

This week in the BMJ

Inhaled corticosteroids reduce exacerbations in chronic obstructive pulmonary disease

Inhaled corticosteroids have been widely used in the treatment of patients with chronic obstructive pulmonary disease, but there have been few trials to support this practice. Burge et al (p 1297) carried out a three year, double blind, randomised trial in patients with moderate to severe disease. They found that fluticasone propionate 1 mg daily significantly reduced the frequency of exacerbations and the rate of decline in health. There was no reduction in rate of decline of FEV₁, although FEV₁ was slightly higher with fluticasone than with placebo. The affect on acute exacerbations and impaired health status may explain why clinicians have used these drugs, even though FEV₁ is little influenced by them.

Social inequalities need a different measure in men and women

In many studies, social inequality in mortality seems to be greater in men than women. Sacker et al (p 1303) examined social differences in survival from 1981-96 using a large dataset that included 1% of the population of England and Wales. Social class based on employment relations and conditions was a less significant source of health inequality in women than men. When a measure of general social advantage of the household was used, social differences in survival were at least as great in women as in men. The use of a measure of social inequality based on their own employment conditions seriously underestimates health inequality in women in Great Britain.

Remember that the treatment can be worse than the disease

On p 1314 a general practitioner and her patient describe the effect on the patient's life of repeated venesections for haemochromatosis. The patient had well controlled type 2 diabetes and was identified as having hereditary haemochromatosis during a study. She had no symptoms but became tired after venesections, her diabetes deteriorated, and the need for venesection prevented her making planned visits abroad. Her GP realised the burden treatment was placing on her, and a commentary from another GP uses the story to illustrate the need for doctors to support patients in managing uncertainty.

Head injury trials must be bigger and better

Millions of patients are treated each year for head injury, but few, if any, of the drug treatments for head injury are proved to be effective. As head injury is so common, even moderate treatment effects would be worth while. To detect moderate benefits, however, randomised controlled trials must be large and well designed. In a review of published studies Dickinson et al (p 1308) show that existing trials in head injury fail on both counts. The average number of randomised patients per trial was 82, and the largest study included only 1156 patients. Confusion about issues of consent in unconscious patients and the fact that funding for injury research is difficult to obtain probably explain why existing trials are so small.

Medical patients should be asked about ideas of suicide

Asking about suicidal ideas is routine in psychiatric consultations but is rarely part of a medical assessment. Carson et al asked 300 new patients attending neurology clinics about suicidal ideation (p 1311). Twenty six had given serious thought to committing suicide in the past two weeks and of these 23 had major depression. Twelve of these patients had medically unexplained symptoms and most of the rest a non-progressive condition, thus undermining the idea that suicidal ideation among these patients is a rational response to a progressive physical illness. Just over half had been identified by their general practitioner or the neurologist as needing psychiatric assessment.

Parents prefer pads for collecting urine samples from their children

When urine samples are needed from young children to assess urinary tract infection parents are usually asked to obtain them, and most find this difficult. Liaw et al (p 1312) assessed contamination rates and parents' opinions of the use of pads, bags, and clean catch methods among 44 parents. Parents preferred the pads, followed by bags. All three methods were equally effective in excluding infection because variations in contamination rates balanced collection failures.