BMJ family highlights

What's new this month in BMJ Journals

Smokers with asthma are resistant to inhaled steroids

Smokers with asthma respond poorly to standard doses of inhaled steroids and may require a higher dose regime than is usually recommended. In a multicentre randomised trial of 400 µg of beclomethasone daily for 12 weeks, smokers showed little change in markers of asthma severity compared with the (expected) improvement in non-smokers. They had six times as many exacerbations. At a dose of 2000 µg daily, smokers did improve in terms of simple lung function tests and a reduction in reliever inhaler usage, but non-smokers still had better results. The authors say that their findings are consistent with relative corticosteroid insensitivity in smokers, and they advise encouraging people with asthma not to smoke, as

well as considering alternative or additional anti-inflammatory drug treatment.

Thorax 2005;60:282-7

Simple device removes foreign bodies from children's ears

Doctors in Liverpool have dealt with foreign bodies in children's ears by using a 20 ml disposable syringe attached to a needleless 14 or 16 gauge cannula, directing a stream of warmed normal saline towards the roof of the ear canal. The technique is easy and effective. In vitro tests showed that the traditional metal syringe produces 12-15 times the pressure at the drum than this device, with a risk of perforation if the drum is atrophic. Contraindications include current or recurrent otitis, an already perforated drum or one containing a grommet, an uncooperative patient, or an impacted foreign body.

Emerg Med J 2005;22:266-8

Watch out if a Welsh team wins

A seven year survey in an accident and emergency department in Cardiff, Wales, has shown that attendances for injuries related to assault increased on days when Welsh teams played international soccer or rugby matches. Paradoxically, assaults were more frequent if the Welsh team won than if it lost, regardless of whether the match was home or away. The authors say that enhanced self confidence, assertiveness, and patriotism bolstered by a win may prompt overenthusiastic, alcohol fuelled celebration. Violence may result.

Injury Prevention 2005;11:69-70

Mobile phones can be a diagnostic aid

A patient with preputial ulcers was unable to attend a genitourinary medicine clinic in the acute phase, so he presented his doctors with still and video images he had taken with his mobile phone. They were able to make a definite diagnosis of genital herpes. A second patient brought mobile phone images of his partner's episodic natal cleft rash, which had defied GP and dermatological diagnosis for 3 years. It showed the characteristic vesicles of herpes. The authors claim this may be the death knell of the common complaint that "it's always gone by the time I get to see the doctor."

Sex Transm Infect 2005;81:181-2

Describing chronic childhood BKC

Doctors at Moorfields Eye Hospital, London, report on 44 children with the poorly described condition chronic blepharokeratoconjunctivitis (BKC). Symptoms included recurrent redness and irritation, provoking constant eye rubbing, and photophobia. The children had lid margin blepharitis with crusted scales and thinning or loss of lashes, episodic conjunctivitis, and keratopathy. Eyelids were treated by swabbing with diluted bicarbonate, warm water, or baby shampoo. In mild cases chloramphenicol drops and ointment were used; in severe cases, mostly in Asian or Middle Eastern patients, systemic erythromycin as well as topical antibiotics and corticosteroids were used. Several weeks or months of medication was often needed, and lid hygiene was continued indefinitely. All improved, and progression after age 8 was rare.

Br J Ophthalmol 2005;89:400-3

NSAIDs remain a risk in elderly patients

An audit of 163 patients who had endoscopy for suspected upper gastrointestinal haemorrhage found that 43 (26%) were taking at least one ulcerogenic drug. These patients had a mean age of 73, eight years older than those not taking such medication. Aspirin, non-steroidal anti-inflammatory drugs (NSAIDs), and COX-2 selective NSAIDs were all incriminated. Overall mortality was 14%, most due to comorbidity.

Postgrad Med J 2005;81:252-4

Taking herbal remedies may risk drug interactions

Rheumatology patients who use herbal remedies are unwittingly at risk of adverse events from

drug interactions. Of 238 patients attending three clinics, 105 used herbal remedies. Five who were prescribed disease modifying drugs for rheumatoid arthritis had been using *Echinacea*, thereby risking hepatotoxicity, and 24 were at risk of bleeding disorders by combining non-steroidal anti-inflammatory drugs or corticosteroids with *Ginkgo biloba*, garlic, or devil's claw. Only two patients were aware of possible problems, even though 10 had sought advice from a health professional before starting the remedy.

Ann Rheum Dis 2005;64:790

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