



Stories about doctors in newspapers (*Daily Telegraph*, *Guardian*, and *Daily Mail*). Three year rolling means of neutral, negative, and positive articles per paper per month, and the ratio of negative to positive articles

of child abuse in Cleveland, in 1987; Dr Kervokian, Dr Shipman, and Mr Ledward in 1998-9).

Comment

Taken together, the *Daily Telegraph*, *Guardian*, and *Daily Mail* contained more than twice as many negative stories about doctors as positive ones, but there was no significant change in the ratio of negative to positive stories over time. The total number of articles about

doctors increased over time. These data may have been peculiar either to November or to these newspapers, although there was a consistent trend over time in each of the three papers and no significant difference between the newspapers in their reporting. The newspapers currently have a high level of negative reporting, which may recede, as did the peak in 1989. These data suggest that UK newspapers respond to incidents, rather than deliberately campaigning against doctors. Although we did not directly measure the language used to describe doctors, we noticed that it seems to have become more negative. In spite of this, 89% of the public is satisfied with the way that doctors do their jobs.⁵

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- 1 Goodman N. The steady drip of biased reporting. *BMJ* 2000;320:1414.
- 2 Keep P. Why are doctors being hounded by the media? *Hosp Doctor* 2000;February 17:42.
- 3 Lupton D, McLean J. Representing doctors: discourses and images in the Australian press. *Soc Sci Med* 1998;46:947-58.
- 4 Davies HT, Shields AV. Public trust and accountability for clinical performance: lessons from the national press reportage of the Bristol hearing. *J Eval Clin Pract* 1999;5:335-42.
- 5 Ferriman A. Poll shows public still has trust in doctors. *BMJ* 2001;322:694.

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Drug points

Exacerbation of angina associated with latanoprost

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Latanoprost is a prostaglandin F_{2α} analogue used to treat open angle glaucoma.¹ Ocular side effects include conjunctival hyperaemia, iris pigmentation, anterior uveitis, and cystoid macular oedema in patients who have had surgery for cataract. We report a patient developing an exacerbation of angina while receiving treatment with latanoprost for glaucoma.

A 73 year old man was referred with pseudoexfoliative glaucoma. He had peripheral vascular disease and ischaemic heart disease. His symptoms were well controlled with glyceryl trinitrate, amlodipine, and clopidogrel. He was prescribed latanoprost 0.005% eye drops once daily. Four weeks later he noticed the onset of angina within 45 minutes to 1 hour of instillation of the drop. He increased his dose of glyceryl trinitrate to alleviate the pain. Assuming that latanoprost was exacerbating his angina he stopped taking the drops. This ameliorated his angina. Over the next 10 days he rechallenged himself three times with latanoprost, and each time he experienced angina within an hour of taking the drug. We therefore discontinued latanoprost. His glaucoma is now controlled by dorzolamide eye drops, and his angina is now stable.

We know of no published report of exacerbation of angina by latanoprost. The Latanoprost Study Group reported no adverse systemic side effects,² and reports to the Medicines Control Agency are rare.

We postulate two possible ways that latanoprost may cause angina. Prostaglandin F_{2α} is a known vasoconstrictor—systemic absorption of latanoprost applied topically can induce vasoconstriction in coronary vessels, causing angina, especially in patients with unstable angina. Several prostaglandins, including prostaglandin F_{2α}, have been shown to induce hypertrophy of cardiac myocyte in an animal model by the expression of c-fos, atrial natriuretic factor and α skeletal actin.³ Ventricular hypertrophy can lead to abnormally increased oxygen demand, thereby causing myocardial ischaemia and angina in an already compromised heart.⁴ Although there is no quantitative proof of the angina in the form of an ST segment ischaemia on electrocardiography, our patient experienced worsening angina on rechallenge on three separate occasions.

We have reported this incident to the Medicines Control Agency and the manufacturer.

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- 1 Linden C, Alm A. Prostaglandin analogues in the treatment of glaucoma. *Drugs Aging* 1999;14:387-98.
- 2 Watson PG. Latanoprost. Two years' experience of its use in the United Kingdom. Latanoprost Study Group. *Ophthalmology* 1998;105:82-7.
- 3 Lai J, Jin H, Yag R, Winer J, Li W, Yen R, King KL, et al. Prostaglandin F₂ alpha induces cardiac myocyte hypertrophy in vitro and cardiac growth in vivo. *Am J Physiol* 1996;271(6 pt 2):H2197-208.
- 4 Selwyn AP, Braunwald E. Ischaemic heart disease. In: Isselbacher KJ, Braunwald E, Wilson JD, eds. *Harrison's principles of internal medicine*. 13th ed. New York: McGraw Hill, 1994:1077.