

# This week in the BMJ

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## Birth remains risky for infants in Kathmandu

A recent study from Australia found that intrapartum factors are less important than once thought in the cause of neonatal encephalopathy. On p 1229 Ellis et al show that this finding may not apply to developing countries. In a large controlled study of neonatal encephalopathy in Nepal the authors found that intrapartum risk factors remained important among infants born in an urban maternity hospital. In this setting, with limited peripartum surveillance, the authors found a significant risk with the use of oxytocin for induction of labour. An increased risk was found in infants born to women of short stature or with indirect evidence of anaemia, and there was evidence of a protective effect of antenatal care.

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## Anticoagulation for stroke prophylaxis is effective in practice

Anticoagulation to prevent stroke in patients with atrial fibrillation is safe and effective in clinical practice. Despite firm evidence, anticoagulation is underused in mainstream settings because of fears that differences in patients' characteristics and anticoagulation practice may reduce benefits and increase risks. On p 1236 Kalra et al report a prospective study in 167 patients followed up for two years. They show that despite differences in age, sex, and anticoagulation control, stroke (2.0% per year) and major bleeding rates (1.7% per year) were comparable to randomised studies. The current low rate of anticoagulation for stroke prevention in eligible patients with atrial fibrillation is unjustified, even in elderly people.

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## Defining an international standard for overweight and obesity in childhood

The extent of child obesity worldwide remains unclear, due in part to the lack of an internationally agreed definition of obesity. Cole et al (p 1240) propose a definition using age specific cut off points of body mass index based on nationally representative data from six countries. The cut off points coincide at age 18 with established adult cut off points for overweight and obesity. Between 2 and 18 years the cut off points are centiles of body mass index chosen to pass through the age 18 cut off points. The international basis for the definition should make it acceptable worldwide.

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## Patients often have unvoiced agendas in consultations

On p 1246 Barry et al report on a qualitative study that compared patients' agendas before they visited their doctor with those voiced in the consultation. The patients' agendas were complex, and only four of 35 patients voiced all their agendas in consultation. The agenda items most commonly voiced were symptoms and requests for diagnoses and prescriptions. The most common unvoiced items were worries about possible diagnosis and prognosis, patients' ideas about what is wrong, reporting of side effects, not wanting a prescription, and information relating to social context. Agenda issues that were not raised in the consultations were often associated with misunderstandings, unwanted prescriptions, subsequent non-use of prescriptions, and non-adherence to treatment. Increasing the proportion of agendas voiced in a consultation should improve outcomes.

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## Teledermatology costs more than hospital consultation

The development of videoconferencing means that it is now possible for doctors to hold consultations with patients at a distance. Telemedicine has been shown to be equally effective as conventional outpatient consultations in dermatology but the societal costs have not been evaluated. On p 1252 Wootton et al report a cost-benefit analysis of real time teledermatology. They found that it is more expensive than conventional consultations because of the cost of the equipment, presence of a general practitioner in the consultation, and short distances travelled by patients in the trial. However, if the equipment was used more intensively and patients had to travel further to get to hospital, teledermatology became more cost effective.

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## Young teenagers often regret early sexual intercourse

Sexual intercourse before the age of 16 is often regretted but most studies have been done in older teenagers looking back. Wight et al surveyed over 7000 14 year olds in Scotland, among whom 18% of boys and 15% of girls had had heterosexual intercourse (p 1243); they found that 32% of girls and 27% of boys said that their first intercourse had happened too early, and of these 13% and 5% respectively said that it should not have happened at all. For girls regret was related to lack of control of the situation.