Tender points in fibromyalgia

EDITOR,—Peter Croft and colleagues contend that tender points in fibromyalgia are associated with depression.¹ This conclusion is based on their use of the 12 item general health questionnaire as a measure of depression. This questionnaire, however, is not a screening instrument for depression; it is used to detect psychiatric disorder, which can include depression, anxiety, and psychotic disorders.²

The findings obtained with the general health questionnaire are consistent with the conclusion that tender points are associated with psychiatric disorder. This is consistent with the main point of the paper, which is that tender points are a measure of general distress.

JOHN D SHEEHAN
Consultant psychiatrist

York Clinic,
London SE1 1NP

- 1 Croft P, Schollum J, Silman A. Population study of tender point counts and pain as evidence of fibromyalgia. *BMJ* 1994;309:696-9. (17 September.)
- 2 Goldberg D. *Manual of the general health questionnaire*. Windsor: NFER-Nelson, 1978.

actively promoted, given the large fall in the sudden infant death syndrome that may result.^{1,4} Asians' gradual assimilation of the cultural and infant care practices of white mothers in Britain may partly be due to the misleading advice propagated by popular literature that mothers are increasingly exposed to in Britain. Simple advice concerning the safest sleeping position for infants needs to be directed at both Asian and white people.

I SADA F FAROOQI
Research fellow in medicine
GREGORY Y H LIP
Research fellow in medicine
D GARETH BEEVERS
Professor of medicine

Department of Medicine,
City Hospital,
Birmingham B18 7QH

- 1 Knighton J, Knighton K. Definition of the sudden infant death syndrome. *BMJ* 1994;309:607-8. (3 September.)
- 2 Farooqi S, Perry IJ, Beevers DG. Ethnic differences in infant rearing practices and their possible relationship to the incidence of sudden infant death syndrome (SIDS). *Paediatric and Perinatal Epidemiology* 1993;7:245-52.
- 3 Balaraman R, Raleigh VS, Botting B. Sudden infant death syndrome and postneonatal mortality in immigrants in England and Wales. *BMJ* 1989;298:716-20.
- 4 Wigfield RE, Fleming PJ, Berry BJ, Rudd PT, Golding J. Can the fall in Avon's sudden infant death rate be explained by changes in the sleeping position? *BMJ* 1992;304:282-3.

Sudden infant death syndrome among Asians in Britain

EDITOR,—John Knighton and K Knighton comment that much popular literature advises parents to put their babies in positions that may increase the risk of the sudden infant death syndrome.¹ Our study of infant care practices among Asians supports the observation that sleeping position and the aetiology of the syndrome are related.² The fact that the incidence of the syndrome among Asians in Britain is less than half that in the white population¹ may be related to our finding that Asian babies are more likely to be placed supine at night.² In our survey of 374 multiparous mothers (172 Asian, 202 white) we also identified important differences in the sleeping positions favoured by Asian mothers who were born in Britain compared with those born in the Indian subcontinent (table).² The most recent immigrants to Britain tended to favour the traditional supine position (47%), but this figure decreased with duration of maternal residence in Britain. Conversely, use of the prone sleeping position, which is associated with an increased risk of the sudden infant death syndrome, increased with duration of residence in Britain.

Pronounced differences in postneonatal mortality also exist between infants originating from Pakistan and those originating from other areas of the Indian subcontinent.³ These suggest that social and cultural practices vary within Asians as an ethnic group. In our study,³ however, we could show no differences in the infant care practices of mothers born in Pakistan (59%), India (34%), or Bangladesh (7%); similarly there were no differences among the religious groups (53% Muslim, 29% Sikh, 15% Hindu, 3% Christian). Thus, although Asians in our study represented a heterogeneous group, we found a remarkable similarity in their infant care practices.

The supine sleeping position should thus be

Laparoscopic cholecystectomy in surgical training

EDITOR,—The benefits of laparoscopic cholecystectomy are well established, and most consultant surgeons are retraining in this method.^{1,2} How well are surgical trainees being taught this relatively new approach to what was previously an operation commonly performed by registrars?

We conducted a survey of laparoscopic and open cholecystectomies performed by surgical trainees and the extent of formal training in these procedures. We sent questionnaires to 85 trainees working in the west of Scotland, of whom 59 (69%) replied. Of these, 18 were senior house officers, 21 year three senior house officers, eight career registrars, five visiting registrars, and seven senior registrars.

All trainees had assisted at laparoscopic cholecystectomies. About half of those who were third year senior house officers had performed one to five supervised procedures. Most career, visiting, and senior registrars had performed more than 20 supervised procedures and six to 20 unsupervised procedures. When laparoscopic cholecystectomy was converted to the open operation all trainees above the grade of senior house officer were usually allowed to complete the operation.

