BMJ family highlights

What's new this month in BMJ Journals

Treating Bell's palsy: there's no consensus

Neurologists differ greatly in the advice they offer on inquiries about treating Bell's palsy. Asked about their likely response to a general practitioner's enquiry and their prescribing policy, 5% of consultants and specialist registrars in Scotland said they would always offer a consultation, rising to 29% if there were atypical features. They advised steroids at different doses to be started at different stages of the disease, while aciclovir was recommended by 20% (40% if Ramsay Hunt syndrome was part of the clinical picture). The authors point out that two Cochrane reviews had found no proof of benefit from these drugs, but available studies were underpowered to detect a treatment effect. A randomised study will start soon in Scotland with the hope of resolving this uncertainty.

J Neurol Neurosurg Psychiatry 2005;76:293-4

Stroke guidelines may be too conservative

Audit of the first 1460 patients referred to the Sheffield rapid

access stroke clinic showed that 29 of the 121 non-attenders were admitted to hospital for stroke within three days of referral. This calls into question the recommendations of the national clinical guidelines for stroke and the national service framework for older people, which state that clinics should be designed to see patients within 14 days of referral. The authors say that such clinics are unlikely to be effective in preventing stroke unless patients are seen and treated on the day that they present.

J Neurol Neurosurg Psychiatry 2005;76:145-6

Doctors are hurt by patients' pain

In a sample of 1294 Norwegian doctors, mostly surgeons, 28% reported being responsible for serious iatrogenic injury. Over half the events had not been notified through the obligatory local reporting system. Eight out of 10 discussed the event with colleagues, but only 68% had discussed it with the patient or relatives. One third stated they did not receive good support from colleagues, and many said it had harmed their professional

Children may die when left in overheated cars

Between 1995 and 2002, 171 children died from heat stroke in the United States after being left or trapped in parked cars. Nearly three-quarters had been left by adults and the remainder gained access while playing, mostly to the family car but a few to an abandoned vehicle. The children had last been seen between 15 minutes and 10 hours before being found dead. Some parents reported they had been reluctant to disturb a sleeping child; others had been distracted by a large family gathering or social event. A few children were deliberately restrained in a safety belt so that adults could sleep, work, use drugs, or gamble. The authors recommend changes in regulation, legislation, and engineering as well as promoting parent education.

Injury Prevention 2005;11:33-7

and private lives. Those who declared themselves more accepting of criticism perceived that they had been better supported.

Qual Safety Health Care 2005;14:13-7

Bruising in children should never be interpreted in isolation

A systematic review of all publications since 1958 detailing the patterns of abusive and unintentional bruising in children found 23 methodologically acceptable studies; only one was a case-control study comparing the two groups of children. Except for bruises carrying a clear imprint of the implement used, few patterns could be reliably used in diagnosis. However, <1% of non-mobile

babies had any bruises at all (compared to 17% of those starting to mobilise, 53% of walkers and most schoolchildren). Abusive bruising tends to be large, multiple, and away from bony prominences, and occurs in clusters. Doctors assessing bruises must do so in the context of the medical, social, and developmental history, the explanation given, and the known patterns of non-abusive bruising. Expert witnesses must know the strength and limitations of current knowledge so they can base their opinion solidly on available evidence.

Arch Dis Child 2005;90:182-6

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Fifty two patients with ankylosing spondylitis who had responded to a one year course of infliximab were reviewed after a further year's treatment. Efficacy, judged by a standard disease activity index, did not fall off. Two patients discontinued infliximab after experiencing adverse events likely to be related to the drug-infusion reaction and muscle pain—and another stopped for an unrelated reason.

Ann Rheum Dis 2005;64:229-34

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