In brief

It may have been a case of collective obsessive compulsive disorder when 63 couples took part in a kissing contest in Hefei, the capital of Anhui province in eastern China, last month. Indian researchers have reported the case of a young male with neurocognitive dysfunction and subnormal intelligence presenting with compulsive kissing behaviour. The case, published in the Australian and New Zealand Journal of Psychiatry *(2012; 46: 177-178), is the first known report of an unusual socially inappropriate compulsive behaviour — repetitive kissing. In the competition in China, the rules required the men to carry their partners while kissing, with the winning couple reportedly lasting for nearly 3 hours. They were rewarded with a diamond ring.*

From *The Cochrane Library*

Improving life for children, older people and even footballers

Aspirin is regularly touted as a panacea, but a new review has found no evidence to support its use, or that of steroidal or non-steroidal anti-inflammatory drugs, for Alzheimer's disease (doi: 10.1002/14651858.CD006378.pub2). The 14 studies were all of people with established disease, so the authors suggest that future trials should examine the preventive effect of anti-inflammatory drugs by focusing on people with milder symptoms.

On the upside, there is some good news for dementia sufferers, with a review of cognitive stimulation therapy finding clear, consistent benefit on cognitive function that remained 1–3 months after treatment. Furthermore, the benefits of various forms of mental exercise improved quality of life and resulted in better communication and interaction (doi: 10.1002/14651858.CD005562.pub2).

Outcomes like these would be heavenly for parents grappling with the common and costly issue of childhood behavioural problems. A review involving over 1000 parents of children aged 3–12 years has found that group parenting programs help develop parenting skills, reduce parental anxiety and improve child behaviour. An economic analysis concluded that the cost of providing these programs was modest compared with the long-term costs associated with problem behaviour (doi: 10.1002/14651858.CD008225.pub2).

With the footy season about to start, it won't be long before we see footballers emerging bare-chested from the sea following their post-match cold-water immersion. But other than providing a backdrop for sports reporters, does this serve a useful purpose? Apparently, yes. A new review suggests that cold-water immersion (cryotherapy) reduces delayed-onset muscle soreness after exercise at 1–4 days' follow-up when compared with passive interventions (doi: 10.1002/14651858.CD008262.pub2).

Four new reviews focus on sumatriptan for acute migraine attacks. Together, they combine over 100 studies and 50 000 participants and find that intranasal, oral and subcutaneous forms of administration are all effective at relieving pain, nausea, photophobia, phonophobia and functional disability. Fewer data are available on the efficacy of rectal administration. The adverse effects of sumatriptan are mostly transient and mild (doi: 10.1002/14651858.CD009663, doi: 10.1002/14651858.CD008615.pub2, doi: 10.1002/14651858.CD009665, doi: 10.1002/14651858.CD009664).

Other reviews this month include cardiotocography versus intermittent auscultation for assessment of fetal wellbeing for women at low risk on admission of labour-related complications; oral antihistamine–decongestant–analgesic combinations for the common cold; and even sweet potato for type 2 diabetes.

The Cochrane Library can be found at www.thecochranelibrary.com.

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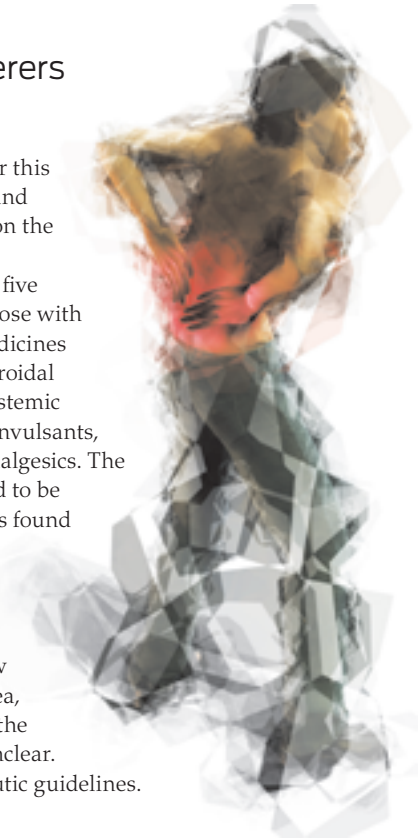
News

No relief for sciatica sufferers



Can drugs offer effective pain relief for sciatica sufferers? A team of largely Australian researchers hoped to answer this vexed question in a systematic review and meta-analysis of 23 published reports on the subject.

