BMJ family highlights

What's new this month in BMJ Journals

Adding mesalazine enemas improves outcome in extensive ulcerative colitis

A randomised placebo controlled trial has shown that adding a nightly mesalazine enema improves remission rates in patients with extensive ulcerative colitis who are already being treated with the oral preparation. After eight weeks, nearly 90% of those receiving combined treatment had improved (44% in remission) compared with under 70% of those having placebo enemas (34% in remission). Treatment was safe and well accepted, so should be considered as first line for those with colitis extending beyond the splenic flexure.

Gut 2005;54:960-5

Beware of treating umbilical granulomas with silver nitrate

Periumbilical ulceration in a 30 day old baby treated by her general practitioner with silver nitrate for an umbilical granuloma. The authors say that salt crystals are an effective and safe alternative.

Arch Dis Child 2005;90:674

Many junior doctors don't know where to insert a chest drain

Nearly half of 55 junior doctors surveyed at one hospital could not identify the safe area for insertion of a chest drain, as defined by the British Thoracic Society. Senior house officers were more likely than preregistration house officers to pick the correct area on a photograph, as were those with previous experience of undertaking the task. All those with cardiothoracic surgical experience found the right spot, but only 40% of those with experience in respiratory medicine did so. As doctors in many hospital departments might meet a patient with a large pneumothorax (rim of air >2cm between chest wall and lung margin), the authors advise that training programmes should make inserting a chest drain a priority.

Postgrad Med J 2005;81:456-8

Txtng cn hlp u quit cigs

New Zealand researchers targeted young mobile phone users who said they wanted to quit smoking. They agreed a quit date about 30 days after randomisation. The intervention group—initially 852 strong—were bombarded with personalised text messages providing advice, support, and distraction. Half the messages were smoking based and half were distractions involving sports, fashion, travel, and trivia. Five messages were sent for each of the five days before the quit date and throughout the following month. Six weeks later, twice as many in the intervention group had quit compared with controls (who simply received a weekly thnk u txt). Both groups over-reported, but random confirmation by salivary cotinine measurements

Protocol for preparing amputated limbs for replanting

Practical measures to prolong ischaemia time of an amputated limb are firstly to resuscitate the patient and then to attend to the limb. It should be handled gently, preferably by just one doctor, then photographed for others' inspection. Fragments of tissue should be kept and the limb x rayed, wrapped in sterile gauze, and placed in an insulated chest containing crushed ice and water. A proximal artery should be cannulated and a tissue perfusion fluid (such as University of Wisconsin cold storage solution) infused continuously during transfer to the nearest plastic surgery unit.

Emerg Med J 2005;22:478-80

showed this was equal in the groups. At 26 weeks' follow-up (and despite differential dropouts) people in the intervention group were still more likely to have quit. The authors say the next stop is China, with its 250 million mobile phone users.

Tobacco Control doi: 10.1136/tc.2005.011577

Missing a traffic signal may be an early sign of Alzheimer's

Thirty three patients with mild, early Alzheimer's disease drove a monitored vehicle along a one mile stretch of dual carriageway, during which they were asked to verbally identify road signs and restaurants.

The patients performed poorly compared with age matched controls without neurological impairment. They identified fewer landmarks and committed more at-fault safety errors, such as failing to notice a large speed limit sign, suggesting difficulty in task switching between driving and observing. Some Alzheimer patients performed well, so assessing fitness to drive should include controlled cognitive challenges while driving.

J Neurol Neurosurg Psychiatry 2005;76:764-8

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