Trial of steroids for treating head injury begins

Zosia Kmietowicz, *London*

A major international trial has been launched to determine whether the delivery of corticosteroids shortly after head injury can reduce deaths and disability after accidents.

Corticosteroid randomisation after significant head injury (CRASH) is an international, multicentre trial, in which 20 000 people with a recent head injury and impaired consciousness will be randomised to receive a 48 hour infusion of corticosteroids or placebo. The trial, supported by the Medical Research Council, will include 63 centres in the United Kingdom, the Czech Republic, Italy, Ireland, Germany, and Switzerland.

Although corticosteroids have been used in some centres for severe head injury for the past 20 years, results of trials have been inconclusive. Combined results of these studies

CRASH will investigate the use of steroids in treating head injury

point to a reduced risk of death among treated patients of about 2%, but the 95% confidence interval runs from 6% lower to 2% higher mortality, indicating that treatment may be beneficial or even slightly hazardous.

"The CRASH trial will determine reliably the effects on death and on disability of short term corticosteroid infusion following significant head injury," said Dr Ian Roberts, clinical coordinator of CRASH. "If corticosteroids can reduce the risk of death and neurological damage by 2% then this is substantial considering the number of people who are killed and permanently disabled through head injury each year."

Interest in the role of corti-

costeroids in preventing neurological damage has been renewed after encouraging results in people with spinal cord injuries, such as the American actor Christopher Reeve. A short course of corticosteroids given shortly after injury is thought to prevent post-traumatic neuronal degeneration. "Some brain damage occurs at the time of injury, and it continues. This regimen is believed to prevent the ongoing process," said Dr Roberts. □

Further information is available from CRASH Coordinating Centre, 30 Guilford Street, London WC1N 1EH (tel: 0171 242 2092; email: CRASH@ich.ucl.ac.uk; website: www.crash.ucl.ac.uk)

Chief medical officer clears genetically modified foods

Linda Beecham, *BMJ*

The chief medical officer for England, Dr Liam Donaldson, has said that there is no evidence to suggest that the technologies used to produce genetically modified foods are harmful to health.

In a report published last week, Dr Donaldson said that many of the issues that had been raised applied equally to foods produced by conventional means—for example, potential nutritional imbalances or allergic effects could occur from either type of food. He was reassured by the precautionary nature of the current procedures, but recommended setting up a national surveillance unit to monitor health aspects.

He welcomed the moves to improve the openness of the regulatory procedures to public scrutiny and would like to see further moves to help inform public debate about the health implications of genetically modified foods. He also recommended that the use of antibiotic marker genes in the production of genetically modified foods should be phased out as soon as is feasible.

The government has accepted all the recommendations. The minister for food safety, Jeff Rooker, said that the report "makes clear that concerns about the safety of genetically modified foods on the market were ill founded. The Food Standards Agency will ensure that ministers will continue to receive rigorous and impartial advice on safety."

The BMA was disappointed that there was no firm proposal on labelling: "Without separation of genetically modified and non-genetically modified foods and without clear labelling rigorous health surveillance will be impossible." The head of the association's health policy research, Dr Vivienne Nathanson, said: "The fact that there is no evidence of adverse effects is not the same as knowledge that genetic modification is safe." □

Kent private finance initiative scheme will not save money

Arnold Kemp, *London*

The National Audit Office has warned that the new Dartford and Gravesham Hospital in Kent, to be built under the private finance initiative (PFI) scheme, may prove more expensive than it would be under traditional methods.

The report on the £177m (\$283m) contract signed in 1997, tried to look on the bright side but was "quietly damning". The trust hoped that the scheme would save £17m (\$26.5m) against public procurement, but the true figure of only £5m means that, because of other variables, "the PFI solution could prove more expensive." The trust will have to find an extra £4m a year in revenue. The successful bidder out of an original four, Pentland, raised its contract price by 33%. The trust did not demand a full analysis of the reasons but whittled

down the increase by abandoning plans for services and selling off land. Legal and other external costs rose from an estimate of about £300 000 to £2.4m.

The trust accepted that developments in clinical practice and medical technology would reduce the numbers of inpatients, a claim that has aroused concern among doctors. Nearly 60% of local GPs feared that the new hospital, with only 400 inpatient beds—75 fewer than in the three hospitals it replaces—would not satisfy patients' needs.

The BMA warned that doctors and nurses at the new hospital would be required to work 20% harder to meet the throughput of patients and that the deal would have a significant impact on services in the community. Dr Peter Hawker, chairman of the BMA's consultants'

committee, said that there was "universal concern" about the loss of beds and "rash assumptions" about work intensity.

On a brighter note, the report found that the contract "is likely to deliver the services the trust wanted," with innovative features, and do so "considerably faster than under public procurement." But it suggested several lessons that should be applied to subsequent schemes: 12 have been signed off in England and three in Scotland.

The Labour government, now calling the scheme "public private partnership," was unrepentant in its continuing support of a funding mechanism which it denounced in opposition. The English health minister John Denham said: "I am pleased that the National Audit Office has concluded that it was reasonable for [the trust] to go ahead with the contract." □

The PFI Contract for the New Dartford and Gravesham Hospital is available from the Stationery Office, price £11.10.