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This week in the BMJ

Use of NSAIDs in pregnancy increases risk of miscarriage



Using non-steroidal anti-inflammatory drugs (NSAIDs), including aspirin, during pregnancy increases the risk of miscarriage. In a prospective cohort study of 1055 pregnant women in the Kaiser Permanente population of northern California, Li and colleagues (p 368) found that the use of NSAIDs or aspirin around the time of conception or during pregnancy increased the risk of miscarriage by 80%. Using acetaminophen (paracetamol) did not increase the risk of miscarriage.

Ultrasonic guidance improves success of catheter placement

Ultrasonography guides central venous access more effectively than traditional methods based on anatomical landmarks. In a systematic review of 18 studies that used ultrasonic locating devices, Hind and colleagues (p 361) found that ultrasonic guidance was more successful, quicker, required fewer attempts, and resulted in fewer complications. For some

procedures, real time two dimensional ultrasound machines proved more effective than Doppler needles and probe, which make blood flow audible but do not provide a visual image.

Certified sickness absence accurately indicates health differentials

Sickness absence data can be used as an indicator of employees' health. Kivimaki and colleagues (p 364) compared the association between sickness absence and mortality with associations between established health indicators and mortality in 10 308 civil servants, of whom 355 died during follow up. In both sexes, mortality increased as the absence rate increased, indicating that medically certified sickness absence accurately reflects health differentials between employees. The rate of medically certified sickness absence was a more powerful predictor of mortality than other established health indicators.

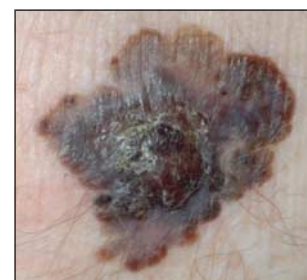
Doctors know little about radiation exposure

Radiological investigation	% correct answers
Abdominal x ray	1.5
Barium swallow	5
CT of abdomen	6

Even for commonly requested radiological tests, few doctors know about the level of radiation their patients are exposed to. Shiralkar and colleagues (p 371) conducted a questionnaire study among doctors in South Wales and Oxford to ascertain how much doctors know about the radiation doses associated with common radiological investigations. Not one of the 40 senior house officers, 40

specialist registrars, 40 consultants, or 10 consultant radiologists who were interviewed knew the approximate dose of radiation received during a chest radiograph. Overall, 97% of doctors' predictions were underestimates. The authors say that the level of knowledge is disappointing, given that radiation has a small but definite risk to patients' health and that examinations are often inappropriate or need to be repeated.

Diagnosis of melanoma is not helped by algorithm and camera



Providing urban Australian general practitioners with an instant camera and an algorithm did not improve the ratio of benign to malignant lesions they excised. Theoretically, using such aids should reduce unnecessary excisions of pigmented skin moles that arouse suspicion of melanoma. In a controlled trial randomised by general practice in Perth, English and colleagues (p 375) found that the ratio of benign lesions to melanomas excised was higher in the intervention practices than the control practices. Their findings contradict an earlier study in two small provincial cities, which had found that using an instant camera and algorithm reduced the ratio without reducing the number of melanomas diagnosed. The authors say that the discrepancy might be accounted for by the

availability of specialists in the metropolitan setting of their trial.

“Are you depressed?” is not sensitive in Britain

Comparison of single question with clinical interview

Clinical interview	Are you depressed?	
	Yes	No
Depressed	11	9
Not depressed	14	40
Total	25	49

The simple question “Are you depressed?” does not work as well in the United Kingdom

as it does in North America for detecting depression among palliative care patients. In a study among 74 patients in Leicester, Lloyd-Williams and colleagues compared the result of this single question with a semistructured clinical psychiatric interview (p 372). They found that this single question identified half of the patients diagnosed with depression and three quarters of those who were not depressed. In North America this question has been shown to have 100% positive predictive value. The authors state that up to a quarter of palliative care patients are depressed, but depression is difficult to diagnose in this population.

POEM*

Tap water is as good as sterile saline to irrigate simple lacerations

Question Is irrigation with tap water an effective way to clean simple lacerations before suturing?

