In brief

UK government modifies target for emergency departments:

The health secretary, John Reid, has proposed there should be a small number of exceptions to the government's target that no patient should wait longer than four hours in an accident and emergency department.

Charity commits \$55m to vaccine against dengue:

The Bill and Melinda Gates Foundation has committed \$55m (£34m; €49m) to develop an effective vaccine against the dengue virus. The foundation is contributing the money to a consortium called the Pediatric Dengue Vaccine Initiative, which includes research institutions, public health organisations, and industrial firms.

Patient caught SARS in laboratory:

The isolated case of severe acute respiratory syndrome (SARS) that emerged in Singapore last week has been traced to a research laboratory where the patient had been working. He had been working on the West Nile virus, but other workers had been culturing the SARS virus.

WMA condemns torture:

Physicians around the world have been urged by the World Medical Association (WMA) to denounce acts of torture or cruel, inhuman, or degrading treatment. At its general assembly meeting in Helsinki, Dr Yoram Blachar, the WMA's chairman, said: "We as physicians are the advocates and partners of our patients, and we want to send a clear and unambiguous message to all perpetrators of torture that we condemn this abhorrent practice."

Texas approves malpractice cap:

Texans last week voted to put a limit on negligence awards to patients for "pain and suffering" of \$750 000 (£468 600; €664 600). The maximum to be paid by a doctor is \$250 000, and the maximum for a hospital or care provider is \$500 000. A similar bill (the Patients First Act) supported by President Bush and the American Medical Association was narrowly defeated in the US Senate (19 July, p 124).

Study shows what INR level is best for preventing stroke in patients with atrial fibrillation

Janice Hopkins Tanne *New York*

Patients with atrial fibrillation who took warfarin in dosages to maintain an international normalised ratio (INR) in the recommended range had fewer ischaemic strokes, less severe strokes, and were less likely to die than patients who took lower doses of warfarin or who took aspirin or no treatment, reports a large study in the *New England Journal of Medicine* (2003; 349:1019-26).

Atrial fibrillation can lead to the formation of clots that travel to the brain. It causes 80 000 strokes in the United States each year.

The study involved 13 559 patients with non-valvular atrial fibrillation who were members of Kaiser Permanente, a US health-care organisation. In the 18 months of the study (July 1996 to December 1997) there were 596 ischaemic strokes, almost all of which were confirmed by cranial

computed tomography or magnetic resonance imaging. Of the strokes 32% occurred in patients taking warfarin, 27% in patients taking aspirin, and 42% in patients who were not taking an anticoagulant.

Use of aspirin and warfarin was noted in admission charts, and anticoagulation levels after warfarin treatment were measured on patients' admission to hospital. However, there is no clinically useful way to measure the anticoagulation effect of aspirin or whether the patient has been taking aspirin as recommended.

Only 5% of the patients who were taking warfarin and whose INR was in the recommended range of 2.0 to 3.0 died or were discharged with disability resulting from a severe stroke, said the lead author, Dr Elaine Hylek, assistant professor of medicine at Harvard Medical School and

Massachusetts General Hospital. This compared with 15% of patients whose INR was less than 2.0 and 13% of patients taking aspirin. The corresponding figure for patients receiving no anticoagulant was 22%.

The study used the Rankin scale to measure functional deficits of daily living. This scale rates patients according to whether they need 24 hour care, whether they have muscular weakness or partial paralysis on one side of the body, or whether they just have a clumsy left hand.

Dr Hylek said that although it was known that warfarin reduces the risk of stroke, this study showed that it was important that the INR remained in the recommended range of 2.0 to 3.0 in order to reduce the risk of stroke, the severity of stroke, and mortality.

She said that doctors sometimes reduce the dosage of warfarin for patients aged over 75, but the study showed that an INR below 2.0 increased the likelihood that a stroke would be fatal or cause serious disability.

"What the study contributes is confidence in target levels of 2.0 to 3.0," she said. □

Value of prescribing heroin is uncertain

Susan Mayor *London*

More research should be carried out into the effectiveness of prescribing heroin for addicts before the treatment is expanded in Britain, recommended a review published last week.

The review found that the evidence base for prescribing heroin was relatively weak, with only a few studies evaluating its effectiveness.

One of the review's authors, Nicky Metrebian, a research fellow in the Department of Social Science and Medicine, Imperial College, London, said: "The available evidence suggests that heroin is potentially effective as a treatment for some patients—particularly long term injecting drug users who have tried and failed other treatments. But the

Heroin addicts in Massachusetts

unanswered questions include whether any benefits of prescribing heroin outweigh the additional costs."

She added: "An expansion of heroin prescribing is generally welcome as part of efforts to improve the health of drug users, but it must be accompanied by a rigorous, scientific evaluation of its value in treatment."

The report found that heroin was rarely prescribed. Of 70 doc-

tors licensed to prescribe heroin only 46 were actually prescribing it, for only 448 patients. Far more people—an estimated 40 000 to 80 000—were being treated with methadone.

The review, which was funded by the Joseph Rowntree Foundation (an independent research body), is the first overview of how and why heroin is prescribed in the United Kingdom.

The report recommends that any expansion of heroin prescribing should be systematically monitored and evaluated. This should include a major research trial, conducted in several locations, comparing the effectiveness of prescribed heroin with standard methadone treatment. "It would be a clear failure of vision if, 10 years ahead, we still have the same vague system and the same unanswered questions about the effectiveness of prescribing heroin," the report concludes. □

Prescribing Heroin: What is the Evidence? is available from York Publishing Services, tel 01904 430 033. The report is at www.jrf.org.uk