In brief

Reuters Images

Although India has reported no new cases of polio since 31 January 2011, the disease still affects many, including this man returning after swimming at the confluence of the Ganges River and the Bay of Bengal at Sagar Island, south of Kolkata, last month. Huge progress has been made in the past few years to eradicate polio in India. In 2010, 42 new cases of polio were recorded, down from 741 in 2009.

From *The Cochrane Library*

No end to pain in rheumatoid arthritis and a mixed report on self-monitoring

When it comes to managing pain associated with rheumatoid arthritis, there are many options, but few successes. In the latest issue of *The Cochrane Library*, Australian researchers turn the spotlight on muscle relaxants and neuromodulators, only to be disappointed by the paucity of the evidence revealed. Both types of agent have gained clinical acceptance as adjuvant therapies in managing musculoskeletal pain, but the six small studies of muscle relaxants show that neither the benzodiazepines diazepam and triazolam nor the non-benzodiazepine, zopiclone, reduce pain or improve function compared with placebo or in addition to non-steroidal anti-inflammatory drugs (doi: 10.1002/14651858.CD008922.pub2). Both types of muscle relaxant were associated with higher rates of drowsiness and dizziness. For neuromodulators, the outlook is potentially more promising. Four small studies provide weak evidence that using oral nefopam, topical capsaicin and oromucosal cannabis for 1–7 days can reduce pain better than placebo, but each agent is associated with significant side effects (doi: 10.1002/14651858.CD008921.pub2).

Smoking rates among Indigenous populations are often higher than those of the non-Indigenous population. A new review of four studies from Australia, New Zealand and the United States covering pharmacotherapy, behavioural therapies and counselling provides encouraging evidence that smoking cessation interventions specifically targeted at Indigenous populations can help them kick the habit (doi: 10.1002/14651858.CD009046.pub2).

Handing more control to patients in looking after their own health is considered a good thing, but are the outcomes always what would be expected? The review of self-monitoring of blood glucose (SMBG) in patients with type 2 diabetes who are not using insulin now includes six new studies enabling more certain conclusions to be drawn (doi: 10.1002/14651858.CD005060.pub3). Self-monitoring does lower glycated haemoglobin (HbA_{1c}) in newly diagnosed patients, but in patients who have had diabetes for at least a year, the overall positive effects on glycaemic control are small in the short term, and subside after a year. SMBG does not appear to have any relevant effect on general wellbeing or health-related quality of life either, and it may lead to an increase in hypoglycaemic episodes.

Surgery gets the Cochrane treatment this month, being the subject of seven of the 37 new reviews, with topics including surgical intervention for painful obstructive chronic pancreatitis, robotic-assisted surgery for gynaecological cancer, and surgical interventions for treating humeral shaft fractures. *The Cochrane Library* can be found at www.thecochranelibrary.com.

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News

Does anyone understand the NHS reforms?

Despite 25 years' experience researching health systems, including writing more than 30 books and 500 academic papers, a British academic says he still can't understand the UK Government's proposed changes to the National Health Service. The reforms have been described as the biggest shake-up in over 60 years and involve measures such as GPs taking more responsibility for local health budgets and an independent board to run the NHS. Professor Martin McKee, of the London School of Hygiene and Tropical Medicine, says he can't understand the problems the changes are intended to solve. Second, he says he is unable to understand exactly the changes being proposed. "I have tried very hard, as have some of my cleverer colleagues, but no matter how hard we try, we always end up concluding that the bill means something quite different from what the secretary of state says it does", he wrote in the *BMJ*. Professor McKee teaches a course on health systems each year to students from more than 100 countries, and says he had no difficulties explaining US health reforms last year. "This year it is different", he wrote.

BMJ 2012; 17 January (online)

Upper GI bleeding in dialysis patients

The incidence of, and mortality associated with, upper gastrointestinal (GI) tract bleeding has decreased over time in the general population, but new US research shows that renal dialysis patients have not experienced similar declines. The study, which analysed data on 948 345 dialysis patients from 1998 to 2007, found that rates of GI bleeding had not changed substantially among chronic renal failure patients and remained 10 times higher than in the general population. The mortality rate within 30 days of upper GI bleeding declined significantly; however, 11.8% of chronic renal failure patients died within a month of bleeding.

J Am Soc Nephrol 2012; doi: 10.1681/ASN.2011070658

Insight into Hendra virus

An isolated colony of straw-coloured fruit bats on islands off the west coast of central Africa may provide insights into how the deadly Hendra virus has infected humans. The virus has caused pneumonic or encephalitic illness in at least seven people, killing four. In all cases the virus passed to humans from bats via an intermediate equine host. The new research, which included collaborators from the CSIRO, discovered that these African bats have antibodies to henipaviruses (a genus which includes Hendra). The researchers said it appeared that bats had lived and evolved with these viruses for a long time, which may help build the understanding of how the virus has spilled over to humans.

PLoS One 2012; 7(1): e30346

From the MJA archives

MJA 1928; 4 February (edited extract)

Mind healing

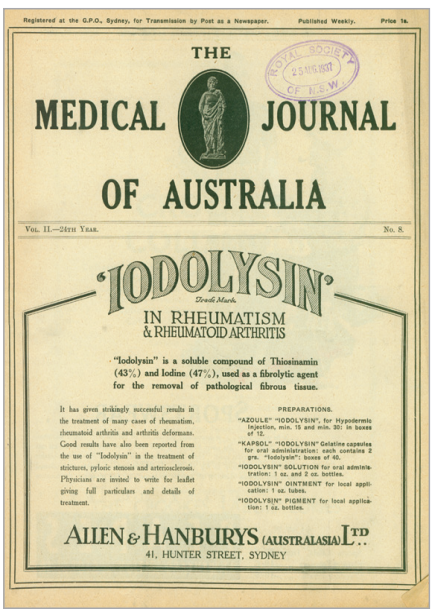
I am sometimes asked if I practise both neurology and psychotherapy. The answer is in the affirmative. Every person with a mental disorder, however trivial, neurasthenias and psychasthenias and hysterias included, should be first approached from the neurological and structural standpoint.

Occasionally, even in this year of grace 1927, an opinion is expressed that for a general practitioner to send a patient to an alienist is useless because he, too, can only talk. I disagree.

The first stage of psychotherapy consists in the case investigation. My own procedure is to obtain a full recital of symptoms, so that the patient is convinced that the doctor knows the whole tale of woe. This usually takes skilled questioning as they are often loath to discuss their real worries. Fear of insanity is common, suicidal or homicidal impulses, masturbation or homosexuality are not infrequent.

Medicine is not to be despised as an auxiliary. In mental disorders there is usually a great tolerance to hypnotics and the dose must be correspondingly large. Whilst in insomnia there is always the possibility of drug addiction, the use of paraldehyde, "Trional", "Medinal" or other preparations may be necessary to break the habit of sleeplessness.

Dr John Bostock,
honorary neurologist,
Brisbane General Hospital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