for the Centers for Disease Control and Prevention (CDC) would result largely from what officials called a "pause" in new building plans and reductions in preventive health programmes. Budget summaries showed that the Atlanta based institution would be authorised to spend \$7.5bn during the fiscal year that begins 1 October 2006—\$491m less than it is spending this year.

The centres would absorb the third largest cut of any agency in the \$642bn Department of Health and Human Services budget.

The requests were part of the \$2.57 trillion budget that President Bush has submitted to Congress for approval.

Scott Gottlieb *New York*

Epidurals do not lead to more caesarean sections, study shows

Combined spinal and epidural analgesia given early in labour is no more likely than systemic opioid analgesia to be associated with delivery by caesarean section, according to a US study. But it does provide better pain relief and shorter duration of labour, the research showed.

The study, carried out by a group at Northwestern University, Chicago, looked at 750 nulliparous women who went into labour spontaneously at full term (*New England Journal of Medicine* 2005;352:655-65).

Participants were randomised to receive spinal fentanyl plus epidural analgesia on their second request for analgesia or systemic hydromorphone followed by epidural analgesia, either at their third request for analgesia or once cervical dilation was 4 cm or greater.

The study results showed no difference between the groups in the rates of caesarean section.

Cynthia Wong, associate professor of anaesthesiology at Northwestern University's Feinberg School of Medicine, Chicago, USA, and lead author of the study, said current US guidelines that recommend delaying use of epidural anal-

gesia should be changed. "If women think they may want an epidural at some stage, there is no point in delaying and using systemic opioids first. We can just go ahead with an epidural without increasing the risk of caesarean delivery."

Susan Mayor *London*

Hospitals in Germany must do more to procure organs, says report

Hospital managers in Germany need to be reminded of their obligations to find organs for transplantation, says a parliamentary report.

The report, *Advancement of Organ Donation*, comes after a series of formal written questions from opposition parties into the state of organ donation in Germany. It admits, however, that participating in organ donation programmes can leave hospitals out of pocket, because the intensive care costs are often not fully covered.

At the moment only 40% of Germany's 1379 hospitals with intensive care beds report potential organ donors to the Deutsche Stiftung Organtransplantation, the central German organ procurement agency, according to an article published online in the *German Medical Journal* (*Deutsches Ärzteblatt*) on 4 February (www.aerzteblatt.de/v4/archiv/artikel.asp?id=45218).

Hospitals are legally obliged to report potential donors, but no sanctions are imposed if they don't. The government does not want to impose sanctions, says the report. Instead, the report suggests that the federal states, which are legally responsible for the hospitals, should motivate them to report—for instance, by encouraging them to compete for the organ donation awards, such as those currently given to the most active hospitals in Bavaria.

Annette Tuffs *Heidelberg*

The report is at <http://dip.bundestag.de/btd/15/045/1504542.pdf> (in German).

Antibiotic resistance is highest in south and east Europe

Susan Mayor *London*

Resistance to antibiotics is more common in southern and eastern Europe than in northern Europe, because use of antibiotics per person is higher in these regions, according to the first results from a European study.

The study is part of the European surveillance of antimicrobial consumption project, an international network of surveillance systems for antibiotic use in Europe funded by the European Union. The study compared outpatients' use of antibiotics with rates of antibiotic resistance in 26 European countries from the beginning of 1997 to the end of 2002 (*Lancet* 2005;365:579-87).

The researchers converted data on outpatient antibiotic use into defined daily doses per 1000 inhabitants per day (the defined daily dose is the assumed average dose per day for a drug used for its main indication in adults, as defined by the World Health Organization).

The highest rate in 2002 was in France (32.2 defined daily doses per 1000 inhabitants per day), and the lowest was in the Netherlands (10.0). Antibiotic use was generally found to be lower in countries in northern Europe, moderate in eastern Europe, and higher in the south.

Herman Goossens, project leader and professor of medical microbiology at the University of Antwerp, Belgium, and the University of Leiden, the Netherlands, said that variations in antibiotic use were due mainly to cultural differences, including beliefs about health and disease. He explained: "People in some southern European countries are more anxious about illness than in northern Europe." This may make it more likely that they will consult a doctor and expect drug treatment, he said. Other factors included differences in drug reimbursement systems, availability of antibiotics over the counter, and marketing by drug companies.

Other results showed that seasonal fluctuations in antibiotic use were highest in southern and eastern European countries, with use being on average 30% higher in the first and fourth quarters of the year than in the second and third quarters.

In northern European countries antibiotic use was less than 25% higher during the winter, even though there was no difference between the regions in infection rates. The data also showed growing use of the newer, broad spectrum antibiotics. □