Synopsis Children aged 1 to 17 years presenting to a paediatric emergency department with simple lacerations were allocated on alternate days (non-randomised controlled trial) to wound irrigation with tap water (n = 259) or usual sterile saline solution (n = 271). Patients were excluded if they had wounds involving fractures, viscera, muscle, or tendon or other complicating factors (such as bite wounds). Although the study was not a randomised trial, the study design is strengthened because the outcome was assessed blinded to treatment group. Repairs were performed with sutures, staples, or glue at the discretion of the treating physician. Tap water irrigation of at least 10 seconds' duration was accomplished by holding the affected body part under the faucet when feasible, or by using a 60 cm section of corrugated disposable plastic hose. A diagnosis of wound infection was made at the time of a wound check (48-72 hours after wound repair) if there was any tenderness, warmth, discharge, adenopathy, lymphangitis, fever, erythema, or induration. About a third of patients in each group did not return for follow up assessment and were contacted by telephone to document outcome. Twenty patients in each group were lost to follow up. The median volume of water used was more than 7 litres in the tap water group; the median in the sterile saline group was 300 ml. Infection rates did not differ between groups: seven in each (2.8% v 2.9%).

Bottom line Tap water is as good as sterile saline solution to irrigate simple lacerations before repair.

Level of evidence 2b (see www.infoPOEMs.com/resources/levels.html); individual cohort study or low quality randomised controlled trials (< 80% follow up).

Valente JH, Forti RJ, Freundlich LF, Zandieh SO, Crain EF. Wound irrigation in children: saline solution or tap water? *Ann Emerg Med* 2003;41:609-16.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Showing discrimination

A best selling treatment proves not to be so wonderful after all—and the recriminations start. The *Lancet* has just published a study showing that use of combined hormone replacement therapy doubles the risk of breast cancer (p 359), while the *New England Journal of Medicine* reports more results of the Women's Health Initiative trial that was stopped last year (p 359): it shows that HRT does not, as once thought, protect against heart disease.

On p 400 Jocalyn Clark describes how, when the Women's Health Initiative study was halted last year, one pharmaceutical company's public relations operation went into overdrive to reduce the effect of such adverse news. But the “spin” had started much earlier. Clark describes how *Forever Feminine*, an influential book extolling the virtues of HRT as a fountain of youth and published in the 1960s, had been secretly funded by the manufacturer of HRT. In the meantime, the voices who maintain that HRT is still useful for treating menopausal symptoms inevitably sound faint—because the drug has been presented as much more than that. It reminds me of benoxaprofen, another drug that died partly because it was overhyped. Pharmaceutical companies may think that there is no such thing as overmarketing, but HRT may make them think again—that marketing has risks as well as benefits and needs as much discrimination as any other aspect of their activities.

Surgeons who make innovations know that they are doing something risky. Kurt Semm, who died last month, performed the world's first laparoscopic appendectomy in Kiel (p 397). When he described this operation at a surgical meeting the president of the German Surgical Society called for his suspension: performing surgery without being able to see the whole operation site was considered experimental and unethical, and Semm's colleagues were sceptical. Yet Semm persisted, and laparoscopic surgery spread, helped by his establishment of several standard operations, his books, and his insistence on good training.

Meanwhile, in the search for discrimination, this issue has several offerings, not all of them positive. On p 375 Dallas English and colleagues show that the use of an algorithm and instant camera did not improve general practitioners' ability to distinguish malignant melanomas from benign lesions. The ratio of benign lesions to melanomas they excised was no less than that of colleagues who did not use the algorithm. Similarly, Mari Lloyd-Williams and colleagues found that simply asking British patients in palliative care “Are you depressed?” did not discriminate well. This contrasts with American patients, where the question had “perfect sensitivity and specificity and 100% positive predictive value.” In the British study it correctly identified only about half the depressed patients and three quarters of the non-depressed. On a more positive note, however, Daniel Hind and colleagues' meta-analysis shows that two dimensional ultrasound helps clinicians accurately place central venous lines (p 361).

Jane Smith *deputy editor* (jsmith@bmj.com)

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