In brief

Reuters

Witch doctors bless objects left as sacred offerings on Calvary Hill during the annual pilgrimage to the Virgin of Copacabana, near the shores of Lake Titicaca in Copacabana, Bolivia. Many pilgrims believe that if they leave miniature objects to be blessed at the peak, they will receive full-sized versions in real life in the coming year.

From the NHMRC

New policy on managing conflicts of interest in guideline development

The NHMRC (National Health and Medical Research Council) is active in maintaining the integrity of health guidelines, to promote quality and maintain public confidence in health recommendations. Identifying and managing conflicts of interest in guideline development is pivotal to producing a high-quality, trusted product.

Following extensive public consultation, the NHMRC has launched a new policy on identifying and managing conflicts of interest in guideline development processes (http://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/developers/nh155_coi_policy_120710.pdf). The new policy, which came into effect on 1 August 2012, requires the declaration of interests and provides guidance on managing interests.

Ultimately, appropriate management of interests is an issue of judgement and, as with any process using expert opinion and advice, has a context-specific element. Consequently, the new policy relies on a principles-based approach.

Three key principles are: requiring clarity and transparency; balancing the benefit of participants' expertise against the risk of bias associated with their interests; and providing guidance on the disclosure of financial, non-financial and institutional interests.

The new policy recognises that many experts, who bring experience and ideas to guideline development, will also often have competing interests. These interests must be disclosed in a transparent manner, be in the public domain, and be managed appropriately to maintain the integrity of guidelines.

When it comes to questions about how to assess and manage conflicts of interest, there are no easy answers. Balancing the benefit of having people with expertise against the risks of their interests distorting a process requires a nuanced approach. In establishing an advisory committee or developing a guideline, it is prudent to have counterbalancing interests and diverse opinions represented.

The policy meets national and international best practice standards, and it is consistent with management practices aimed at improving the transparency of health and medical research and developing evidence-based health advice. The policy will keep Australia at the forefront of health research in areas that will most benefit the Australian population.

The impact of the new policy will extend far beyond the NHMRC's advisory committees: all guideline developers who register on the NHMRC's Clinical Practice Guidelines Portal, seeking approval under the *National Health and Medical Research Council Act 1992* (Cwlth), need to identify and manage potential conflicts of interest in a manner consistent with the new policy.

Elim M Papadakis
Executive Knowledge and Development Officer

Kerrie J Griggs
Assistant Director

Research Translation Group, NHMRC

doi: 10.5694/mja12.11069

News

Fifth link increases survival after cardiac arrest

A regional care system for survivors of cardiac arrest outside of hospital reduces the risk of death and improves neurological outcomes, Japanese researchers have found. Their study assessed outcomes when transfer to a specialised regional centre providing postresuscitation care — known as the "fifth link" — was added to the American Heart Association's four-link chain of survival, which includes early access to medical care, cardiopulmonary resuscitation, defibrillation and advanced cardiovascular life support. The fifth link implemented a system of advanced care, which included emergency services taking survivors directly to hospitals specialising in advanced care, or from an outlying hospital to the specialty hospital after circulation was restored.

One-month survival with favourable neurological outcome increased significantly from 0.5% to 3% after the advanced care system, which included therapeutic cooling, was implemented, the study found. The authors said the study showed that the introduction of the fifth link regional resuscitation system made it possible to treat all potential survivors in the intensive care unit of a specialised hospital, and may be an independent predictor of outcome.

Circulation 2012; 30 July (online)

Run on risky transcatheter procedures

The minimally invasive heart valve procedure, transcatheter aortic valve implantation (TAVI), is risky and costly, according to an analysis published in the *BMJ*. Belgian researchers said 40 000 TAVI procedures had been done around the world since the procedure was introduced 10 years ago, but the extent of the practice far exceeded the level of evidence. Increasingly, patients suitable for conventional surgery chose to have the quicker and less painful transcatheter procedure, they said, despite the increased cost and risk — the risk of stroke is double with TAVI. They recommended that marketing approval for a high-risk device should only be granted for specific indications. "Patients may be at risk if the high risk device is routinely used outside those indications."

BMJ 2012; 31 July (online)

Alzheimer's more aggressive in younger elderly

While the risk of developing Alzheimer's disease by age 85 is about 50%, a study has found the disease is more aggressive in the younger elderly than in those in their 80s. The study, reported in *PLoS One*, found that people in their 60s and 70s had higher rates of cognitive decline and faster rates of tissue loss in areas of the brain that are vulnerable during the early stages of Alzheimer's. The researchers said the findings had important implications for the detection of Alzheimer's and for the design of clinical trials of therapies.

PLoS One 2012; 2 August (online)

Burden of hand-me-down equipment

High-income countries sometimes donate second-hand medical equipment that causes more harm than good in low- and middle-income countries, a discussion paper published in *The Lancet* has said. Most health technology is designed for environments that have high health spending, a reliable power supply and enough trained professionals to operate and maintain the equipment. In a developing country, such technology can add to the burden of health services that may struggle unsuccessfully to make it work. A better approach was to develop "frugal technologies" that were better suited for local conditions, the paper said.

Lancet 2012; 1 August (online)

Coeliac disease common but undiagnosed

One in 141 Americans — about 1.8 million people — have coeliac disease, but more than 80% of these cases are undiagnosed, a study has found. The researchers estimated the prevalence of coeliac disease using a representative sample of almost 8000 people aged over 6 years. The study also estimated that 0.63% of people in the United States (1.6 million people) are on a gluten-free diet even though they have not been diagnosed with coeliac disease.

Am J Gastroenterol 2012; 31 July (online)

Marge Overs

doi: 10.5694/mja12.n0820

From the MJA archives

***MJA* 1935; 2 November (edited extract)**

Rocking respiration

Artificial respiration is necessary to tide patients over periods of temporary respiratory paralysis in a variety of pathological conditions. In some cases, the paralysis is prolonged over a period of hours, days, weeks or months and the ordinary manual methods of Schafer, Silvester et cetera of artificial respiration become impossible, not only on account of the difficulty of organising relays of operators, but also because of the pain and trauma inflicted on the patient.

A variety of mechanical methods of artificial respiration have been devised to overcome these difficulties. One of these is the rocking method of Killick and Eve, in which the subject is strapped face downward on a stretcher that is pivoted near its centre. As the

patient is rocked up and down, the diaphragm, with its underlying viscera, alternately falls away from and towards the chest. In a normal adult this was found to give a lung ventilation of nearly 9 litres with 10 to 12 rocks per minute … This rate of pulmonary ventilation would be excessive in most cases, so a rate of 6 to 8 rocks per minute seems more suitable …

By H Whitridge Davies
Professor of Physiology
University of Sydney