IN OTHER JOURNALS

Science for citizens

Members of the general public (as well as politicians and journalists) need to understand their world, their bodies and how decisions can be made and tested rationally, according to an international expert. A personal paper by Baron says that, to achieve this understanding, they are going to need a better grasp of basic scientific principles. Above all, they need to appreciate that if event B follows event A, then B is not necessarily caused by A.

It wouldn't hurt if members of the scientific community, too, kept this in mind when discussing their own research findings.

J R Soc Med 2003; 96: 509-511

Practice makes perfect?

An author from the US National Quality Forum says there is now enough evidence to insist that patients about to undergo high-risk elective surgery require specific information about outcomes of their surgeon's other patients before giving informed consent.[1]

Dr Kizer was commenting on the findings of a US study of eight types of procedures performed in 474108 Medicare patients aged 65 years or older in 1998-1999.[2] The procedures were either cardio-vascular (eg, coronary artery bypass grafting) or cancer resections (eg, lung resection). For all procedures, patients treated by "high-volume" surgeons — those who performed the procedure more frequently — had lower operative mortality rates.

1. N Engl J Med 2003; 349: 2159-2161
2. N Engl J Med 2003; 349: 2117-2127

Troubled youth

Sydney researchers are concerned that children and adolescents presenting to emergency departments in Western Sydney with aggression (verbal or physical aggression to property or others) and self-harm are currently receiving limited follow-up despite being at risk of further self-harm and increased mortality.[1] The researchers' retrospective review of five years' worth of medical charts suggested that part of the problem may be that these presentations mostly occur after working hours or on weekends, when there are usually many other urgent clinical demands to be met.

An editorialist commented that access to specialist mental health services is generally poorer for children and adolescents than adults across Australia.[2]

1. J Paediatr Child Health 2003; 39: 651-653
2. J Paediatr Child Health 2003; 39: 645-646

Shifting the Pap paradigm

In years to come, human papilloma virus (HPV) testing may become the primary screening tool for cervical cancer, with cytology reserved for triaging women who test HPV-positive, say UK researchers.[1] The HART (HPV in Addition to Routine Testing) study, a multicentre screening study of 11085 women aged 30–60 years, determined that HPV testing is 20% more sensitive than cytology in detecting high-grade lesions, but carries a 5% penalty in extra false-positive results.[1,2]

1. Lancet 2003; 362: 1871-1876
2. Lancet 2003; 362: 1866-1867

Echinacea: not for cure, perhaps for prevention

A randomised controlled trial involving more than 400 healthy children has found an echinacea species (*Echinacea purpurea*) to be no better than placebo in treating upper respiratory tract infection (URTI). Further, echinacea use was associated with an increased risk of rash. However, the US researchers noted that, over a 4-month period of study, children in the echinacea group had fewer second and third URTIs than those in the placebo group. They found this result intriguing and deserving of further study. Although on the one hand the finding may be spurious, on the other it is conceivable that echinacea stimulated an immune response in children — too late to modify the URTI for which it was given but providing protection against a subsequent URTI.

The active medication used in the study was the dried, pressed juice of the above-ground plant, harvested at flowering time and combined with syrup.

JAMA 2003; 290: 2824-2830

The return on INVEST

INVEST (International Verapamil–Trandolapril Study) researchers have reported that, in terms of measured morbidity and mortality outcomes, a calcium antagonist-based treatment strategy is equivalent to a β blocker-based strategy in managing hypertension in patients with coronary artery disease.[1] INVEST was a randomised controlled trial of 22576 patients at 862 sites in 14 countries, with a mean follow-up period of 2.7 years per patient.

An editorialist said that, as INVEST was a comparison of two combinations of three drugs, it was virtually impossible to draw conclusions about the contribution of any single agent.[2] He said that perhaps the message of the study was that verapamil and atenolol may be equally suitable additions for appropriate patients already taking both a diuretic and an ACE inhibitor.

1. JAMA 2003; 290: 2805-2816
2. JAMA 2003; 290: 2859-2861

— Dr Ann Gregory, MJA