BMJ family highlights

What's new this month in BMJ Journals

Anti-epileptics can be withdrawn safely in pseudoseizures

Anticonvulsant drugs can safely be stopped in patients with pseudoseizures (non-epileptic seizures) with little risk of provoking fits or other important events. Investigators in Glasgow followed 78 such patients whose diagnosis had been confirmed by video-electroencephalographic analysis. Three (one of whom had previously had a glioma resected) developed a new type of attack, identified as complex partial seizures; they required retreatment with lower doses than before. Half of the remainder reported freedom from attacks for at least two months at one year follow-up, and only one patient reported an increase. Preceding

comorbidity, such as medically unexplained symptoms, depression, and dependence on social security benefits, was common, but only 18% reported new symptoms after withdrawal. The authors conclude that withdrawal under supervision at an appropriate specialist centre is safe.

J Neurol Neurosurg Psychiatry 2005;76:1682-5

Patients keep bites to themselves

Thirty eight of 96 patients attending the accident and emergency department in Edinburgh over six months with skin injuries had lesions caused by human bites but had not divulged the cause when an admission history was taken. This finding came to light after all patients with skin injuries were specifically asked if the wound could have been caused by biting and were reminded of the risk of infection. Patients were more likely to give a factitious history or present late if they knew their adversary personally. Of the 12 patients who attended specifically to ask about the risk of viral transmission, six had been bitten by someone known to be infected with HIV or hepatitis C virus; 10 were employed in health, education, or law enforcement. The authors caution clinicians who see patients with superficial injuries to ask specifically about bites as they may not be told spontaneously.

Emerg Med J 2005;22:883-4

Repeat course of tegaserod helps irritable bowels

Women with irritable bowel syndrome and constipation had rapid and sustained relief of symptoms during repeat courses of the 5-HT₄ agonist

Home nebulisers light up the gas

Three patients became alarmed when the flame of gas heaters changed colour when they used their nebulisers for bronchodilator or other treatment. Two called out gas maintenance engineers and the third bought a new gas heater. Sodium in the fine saline mist that is produced will turn a gas flame bright orange yellow (bottom figure), even if the flame is 2 metres or more away. The colour change remains for about 10 minutes after nebulisation is discontinued. Prescribers should warn their patients about this.

Thorax 2005;60:1068

Imaging collaterals in aortic coarctation

Multislice computed tomographic angiography (deleting bones, heart, and pulmonary vessels) shows the extent of collateral circulation in a young man with aortic coarctation. Blood flows through new vessels from the internal thoracic arteries to inferior epigastric and intercostal arteries and from the subclavian arteries through the thoracoacromial arteries to the intercostals.

Heart 2005;91:1422

tegaserod 6 mg twice daily for four weeks. All women who responded positively in the treatment arm of a double blind placebo controlled trial entered a treatment-free interval before being randomised and treated again. The agonist was better than placebo in relieving abdominal discomfort or pain, bloating, and constipation, and patients reported greater satisfaction, work productivity, and improved quality of life. The only documented adverse event, transient diarrhoea, was

reported by fewer than 5%. The trial recruited patients from numerous units in 24 countries; the paper contains full disclosure of the role of the sponsoring pharmaceutical company.

Gut 2005;54:1713-7

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