BMJ family highlights

What's new this month in BMJ Journals

Plantar fasciitis may respond to botulinum toxin

An open pilot study in nine patients with chronic plantar fasciitis suggests that botulinum toxin A may prove to be a useful treatment. The patients, whose symptoms had lasted 2-36 (mean 14) months, were given 200 units of the preparation, formulated as Dysport. Pain at rest had diminished substantially at two week follow-up, with the improvement being maintained at one year. No adverse event was encountered. The authors, from Berlin, now intend to conduct a randomised controlled trial.

Ann Rheum Dis
2005;64:1659-61

Bupropion not a risk for sudden death

Analysis of over 9000 patients who had been prescribed the antismoking drug bupropion contradicts claims in the UK

tabloid press that the drug may cause sudden death. Data were extracted from a GP database involving 3.1 million patients in 221 practices. Follow-up was for 17 586 person years, during which there were 121 deaths. Two people died within 28 days of being prescribed the drug—a lower rate than at other times. The authors say there is probably an increased, non-significant risk of seizures associated with bupropion of about 1:2000 person years, a rate similar to that for other antidepressants. They also state that their findings suggest that hesitancy in using the drug for smoking cessation on grounds of risk of death is unfounded.

Thorax 2005;60:848-50

Even light smokers face increased risk of death

The risk of death from ischaemic heart disease (IHD) and from all causes is increased even among

Leeches still have a use

Leeches were effective in treating a massive haematoma causing right forearm compartment syndrome. The patient had been treated with anticoagulants before cardiac catheterisation via the radial artery. Hardening and discoloration of the forearm was followed by motor and sensory deficits of the hand. Thirteen leeches removed about 145 ml of blood, with resolution of symptoms and signs. The authors suggest that during such treatment a hand surgeon should be available in case a surgical procedure becomes necessary.

J Neurol Neurosurg Psychiatr 2005;76:1465

Ethical challenges for military medical officers

Military medical officers working with United Nations peacekeeping operations face ethical dilemmas in balancing their duties to the troops whom they accompany with accepted or perceived moral obligations to the local civilian population. Their duty to report human rights abuses, for example, may bring them into conflict with their military superiors. They may have inadequate training in local cultural and social sensitivities and may not be permitted to use medical supplies other than for the troops they serve. An article in the *Journal of Medical Ethics* discusses how to deal with these dilemmas.

J Med Ethics 2005;31:571-4

smokers who smoke as few as one to four cigarettes a day; in women the increased risk applies also to lung cancer. Recent follow-up of over 42 000 Norwegian adults, first questioned in the mid-1970s, showed a relative risk of death from ischaemic heart disease in men of 2.74 (95% confidence interval 2.07-3.61) compared with non-smokers; the risk for women was even higher; the relative risk of death from any cause was 1.57 (1.33-1.85). These findings contradict past statements from the Norwegian tobacco industry that there is probably a threshold for safe smoking and that a few cigarettes a day do not pose a health risk.

Tobacco Control 2005;14:315-20

Use of defibrillators by lay staff is successful

Audit of the first 172 cases of cardiac arrest dealt with by trained lay staff at airports, railway and underground stations, and bus terminals, found that there was a shockable

rhythm in 135 patients. Automated shocks were given three to five minutes after collapse. Survival to hospital discharge was over 28%; the rate reported previously by ambulance services in England was 2%. The rapid delivery of care by the trained lay responders, compared with the necessarily delayed arrival of paramedics, is presumed responsible for these encouraging results. Confidentiality rules prevented the investigators from collecting comprehensive follow-up information, but all cases are believed to have been reported. The findings prompt the question of whether provision of automated defibrillators should be expanded to other, less highly populated, public areas.

Heart 2005;91:1299-302

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