All career, visiting, and senior registrars had performed more than 20 open cholecystectomies (supervised and unsupervised), while most of those who were third year senior house officers had performed one to five. Interestingly, one third year senior house officer had performed six to 10 supervised laparoscopic cholecystectomies but had never performed an open operation.

Eighteen trainees had attended training courses, and all had found them to be of substantial benefit. Twenty six had received some formal training from

the consultant surgeons with whom they had worked.

This study shows that most trainees in the west of Scotland are being given the opportunity to perform laparoscopic cholecystectomy but that relatively few have attended practical courses or been formally trained by their consultants. In view of the increase in the number of operations being performed laparoscopically or with laparoscopic help, structured training in this technique should be introduced urgently as a part of all surgical training schemes. Until formal training programmes are established trainees should be encouraged to attend approved courses early in their career to acquire the basic skills necessary to perform safe laparoscopic surgery.

IMRAN MUSHTAQ
Surgical registrar
C HARRIS
Senior house officer

Department of Paediatric Surgery,
Royal Hospital for Sick Children,
Glasgow G3 8SJ

- 1 MacIntyre IMC, Wilson RG. Laparoscopic cholecystectomy. *Br J Surg* 1993;80:552-9.
- 2 Cuschieri A. The dust has settled—let's sweep it clean: training in minimal access surgery. *J R Coll Surg* 1992;37:213-4.

Unscientific assertions on treating asthma in general practice

EDITOR,—General practitioners recently received their latest reports giving prescribing analysis and cost (PACT) data from the Prescription Pricing Authority. Traditionally these reports have included information related to the quantity and cost of items prescribed during the previous quarter with local and national comparative data. While these reports have been interesting, they do not bear any relation to the quality of care provided by the general practitioner; family health services authorities use them, however, to pressure general practitioners to reduce costs by switching to generic prescribing. This latest report included a four page report on asthma, which will add further ammunition to family health services authorities to limit freedom of prescribing.¹

The report is not referenced but refers to "recent research from the Prescribing Research Unit, Leeds." It contains misleading information concerning salbutamol inhalers and states that "recent research indicates that all metered dose salbutamol inhalers now have similar performance studies." There is contrary evidence from in vitro testing,² and the Food and Drug Administration is sufficiently concerned at the inadequacy of in vivo methods to ensure in vivo bioequivalence that it has issued interim guidance for in vivo tests of bioequivalence.³

The Prescription Pricing Authority's report also asserts that the cost of general practice prescriptions for steroid inhalers should be around half of the total costs for respiratory drugs; that the costs of β agonist inhalers should be around 30% of the total costs for respiratory drugs; and that the total costs for respiratory drugs divided by the number of patients diagnosed as being asthmatic in a practice should be around £80-90. These assertions are not referenced, the report provides no confidence intervals, and the applicability of the assertions to all general practitioners is dubious; we believe that the assertions are an unscientific attempt to reduce prescribing costs in general practice.

It is a shame that the Prescription Pricing Authority is being used to apply downward pressure on general practitioners' prescribing for patients with asthma. Unsubstantiated material should have no place in the management of asthma. Clearly, Britain needs more sensitive tests

Sleeping position of Asian infants related to duration of maternal residence in Britain

Sleeping position	Total No of mothers (n=172)	Mothers born in Britain (n=40)	Time for which mothers born in Asia had lived in Britain (years)			
			<6 (n=36)	6-10 (n=37)	11-15 (n=33)	>15 (n=26)
Supine	57 (33)	8 (20)	17 (47)	16 (43)	11 (33)	15 (19)
Side	82 (48)	21 (53)	15 (42)	17 (46)	14 (42)	15 (58)
Prone	23 (13)	8 (20)	1 (3)	4 (11)	5 (15)	5 (19)
Varies	10 (6)	3 (8)	3 (8)	0	3 (9)	1 (4)

of bioequivalence of metered dose inhalers, some research evidence relating the cost of treatment of asthma to the quality of patients' lives, and a more appropriate method of educating health professionals than such unreferenced reports.

DERMOT P RYAN*
General practitioner

Woodbrook Medical Centre,
Loughborough,
Leicester LE11 1NH

MARK LEVY*
General practitioner

Prestwood Avenue Surgery,
Kenton,
Middlesex AJ3 8JZ

- 1 Prescription Pricing Authority. *Asthma and inhaler therapy*. Newcastle upon Tyne: PPA, 1994.
- 2 Saarelainen P, Sovijarvi ARA. Comparison of acute bronchodilation effects of two preparations of salbutamol aerosol in asthma. *Current Therapeutic Research* 1991;50:224-30.
- 3 Food and Drug Administration. *Interim guidance for documentation of in vivo bioequivalence of albuterol inhalation aerosols*. Washington: FDA, 1994.