Patients diagnosed with sciatica are five times more likely to take drugs than those with low back pain without sciatica. The medicines most frequently prescribed are non-steroidal anti-inflammatory drugs (NSAIDs), systemic corticosteroids, antidepressants, anticonvulsants, skeletal muscle relaxants and opioid analgesics. The quality of the clinical studies was found to be generally low. However, the researchers found that for those with acute sciatica, a small number of trials showed limited and unclear support for the use of NSAIDs and corticosterioids.

Their conclusion? Because of the low quality of the clinical studies in this area, and the low efficacy and tolerability of the medicines used, the picture remains unclear. So, for now, stick with current therapeutic guidelines.

BMJ 2012; 13 Feb (online)

Imagine that

Picture yourself swimming. The changes that just took place in the oxygen levels of the parts of your brain used to form that mental image could soon help in the assessment of patients with severe brain injuries who can't respond physically to verbal instructions. Detection of changes of brain activity involved in mental imagery is increasingly being explored as a more accurate way to assess cognitive abilities and US researchers say a new technique used during functional magnetic resonance imaging to decode these is proving promising. It uses pattern classification of the blood oxygenation level-dependent responses in the brain and in a small study they found it successfully detected covert volitional neural activity in three out of five patients with severe brain injury.

Arch Neurol 2012; 69: 176-181.

New era for drug approval

If you could take a peek into the future of drug approval, you'd probably hear a new acronym being bandied about. AL (adaptive licensing) is being described as the next step in the evolution of drug approval by Professor Hans-Georg Eichler of the European Medicines Agency in London and coauthors. Instead of the current two-phase process — prelicensing and postlicensing — the AL approach aims to bring promising therapies to patients sooner, but in a way that sees the therapies continue to be vetted after their release and before they are fully licensed for use. The authors discuss some issues that need to be resolved if AL is to become the standard road to market for new drugs.

Clin Pharmacol Ther 2012; 15 Feb (online)

Insulin on the increase

Statistics just released from the 2009 National Diabetes register show that the number of new users of insulin in Australia in the period 2000–2009 is largely accounted for by people with type 2 diabetes. The total number of new users of insulin in this period was 222 544, with 77% of these having type 2 diabetes, 12% having gestational diabetes, 10% having type 1 diabetes and 1% having other types of diabetes. There were 172 246 new cases of type 2 diabetes requiring insulin treatment in people aged 10 years and over, with the rate of new cases per 100 000 population in this age group increasing from 74 in 2000 to 117 in 2009. It is unclear whether this represents an actual increased incidence of insulin-treated type 2 diabetes, or an increase in the number of people with insulin-treated type 2 diabetes registering with the National Diabetes Services Scheme.

Australian Institute of Health and Welfare. *Incidence of insulin-treated diabetes in Australia 2000–2009.* Canberra: AIHW, 2012.

Kath Ryan

doi: 10.5694/mja12.n0305

From the MJA archives

MJA 1962; March 10 (edited extract)

Neurosis in general practice: the everyday use (or non-use) of tranquillizers

The neurotic patient is running a marathon and the doctor is his coach. Despite the variations in method, all good medical coaches get their spurts of improvement — of symptoms relieved, of life handled more comfortably and efficiently.

One of the great quandaries of medicine concerns the use of drugs in the treatment of this class of patient. Here is one kind of athletics in which it is legal to dope the runner. The legality is accepted, though the efficacy is open to question. The introduction of tranquillizers, thymoleptics — in fact, the whole burgeoning psychopharmacopoeia — does not appear to have resolved the quandary. Some doctors prescribe regularly. Some refrain from prescribing regularly. Others regularly refrain from prescribing. The main agreement doctors share about neurosis is that there is no specificity in its management — and even this agreement is not absolute.

The expectancy of society for those it appoints as doctors is twofold; they should wear the mantle of "coach" together with that of biological scientist. Effective is he who wears them like a reversible cape.

J E Cawte, Enfield Receiving House and Queen Elizabeth Hospital, South Australia

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