

In brief

Ashworth reprieved: The health secretary, Frank Dobson, has rejected a proposal to close Ashworth special hospital, near Liverpool. A stricter regime will, however, be imposed in all special hospitals following 60 recommendations of an inquiry, chaired by Peter Fallon QC.

Number without health insurance in US is rising: Over 43 million Americans do not have health insurance, and the number is rising by 100 000 a month, according to a study in the *American Journal of Public Health*. One in six Americans is now uninsured, up from one in seven in 1990.

Extra £10m for colorectal cancer: The Department of Health has announced the allocation of £10m (\$16m) for new initiatives to improve colorectal cancer services. These include developing endoscopy services, increasing the number of nurse led endoscopy sessions, and additional fast track clinics.

Use of cannabis in Netherlands is lower than previously estimated: The use of cannabis in the Netherlands is less than half that previously estimated by the Dutch government, according to a national survey of 22 000 people aged 12 or over. Results show that 323 000 people (2.5% of the population) had used cannabis during the previous month, compared with official government estimates of 675 000.

Centre for diabetes opens in Oxford: The Oxford Centre for Diabetes, Endocrinology, and Metabolism, which will open in 2001, will integrate basic and clinical research, clinical care, and scientific and patient education in hormone related and metabolic diseases. It is being set up with £4.2m from the NHS and £4m from the drug company Novo Nordisk.

Help for air passengers: British Airways is planning to install air to ground cardiac monitors and defibrillators in its long haul aeroplane fleet to help cabin crew deal with in-flight emergencies.

Medical students at risk from needlestick injury

Deborah Josefson, *San Francisco*

Needlestick injuries are common among medical students and pose a significant health risk, according to a new study (*Annals of Internal Medicine* 1999;130:45-51).

Although occupational exposure to bloodborne pathogens is now widely recognised as a hazard for healthcare workers, medical students may be at particular risk, according to researchers at the University of California at San Francisco (UCSF).

In the first comprehensive, long term study of the subject, researchers led by Dr Emilie Osborn found that 11.7% of medical students surveyed had sustained needlestick injuries or mucosal exposures to blood. Between 1990 and 1996 the study surveyed 1022 third and fourth year medical students at UCSF.

The exposures occurred in urban hospitals affiliated with UCSF, in which 34% of the patients have antibodies to hepatitis C, 23% are infected with HIV, and 2.3% have circulating antigens of hepatitis B

virus. The risk of contracting HIV from a contaminated needle is 1 in 300, and that of acquiring hepatitis C is 1.8%. None of the students reported contracting a bloodborne infection as a result of their exposure.

A total of 119 students sustained 129 exposures, and 82% of the exposures occurred while students were serving in four mandatory clerkships: obstetrics and gynaecology, internal medicine, emergency medicine, and surgery.

This increased risk of injury among medical students may stem from inexperience coupled with a desire to please. The researchers also found that needlestick injuries sustained by medical students are under-reported and that students often fail to follow up their injuries with surveillance tests for infectious diseases.

The number of accidents did not decrease with experience: more than half of the exposures occurred during the fourth year. Moreover, the availability of

needle safety devices, which are designed to decrease the risk of puncture wounds, did not adequately protect the students: up to 25% of the injuries occurred with safety needles. Half of the injuries involving safety needles occurred after the needle had been used.

Detailed exposure information was available for 77 of the cases from a standardised report form that has been used by UCSF since 1993. Forty two of these exposures were from needle punctures, 10 were from other sharp devices, and 25 were mucosal splashes.

Of the needle punctures, 43% were caused by suture needles and 31% by hollow bore injection needles. Thirty eight per cent of the injuries occurred during a procedure, and 62% occurred after a procedure but before disposal of the needle.

Sleep deprivation may have been a risk factor: 10 of the 77 exposures occurred in students who had been on duty for at least 16 hours, and 14% occurred in students who had had less than four hours of sleep in the previous 24 hours.

Medical students tended to underreport their exposures see pages 139, 158. □

Fat is a medical issue

Annabel Ferriman, *BMJ*

The Royal College of Physicians has come out in favour of using drugs to combat obesity in certain circumstances. In an updated version of its 1997 report on the clinical management of overweight and obese patients, the college supports the use of drugs to treat obesity in adults with a body mass index of $>30 \text{ kg/m}^2$ who have failed to lose 10% of their weight through a combination of diet, exercise, and behavioural change.

The report cites the increasing prevalence of obesity as a "serious medical issue rather than a perversity of current fashion." Between 1980 and 1996 the prevalence of obesity in England increased from 6% to 16% in men and from 8% to 17.3% in women.

The rise in prevalence is due,



Obesity is not "a perversity of current fashions"

the report says, primarily to environmental and lifestyle factors, although it recognises the influence of genetic factors that make some individuals more susceptible to obesity than others.

The college's guidance is designed to apply to both current and future drugs for obesity. It recommends that the first strategy to help patients to reduce weight should be a combination of supervised diet, exercise, and changes in behaviour patterns.

But if this is unsuccessful in

achieving a 10% weight reduction after three months, drug treatment "may be justified." If, after three months of taking drug treatment for obesity, the patient has not achieved a 5% weight reduction, the drug should be stopped. □

Clinical Management of Overweight and Obese Patients—with Particular Reference to the Use of Drugs is available from the Royal College of Physicians of London, price £8 (plus £1.20 postage and packing).