*Both authors are members of the steering group of the General Practitioners in Asthma Group, which is supported by an educational grant from Allen and Hanburys.

Virtual reality surgery in otorhinolaryngology

EDITOR,—Anthony Hinton and Victoria Moore-Gillon mention that virtual reality surgery could well be the next development in otorhinolaryngology.¹ Since 1992 we have used a Viewing Wand (ISG Technology, Mississauga, Ontario, Canada) to aid ear, nose, and throat surgery.² The wand is an intraoperative image guidance system with a proprioceptive robot-like arm attached to a standard three pin Mayfield head rest. Using preoperative computed tomograms or magnetic resonance imaging scans, the wand creates almost instantaneous three dimensional or triplanar (sagittal, coronal, and axial) computerised reconstructions, showing the exact position of the tip of the arm on the reformed images.

The wand has proved extremely useful in aiding preoperative navigation, in identifying the relation and proximity of important anatomical structures, and in the assessment of the extent of resection of lesions. We have used it to aid the resection of many lesions in ear, nose, and throat surgery, including large primary cholesteatomas, glomus jugulare tumours, acoustic neuromas, and clivus chordomas. With a special bayonet probe, it has been used to fenestrate the sphenoid and create a minimally invasive approach to the pituitary fossa (M I Torrens, D R Sandeman, proceedings of the second international skull base symposium, St Petersburg, 1994). We also plan to use it to aid orientation during functional endoscopic sinus surgery, in which it should prove invaluable in identifying the lamina papyracea and the floor of the anterior cranial fossa. We have little doubt that such technology will prove to be of benefit in many more aspects of otorhinolaryngology.

A SIMON CARNEY
Former senior house officer in otolaryngology
DAVID BALDWIN
Consultant otolaryngologist

Southmead Hospital,
Westbury on Trym,
Bristol BS10 5NB

NITIN PATEL
Registrar in neurosurgery
DAVID SANDEMAN
Consultant neurosurgeon

Frenchay Hospital,
Bristol BS16 1LE

- 1 Hinton A, Moore-Gillon V. Recent advances: otorhinolaryngology. *BMJ* 1994;309:651-4. (10 September.)
- 2 Zinreich SJ, Robles HA, Long DM, Bryan RN. 3D imaging for neurosurgery. In: Tos M, Thomsen J, eds. *Acoustic neuroma*. Amsterdam, New York: Kugler, 1991:109-18.

Appropriateness of referrals to hospital

EDITOR,—In their study of the appropriateness of referrals Glyn Jones Elwyn and Nigel CH Stott used the concept of avoidable referrals.¹ They found that 38% of the referrals studied over one year had been avoidable, whereas in a larger study Fertig *et al* found 15.9% of referrals to have been possibly inappropriate when judged against locally determined guidelines.² Thirty two of the avoidable referrals in the authors' study were considered to have been due to lack of resources, and it is perverse to judge the decision on referral in these cases as inappropriate. If these cases were included in the appropriate group the proportion of inappropriate or avoidable referrals would fall to 15.5%, almost exactly the same as Fertig *et al*'s finding and well within their 95% confidence interval (11.8% to 20%).²

Since inappropriate referrals do not seem to explain variation in referral rates the authors' approach, which classifies the reason for referral, may offer a way forward; perhaps the proportions of the types of referral vary between doctors with high and low referral rates.^{1,2} Unfortunately, it is not clear how significant was the agreement between the referrer's assessment and that of his collaborator, and it would be interesting to know what they disagreed about (nor are we told the referral rate per 100 consultations in this study). It would have been helpful if at least two other general practitioners had assessed the referrals so that we could know both how closely they agreed with the published assessments and whether the referrer's assessments were significantly different from those of the others; the degree of agreement can be measured by calculating κ for each pair.³

Two important points made by this study are the extent to which referrals in general practice are necessitated by lack of resources and inadequate communication with hospitals. The second point clearly needs to be addressed, but the first is not so clear cut as may be assumed. For example, if general practitioners were able to carry out upper gastrointestinal endoscopy in their surgeries they would not have to refer patients for this investigation; the costs in terms of equipment and time, however, are so great that it is almost certainly more economical for endoscopy to continue to be done in the secondary sector. We should be wary of the suggestion that a reduction in referral to hospital is necessarily desirable.

