In other journals

SAFE SEX AND LITTLE BLUE PILLS

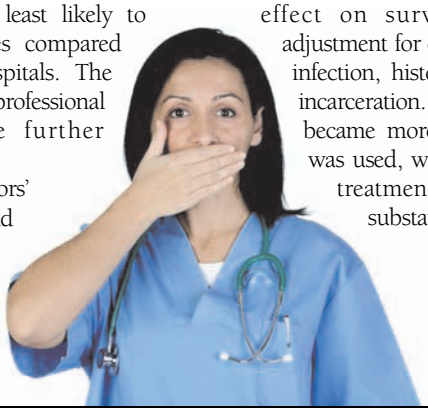
Doctors who prescribe drugs for erectile dysfunction should also routinely offer counselling on safe sex, even to older men, advise the authors of a recent US study. In an analysis of health insurance claims for approximately 34 000 men aged over 40 years prescribed drugs for erectile dysfunction, the risk of sexually transmitted disease (STD) was increased threefold compared with controls. This was mainly driven by HIV infection, and also chlamydia. To see if the observed effect could be explained by changes in sexual activity or behaviour after starting the drug, they also assessed STD rates in the preceding year. They found no significant change, with high rates among the users during both time periods, suggesting that the observed increase in STDs was more likely to be due to the types of patients using the erectile dysfunction drugs than a direct effect of the drug's availability.

Ann Intern Med 2010; 153: 1-7

REPORTING IMPAIRED COLLEAGUES

A survey of 1891 American doctors has shown that about a third of those who were aware of an impaired colleague in their workplace did not inform authorities, despite reporting requirements by professional bodies. Publication of these findings coincides with the new Medical Board of Australia's policy for mandatory reporting of "notifiable conduct" by health professionals. Failure to report was most often due to a belief that someone else was taking care of the problem (19%), that it was not their responsibility (10%), or that nothing would happen as a result (15%); only 12% cited fear of retribution as a reason for not reporting a colleague. Reporting was least likely to occur in smaller practices compared with large clinics or hospitals. The study authors suggest that professional self-regulation can be further improved, possibly by improving doctors' confidence in the system and providing appropriate education.

JAMA 2010; 304: 187-193
doi:10.1001/jama.2010.921



TIME OF BIRTH AND NEONATAL DEATH

Babies born out of office hours may be at slightly increased risk of neonatal death, according to a study of over one million singleton births in Scotland. The estimated risk of neonatal death for babies born out of office hours was 5.6/10 000 compared with 4.2/10 000 for babies born during office hours. Of the 539 deaths, about half were ascribed to intrapartum anoxia (odds ratio for death due to anoxia was 1.7 [95% CI, 1.2–2.3] for after-hours deliveries), and this association remained even after excluding elective caesareans from the analysis. The authors say that these findings may be explained by a number of factors, including variations in staffing at certain times of day and the immediate availability of senior clinicians, and access to clinical facilities such as obstetric operating theatres.

BMJ 2010; 341: c3498. doi:10.1136/bmj.c3498

METHADONE USERS STILL INJECT

While opiate substitution treatments such as methadone can increase survival of injecting drug users, this comes at a price — it also appears to reduce their chances of achieving long-term abstinence. A 27-year follow-up study of 655 injecting drug users living in an impoverished suburb of Edinburgh has shown that those treated with opiate substitution for more than 5 years had a median duration of injecting of 20 years, which was four times that of those who did not have such treatment. However, those who did not take methadone were approximately four times more likely to die within 25 years of first injecting, and the effect on survival remained after adjustment for confounders such as HIV infection, history of drug overdose or incarceration. The impact of treatment became more apparent the longer it was used, with more than 5 years of treatment conferring the most substantial impact.

BMJ 2010; 341: c3172
doi:10.1136/bmj.c3172

KILLER HEATWAVES

Stimulated by increasing concern about climate change, European researchers have studied the impact of severe heatwaves on mortality over 15 years. They found that longer heatwaves were associated with a 1.5 to threefold rise in mortality each day compared with shorter ones and that death was most likely to be due to respiratory, rather than cardiovascular, causes. Older women appeared to be the most vulnerable. The study included the heatwave of 2003, the hottest ever recorded in Europe, with temperatures 20%–30% higher than usual. During this time the relative increase in mortality for residents of Paris was 20 times higher than expected, and five times higher for London and Barcelona.[1] According to the authors, the variable impact of the 2003 heatwave within European cities could not be explained by differences in maximal temperature alone — with factors such as individual adaptability and pre-existing health systems and housing conditions also playing a role.[1,2] Additional risk factors such as living alone and not having access to transport have been identified in a review article published in another medical journal.[3]

1. *Environmental Health 2010, 9:37*
doi:10.1186/1476-069X-9-37

2. *Environmental Health 2010, 9:38*
doi:10.1186/1476-069X-9-38

3. *CMAJ 2010; 182: 1053-1060*
doi 10.1503/cmaj.081050

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