the United Kingdom and Republic of Ireland

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Pre-eclampsia is a multisystem disorder associated with hypertension and proteinuria and is a fairly common complication of pregnancy. Eclampsia, the occurrence of fits with pre-eclampsia, is rare, but both conditions can have serious consequences for the mother and infant. Anticonvulsants are given to women with eclampsia to prevent further fits and to women with pre-eclampsia to prevent the first fit, thereby improving the outcome for mother and infant. Clinical practice, however, varies greatly worldwide. In the United Kingdom diazepam has been popular since the 1970s and phenytoin since the early 1990s, but the use of magnesium sulphate remains uncommon.<sup>1,2</sup> Magnesium sulphate has been widely used for decades in the United States and has recently been acknowledged as the preferred anticonvulsant for women with eclampsia.<sup>3</sup> There is little evidence to support or refute the use of anticonvulsants in women with pre-eclampsia.<sup>4</sup> We conducted a survey to determine the current use of anticonvulsants in eclampsia and pre-eclampsia.

### Subjects, methods, and results

A questionnaire was sent to consultants in the United Kingdom and the Republic of Ireland asking about their use of anticonvulsants in women with eclampsia or pre-eclampsia. Two reminders were sent six weeks apart.

The table summarises the main results. Of the 662 respondents who used prophylactic anticonvulsants,

658 were more likely to prescribe them in the presence of signs or symptoms of imminent eclampsia and 364 would consider using an anticonvulsant if delivery was unlikely within the next 24 hours. Over half (475) of the respondents would collaborate in a placebo controlled trial of magnesium sulphate versus placebo in women with pre-eclampsia.

### Comment

Compared with earlier surveys,<sup>1,2</sup> our survey was shorter and simpler and focused largely on anticonvulsant use. Our survey also had a slightly better response rate (table). Since 1991, when the last survey was conducted,<sup>2</sup> the reported use of magnesium sulphate in pre-eclampsia has risen from 2% to 40%. During 1992 only 2% of women with eclampsia received magnesium sulphate,<sup>5</sup> whereas 60% of respondents in our survey said that they would now use this anticonvulsant for such women. As the use of magnesium sulphate had remained at 2% for 14 years,<sup>2</sup> this change probably occurred after publication of evidence showing that magnesium sulphate is better than diazepam or phenytoin for eclampsia.<sup>3</sup> Despite this substantial shift in practice, diazepam remains the most widely used anticonvulsant for pre-eclampsia and eclampsia, and phenytoin continues to be used by a quarter of respondents. We believe that magnesium sulphate should be used in preference to diazepam and phenytoin.

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Anticonvulsants used by 860\* obstetricians to treat pre-eclampsia and eclampsia

Anticonvulsant	Anticonvulsant used to treat	
	Pre-eclampsia	Eclampsia
None	198	
Magnesium sulphate	343	517
Only	183	229
With diazepam	90	215
With phenytoin	26	14
With diazepam and phenytoin	27	40
With other	17	19
Diazepam	352	573
Only	113	162
With magnesium sulphate	90	215
With phenytoin	73	104
With other	76	92
Phenytoin	227	204
Only	76	22
With diazepam	73	104
With magnesium sulphate	26	14
With other	52	64
Chlormethiazole	60	59
Only	5	5
With diazepam	23	24
With other	32	30
Other	3	1
Not answered	3	8

\*1020 respondents out of 1400 (72.9%); 160 (15.7%) were not in clinical practice and were therefore excluded.

Uncertainty about the role and choice of prophylactic anticonvulsant treatment for pre-eclampsia is reflected in the variation in clinical practice. For example, an increasing proportion of obstetricians never use prophylactic anticonvulsants

(16% in 1991 *v* 23% in 1996).<sup>2</sup> Among those who do there is no consensus on which agent to use or when prophylaxis is appropriate (data not shown). One aim of our survey was to assess the feasibility of conducting a multicentre, randomised, placebo controlled trial of magnesium sulphate versus placebo in women with pre-eclampsia. Over half of the respondents indicated their interest in collaborating in such a study compared with only 3% of respondents in the 1991 survey.<sup>2</sup> This confirms the increased uncertainty about the role of anticonvulsants in women with pre-eclampsia.

We thank the respondents to our questionnaire.

Contributors: LD had the original idea and participated in the design and conduct of the study. AMG participated in the design and conduct of the study and was responsible for coordination. Both authors supervised the analysis and wrote the paper and will act as guarantors for the paper. Sarah Ayers provided programming support and Caroline Busby entered the data.

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## Satisfaction with clinical nurse specialists in a breast care clinic: questionnaire survey

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Specialist nurses have an established role in the management of breast cancer in helping patients to understand their disease and treatment options, and in offering counselling and emotional support<sup>1 2</sup>; they are not usually involved in diagnosis.

In 1987 two clinical nurse specialists were appointed to the breast care clinic at our hospital; they were given responsibility for running outpatient clinics for symptomatic patients, including new referrals. The nurses take histories, examine the women, request imaging, and perform fine needle aspirations when appropriate. Test results are given by the nurses to both the patients and their general practitioners. The specialist surgeon sees patients who have been newly diagnosed with cancer and any patients for whom the evidence is equivocal. This paper describes patient satisfaction with a nurse led clinic screening for breast diseases in London and assesses the clinical expertise of the nurses.

### Subjects, methods, and results

A specifically designed patient satisfaction questionnaire was distributed to 150 consecutive new referrals seen by the nurses during six weeks in June and July 1996. Altogether 119 questionnaires (79%) were returned after a postal reminder.

Women were asked to rank their opinion of eight features of the clinic on a four point scale which ranged from very satisfied to very disappointed. Forty out of 118 (34%) women were very satisfied with the amount of time it took to obtain an appointment. Altogether 47 out of 117 (40%) women were very satisfied with the amount of time they spent waiting at the hospital, 39 out of 113 (35%) were very satisfied with the facilities in the clinic, and 75 out of 113 (66%) were very satisfied with the way the clinic was run. A total of 88 out of 117 (75%) women rated themselves as very satisfied with the speed of diagnosis or reassurance, 67 out of 115 (58%) were very satisfied with the amount of time taken