This week in the BMJ

Exercise improves fibromyalgia

Graded aerobic exercise is a simple, cheap, and effective treatment for people with fibromyalgia. Richards and Scott (p 185) report a randomised controlled trial of prescribed graded exercise against relaxation and flexibility training. After three months exercise led to significantly more participants rating themselves as much or very much better, and the benefits were maintained or improved at one year follow up. The exercise group also had greater reductions in tender point counts. Exercise training does have limitations, the authors say, due to poor training does have limitations, the authors say, due to poor

Safe alcohol limit rises with age

A direct dose-response relation exists between alcohol consumption and risk of death in women aged 16-54 and in men aged 16-34, whereas at older ages the relation is U shaped. White and colleagues (p 191) use statistical models relating alcohol consumption to the risk of death from single causes to estimate the all cause risk for men and women of different ages. They suggest that women should limit their drinking to 1 unit a day up to age 44, 2 units a day up to age 74, and 3 units a day over age 75. Men should limit their drinking to 1 unit a day up to age 34, 2 units up to age 44, 3 units up to age 54, and 4 units a day up to age 84.

Adult learners need different educational models

Increasing numbers of postgraduate entrants to medical school, greater movement between specialties, and an influx of qualified doctors from overseas means that there are increasing numbers of experienced learners in the workforce. Penny Newman and Ed Peile (p 200) explore the attributes of experienced adult learners and propose appropriate educational models. These, they say, are models that emphasise a facilitative approach, guided reflection, learning from experience, and an adult to adult relationship between learner and trainer. Paternalism in an adult educational relationship is rarely appropriate.

Sleeping sickness is re-emerging

Human African trypanosomiasis, or sleeping sickness, is a re-emerging public health problem in many parts of rural Africa. The protozoan Trypanosoma brucei is transmitted through the bite of a tsetse fly, and the clinical signs of the first stages

Graded aerobic exercise is a simple, cheap, and effective treatment for people with fibromyalgia. Richards and Scott (p 185) report a randomised controlled trial of prescribed graded exercise against relaxation and flexibility training. After three months exercise led to significantly more participants rating themselves as much or very much better, and the benefits were maintained or improved at one year follow up. The exercise group also had greater reductions in tender point counts. Exercise training does have limitations, the authors say, due to poor training does have limitations, the authors say, due to poor

A direct dose-response relation exists between alcohol consumption and risk of death in women aged 16-54 and in men aged 16-34, whereas at older ages the relation is U shaped. White and colleagues (p 191) use statistical models relating alcohol consumption to the risk of death from single causes to estimate the all cause risk for men and women of different ages. They suggest that women should limit their drinking to 1 unit a day up to age 44, 2 units a day up to age 74, and 3 units a day over age 75. Men should limit their drinking to 1 unit a day up to age 34, 2 units up to age 44, 3 units up to age 54, and 4 units a day up to age 84.

Increasing numbers of postgraduate entrants to medical school, greater movement between specialties, and an influx of qualified doctors from overseas means that there are increasing numbers of experienced learners in the workforce. Penny Newman and Ed Peile (p 200) explore the attributes of experienced adult learners and propose appropriate educational models. These, they say, are models that emphasise a facilitative approach, guided reflection, learning from experience, and an adult to adult relationship between learner and trainer. Paternalism in an adult educational relationship is rarely appropriate.

Human African trypanosomiasis, or sleeping sickness, is a re-emerging public health problem in many parts of rural Africa. The protozoan Trypanosoma brucei is transmitted through the bite of a tsetse fly, and the clinical signs of the first stages
Anthropology is needed in health research

Findings from qualitative research have been deemed “thin,” “trite,” and “banal.” Lambert and McKevitt (p 210) explain that the problems lie not in methods but in the misguided separation of method from theory. They advocate the greater involvement of anthropology, which views the familiar afresh and tries to make the strange comprehensible. The authors explain that this discipline has a lot to contribute to qualitative research; it can foster true multidisciplinary research by offering relevant conceptual frameworks, substantive knowledge, and methodological insights.

“Jaundice hotline” improves care

An open referral, rapid access service for patients with jaundice can shorten time to diagnosis and treatment and length of stay in hospital. By installing a system for referring patients with acute jaundice through a 24 hour telephone answering machine and fax line, Mitchell and colleagues (p 213) reduced mean length of stay in hospital from 11.5 days to 6.1 days. The authors say that the most important lesson they learnt was that, with a combination of teamwork and flexibility, major improvements can be made in health service without the need for extra resources.

Following guidelines is not efficient

Prioritising patients for assessment of cardiovascular disease on the basis of previous estimates makes better use of staff time than assessing all adults for their risk of cardiovascular disease. Additionally, treating more patients with low cost drugs is more efficient than prescribing costly drugs such as simvastatin and enalapril for a few patients. Marshall and Rouse (p 197) make these conclusions from the mathematical modelling of data from six strategies for preventing cardiovascular disease. Authors of such strategies and guidelines, they say, should make explicit statements about the resource implications, health benefits, and efficacy of implementing such strategies.

Editor’s choice
Can this be true?

A British general practitioner, much loved by his patients, murdered at least 215 of them and probably killed another 45 (p 181). It took him more than 20 years. The important questions seem to be why; why wasn’t he detected sooner; and could it happen again? Nobody knows why Harold Shipman killed, but a High Court judge has speculated that he was “addicted to killing.” Once he’d started he seemed unable to stop—and needed “larger doses.” He got away with it for so long because he was trusted, the practice of singlehanded general practitioners was largely unmonitored, and the authorities took a long time to accept what seemed unbelievable. We all want to think that it couldn’t happen again, but it is hard to build systems that will deal with extreme events without having adverse effects on the everyday.

Interestingly—but not perhaps unbearably—Shipman has reported the forensic psychiatrist who examined him to the General Medical Council for breach of confidentiality (p 181). The GMC official who opened the letter of complaint must have been astonished, but Shipman still has rights—and a society is to be judged on how it deals with the rights of those at the very edge of society. Nobody is closer to the edge of British society than Shipman.

In Kerala a doctor has got himself into trouble for giving sildenafil (Viagra) to three babies who were extremely ill with pulmonary hypertension (p 181). All three survived. “There were children dying in my presence, and I was expected as a responsible physician to use all available methods to save my patients,” says the accused doctor. The BMJ often finds itself struggling with the question of where clinical innovation ends and experiment begins. This smells like an experiment.

Something strange has also emerged in Scotland. A group has examined all patients with endometrial cancer and found that those who wait longer for treatment survive longer (p 196). The authors don’t know why, but it seems unlikely that any government will demand longer waiting times in order to reduce cancer deaths.

But governments may be asking their advisers to look at indications for arthroscopic lavage or debridement for osteoarthritis of the knees (p 182). The New England Journal of Medicine has reported a trial in which patients were randomised to debridement, lavage, or placebo surgery, in which a small incision was made but no instruments inserted. During two years’ follow up there was no difference in the three groups, potentially pulling the plug on a billion dollar industry in the United States. The trial raises the question of whether all surgical procedures should be tested against placebo. Virtually none have been, removing perhaps any evidence base from surgery.

Lastly, the BMJ is proud to report a true “breakthrough.” For years we have reported on overcrowding in emergency departments. Now an Argentinian intervention has not just reduced attendance at an emergency room but abolished it altogether (p 228).