including ergonomic advice and prescription of analgesic drugs if necessary.⁷ Evidence indicates that such a wait and see policy will suffice for most patients.¹⁻⁵ Most studies were not sufficiently powered to detect clinically relevant subgroup effects, however, so a meta-analysis of individual patient data would help determine which subgroups of patients may benefit from more extensive treatment. Furthermore, a standard set of baseline and outcome measures for patients with lateral epicondylitis will facilitate direct and indirect comparisons of interventions across studies.

Clinicians should understand and discuss the advantages and disadvantages of the treatment options with their patients. If people prefer quick relief of symptoms, a corticosteroid injection might be suitable, but the long term prognosis may be poor. For most

patients, a wait and see policy with adequate advice and provision of analgesic drugs will suffice. For patients with severe and persistent elbow complaints, physiotherapy may provide an effective, and possibly cost effective, alternative.

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Families with disabled children

Social and economic needs are high but remain largely unmet

The profile of disabled children in the United Kingdom is changing. More disabled children and young people live in the UK than ever before (about 770 000 according to criteria defined in the Disability Discrimination Act), and the number of children with the most severe or complex needs—such as those with autistic spectrum conditions or with complex health and nursing needs—is also increasing. The needs of families with a disabled child, which involve input from professionals working in many different agencies, are often unmet. This situation will continue unless efforts are made within the opportunities provided by new child and health service policies and structures (such as the Common Assessment Framework for Children and Young People; www.everychildmatters.gov.uk/deliveringservices/caf/) to give families better support.

Around 55% of families of disabled children live in poverty; they have been described as “the poorest of the poor.”¹ It is within these constrained financial circumstances that families have to meet costs associated with bringing up a disabled child, which are estimated to be three times those of bringing up a non-disabled child.² Unlike in other families, paid work is not the potential solution. The child's care needs, multiple appointments with healthcare professionals, and lack of child care affect parents' ability to work. Mothers with disabled children are much less likely to have paid employment than other mothers.³ This

means that many families are, to a greater or lesser extent, reliant on benefits. Indeed, state benefits are the sole source of income for 90% of lone parent families with a disabled child.³ Current disability benefits do not meet the additional outgoings associated with having a disabled child.² In addition, it is the most disadvantaged families (including those from some minority ethnic groups) who are least likely to apply for the main disability benefit for families with a disabled child (disability living allowance).⁴⁻⁵ Such families are also less successful when they do apply.⁴

Parents with disabled children have higher levels of stress and lower levels of wellbeing than parents with non-disabled children. Factors influencing levels of stress include the child's sleep and behaviour problems, families' material resources, parents' employment situation, social support, unmet service needs, and parents' coping strategies.⁶ Some interventions have improved children's sleep and behaviour problems and parental stress.⁷⁻⁹ However, many parents report that they want but do not receive help in these areas.

Living in suitable housing and having appropriate equipment to assist with activities of daily living are also key factors promoting families' wellbeing. Yet most families report problems with their housing¹⁰ and unmet needs for equipment.¹¹

Disabled children and their families often lack suitable local leisure facilities and accessible transport, and

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they often face hostile attitudes of staff and members of the public.¹² These factors prevent them from taking part in activities as a whole family.

Parents frequently report the need for a break from caring. Such a break can provide time for themselves and their partners, and time to spend with their other children. Services that provide short term breaks can reduce mothers' stress, but many families have problems obtaining appropriate services.¹³ Children for whom provision is most inadequate include those with complex health needs or with challenging behaviour or autistic spectrum disorders and children from minority ethnic families.

How can primary care trusts respond to these issues? Studies of key worker services have consistently shown positive effects on unmet needs and family well-being.¹⁴ Key workers are part of the solution to ensuring a more holistic assessment of families' social and economic needs. However, key workers cannot provide access to resources that do not exist in their local area. Thus primary care trusts can have several roles. They can ensure that workers are aware of the needs of disabled children and their families. They can make sure that families are offered a key worker, that families' needs are assessed (by asking questions about the child's sleep patterns, housing problems, and parents' levels of stress, for example), and that appropriate interventions are available in their local area.

Primary care trusts can also promote strong multiagency working and commissioning of services for disabled children. They can also ensure that the needs of disabled children and their families are central to the agendas of children's trusts and that

housing and leisure agencies are included in plans to meet these needs.

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Breast feeding and intelligence in children

Mediated by mother's intelligence rather than better nutrition

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Many studies report that children who were breast fed perform better in tests of intellectual competence than those who were not.¹⁻³ This association is seen for full term infants and more strongly for those who are preterm or of low birth weight. The IQ advantage for full term infants is small, roughly three to four points, but it is remarkably consistent across studies. It is unclear, however, whether this difference reflects a direct nutritional advantage or a difference in socioenvironmental factors that are more favourable in women who breast feed.

Women who breast feed are more likely to provide their child with a more enriched and cognitively stimulating environment than those who do not breast feed, which could contribute to their children's better cognitive performance. Several studies have reported a positive relation between mother's IQ and the decision to breast feed.¹ A study in this week's *BMJ* by Der and colleagues assesses the impact of controlling for maternal intelligence and other confounding factors on this association.¹

To distinguish between the contributions of nutrition and socioeconomic factors to childhood IQ, previous studies have used socioeconomic status and maternal education to measure the quality of the child rearing environment.² Studies that show a positive effect of breast feeding on childhood IQ after controlling for socioeconomic status and mother's education conclude that breast feeding has a benefit above and beyond that of a better child rearing environment. In our cohort of 323 children from Michigan, we confirmed previous findings of a positive association between breast feeding and higher childhood IQ after adjustment for socioeconomic status and mother's education.⁴ However, when we also controlled for more direct indicators of parental cognitive stimulation—maternal vocabulary IQ and the home observation for measurement of the environment scale (HOME)—the association between breast feeding and childhood IQ was no longer evident. HOME is a semistructured interview and behavioural observation measure that assesses the quality of intellectual stimulation and emotional support provided by parents. Despite these

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