BMJ family highlights

What's new this month in BMJ Journals

The walking wounded avoid painkillers

Patients presenting to the minor side of an accident and emergency department with pain rarely take analgesics before attending. Their reasons include not having tablets and not liking tablets, or they regard their pain as insufficiently severe. Only 6% had not given the matter any thought. These authors are now trying to ascertain the expectations of "walking wounded" patients who are in pain.

Emerg Med J 2003;20:228-9

Genetic counselling should be individualised

Women at risk of familial breast cancer were asked how they wanted their clinicians to explain their personal risk. There was no consensus: some wanted the description as a number but others preferred words, which they viewed as less precise—and perhaps as less threatening. Some of the former preferred a percentage, others a proportion, and a few best understood gambling odds. A third wished to know their lifetime risk, and a third wanted a prediction for the next 10

years only. After counselling they were better aware of their personal risk, but no particular method of telling them seemed more effective than any other. The authors conclude that risk is a difficult concept to grasp and that people differ in what and how they want to know.

Chiropractic causes leak of CSF

A chiropractor manipulated the spine of a 40 year old woman by rotating her head while exerting axial tension. She felt sudden neck pain and subsequently experienced vomiting and headache. Six days later she developed double vision due to a right-sided sixth nerve palsy. Her doctor diagnosed intracranial hypotension. Axial (A) and sagittal (B) T2 weighted magnetic resonance imaging at the level of the first and second cervical vertebrae showed cerebrospinal fluid in the dorsal perivertebral space around the dural sac (arrows). Repeat imaging after recovery showed no anatomical abnormality, suggesting the manipulation had provoked a dural tear and leak of cerebrospinal fluid.

J Neurol Neurosurg Psychiatry 2003;74:821-2

They say that time should be spent exploring each patient's understanding during counselling.

J Med Genet 2003;40:e56

Steroid injection is no better than physiotherapy for shoulder pain

Primary care patients without rotator cuff injury but with a new episode of unexplained shoulder pain were randomised to receive a subacromial steroid or six weeks of physiotherapy. Overall, disability after six weeks and after six months was similar in the two groups. One positive outcome for general practitioners is that patients receiving physiotherapy were less likely to reconsult. How GPs should proceed must depend on factors such as the availability of physiotherapy and their own skill in giving subacromial injections.

Ann Rheum Dis 2003;62:394-9

Steroid injection is no help for painful arc syndrome

Adults with post-traumatic shoulder pain due to incomplete rotator cuff injury (painful arc syndrome) were treated with a single subacromial injection of 40 mg of methylprednisolone. Treatment did not relieve pain sooner in these patients than in controls, nor did treated patients become mobile sooner. This treatment should be abandoned in patients with persistent post-traumatic impingement syndrome, the authors say. Fortunately there were no ill effects. Remaining options are rest, analgesia and physiotherapy (but see above).

Emerg Med J 2003;20:218-21

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Deaths from myocardial infarction (means and 95% confidence intervals shown) were low on the day France won the football World Cup in 1998. Collective euphoria may have negated the effects of stress and alcohol and tobacco consumption.

Heart 2003;89:555

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