D T LIPMAN
General practitioner

Medical Centre,
Westerhope,
Newcastle upon Tyne NE5 2LH

- 1 Jones Elwyn G, Stott NCH. Avoidable referrals? Analysis of 170 consecutive referrals to secondary care. *BMJ* 1994;309:576-8. (3 September.)
- 2 Fertig A, Roland M, King H, Moore T. Understanding variation in rates of referral among general practitioners: are inappropriate referrals important and would guidelines help to reduce rates? *BMJ* 1993;307:1467-70.
- 3 Sackett DL, Haynes RB, Guyatt GH, Tugwell P. *Clinical epidemiology—a basic science for clinical medicine*. New York: Little, Brown, 1991:24-34.

Therapeutic use of bisphosphonates in oncology

EDITOR,—Juliet E Compston's review of the therapeutic use of bisphosphonates understates their value in oncology.¹ In addition to their efficacy in hypercalcaemia they are effective in relieving bone pain and in preventing some of the skeletal complications associated with both advanced breast cancer and multiple myeloma.

High doses of intravenous pamidronate have consistently been shown to relieve pain in around half of patients with bone metastases from breast

cancer and induce healing of lytic bone lesions in 20-25%.² Intravenous pamidronate also prolongs the time to progression in bone when patients with advanced breast cancer are treated with palliative combination chemotherapy.³ Randomised controlled clinical trials of oral bisphosphonates in breast cancer⁴ and multiple myeloma⁵ have shown that long term administration reduces pathological fractures, the incidence of hypercalcaemia, requirements for palliative radiotherapy, and the severity of pain. Numerous animal and laboratory studies have indicated that bisphosphonates may prevent bone metastases, and clinical trials investigating this are in progress.

Metastatic bone disease is the most clinically important skeletal disorder after osteoporosis. The bisphosphonates are an important new modality of treatment with useful effects on quality of life and skeletal morbidity.

R E COLEMAN
Senior lecturer

Yorkshire Cancer Research Campaign
Department of Clinical Oncology,
Weston Park Hospital NHS Trust,
Sheffield S10 2SJ

- 1 Compston JE. The therapeutic use of bisphosphonates. *BMJ* 1994;309:711-5. (17 September.)
- 2 Coleman RE, Purohit OP. Osteoclast inhibition for the treatment of bone metastases. *Cancer Treat Rev* 1993;19:79-103.
- 3 Conte PF, Giannesi PG, Latreille J, Mauriac L, Koliren L, Calabresi F, *et al*. Delayed progression of bone metastases with pamidronate therapy in breast cancer patients: a randomised phase III trial. *Ann Oncol* 1994;5(suppl 7):41-4.
- 4 Van Holten-Verzantvoort AT, Kroon HM, Bijvoet OLM, Cleton FJ, Beex LVAM, Blijham G, *et al*. Palliative bone treatment in patients with bone metastases from breast cancer. *J Clin Oncol* 1993;11:491-8.
- 5 Lahtinen R, Laakso M, Palva I, Virkkunen P, Elomaa I, for the Finnish Leukaemia Group. Randomised, placebo-controlled multicentre trial of clodronate in multiple myeloma. *Lancet* 1992;340:1049-52.

Imported falciparum malaria

EDITOR,—A television programme during the summer (*World in Action*, "Dying for a Holiday," Granada TV, 18 July 1994) that reported on cases of falciparum malaria in tourists returning from tropical holidays mirrored experience that we have reported in British troops.¹ The programme relayed criticism from bereaved relatives about general practitioners' inadequate advice and awareness of the condition.

The striking difference between our cohort of troops and most tourists is that before duty in tropical areas the troops receive a briefing on effective antimosquito measures, are issued with nets and repellent, and are supervised in taking chemoprophylactic tablets. Unfortunately, even these measures were not adequately followed in our disciplined group. Seven of 150 British soldiers on a five week exercise in central Kenya developed symptomatic falciparum malaria while taking proguanil-chloroquine chemoprophylaxis. Symptoms started between two and 10 days before the soldiers' return to Britain, and the diagnosis was made between five and 13 days after the first symptoms developed. The index patient was severely ill with 50% parasitaemia: he required intensive care, exchange blood transfusion, and haemofiltration for acute renal failure.

We did not measure compliance with chemoprophylaxis biochemically. The army's policy with regard to chemoprophylaxis, however, was amended in June last year so that mefloquine will be used in future rather than proguanil-chloroquine. This should improve compliance and thus effectiveness.

The index patient made us aware that others in his group were at risk owing to common exposure in an area with a high rate of transmission. Subsequently 21 men were traced and screened. This detected two further cases and enabled earlier and definitive treatment of this potentially fatal condition.