Minerva

In New York, some of the smaller pharmacies are luring people with AIDS to bring their lucrative prescriptions to them, in exchange for fax machines, hairdryers, bleepers, and travel cards. The fax machines are supposed to help patients to get their prescriptions. The bleepers are used to encourage people to take their drugs on time. Arguably the travel cards could be used to help patients get to the pharmacy and back, but heaven knows how the hairdryers come into it (Guardian 29 April 2004:14).

Here’s the sort of story that could bring anxious patients rushing in, and make their doctors groan: pancreatic cancer presenting simply as a dry cough. The cancer was detected not with painless jaundice but by its metastatic spread to the lungs. Neither stopping the patient’s angiotensin-1 converting enzyme inhibitor nor giving inhaled steroids and narcotics had made a difference to the cough, and all the initial chest investigations were non-diagnostic (Journal of the American Board of Family Practice 2004;17:48-53).

How effective is the internet for communicating health information during a public health scare? One analysis of the 2001 anthrax scare, published in electronic form only, but with entirely open access in the Journal of Medical Internet Research (www.jmir.org/2004/1/e8) reports that the traditional media was the primary source of information on anthrax and bioterrorism among 500 randomly selected primary care patients in Boston. But 21% of respondents said they’d searched the internet for this information during late 2001, and over half changed their behaviour as a result of the information they found on line.

Next time you reach for your bottle of fizzy water, think about your heart. A study of 3.4 million records of UK patients who were prescribed penicillin from 1987 to 2001 found that less than 2% of the total reported a second allergic reaction. Somewhat surprisingly, almost 3,000 of the 6,000 or so who had reported an allergic response after a first dose of penicillin were later given a second dose. Just 57 (1.9%) had another allergic reaction (Journal of Allergy and Clinical Immunology 2004;113:764-70).

Allergic reactions to antibiotics may not be permanent. A review of 3.4 million records of UK patients who were prescribed penicillin from 1987 to 2001 found that less than 2% of the total reported a second allergic reaction. Somewhat surprisingly, almost 3,000 of the 6,000 or so who had reported an allergic response after a first dose of penicillin were later given a second dose. Just 57 (1.9%) had another allergic reaction (Journal of Allergy and Clinical Immunology 2004;113:764-70).

Occupational stress is a major public health issue and costs the economy billions. Using three separate statistical models, analysis of a survey of working adults in 15 European countries came up with consistent results. The British ranked in the lower half of the distribution (lower perceived risk of occupational stress), the Greeks ranked first, and the Irish last. Sociocultural factors may influence the success of any occupational health policy (Occupation and Environmental Medicine 2004;61:467-70).

It’s often assumed that people who don’t attend for follow up after knee replacement surgery have experienced a poor outcome, but a detailed internet search for patients who had had no contact of any sort with their surgeon beyond six months didn’t confirm this. None of the 30 patients, who had been found via the internet, had had knee surgery elsewhere; the group reported better pain and functioning scores than before surgery, and no obvious differences were identified between this group and those who had attended for follow up (journal of Bone and Joint Surgery 2004;86-A:397-901).

Restless legs may be successfully calmed with pergolide, a drug more commonly used in higher doses to treat Parkinson’s disease. Although nausea and headaches were more often reported in the pergolide group, the benefits of just six weeks’ treatment were long lasting in a double blind, placebo controlled randomised trial (Neurology 2004; 62:1591-17).

Searching for health information on the internet can be hampered by poor spelling of medical words that are alien to many people. To increase the effectiveness of using spellchecking tools, researchers looked at the impact of sorting terms by how often a given word occurs in the medical domain. The combination of frequency and spell checker was much more powerful than the spellcheckers alone. The odds of finding the correct suggestion rose by 63% when researchers added their frequency resorting to a spellchecker (Journal of the American Informatics Association 2004;11: 179-85).

A pilot trial of a self help programme for people with panic or phobia that can be accessed via the internet at home has produced results on a par with those who used the same programme in a clinic with brief face to face support from a therapist. The home programme lasted 12 weeks and was supported by 10-minute telephone consultations with a therapist. Obvious advantages include removing the need to travel and dealing with the scarcity of trained therapists (British Journal of Psychiatry 2004; 184:448-9).

While climbing Aconcagua (6962 m) in the Andes, a 22 year old climber developed frostbite and recorded its appearance with his digital camera. A local surgeon advised amputation, but the climber contacted the British Mountaineering Council, whose medical adviser (DH) had recently set up the diploma in mountain medicine (www.medex.org.uk/mountain_medicine_diploma.html). Within six hours of the initial phone call, a vascular surgeon (CI) in the United Kingdom had reviewed the digital image, which had been uploaded by the climber to his website from Argentina (www.angelfire.com/me3/adammarcinowicz7). The surgeon advised against surgery and recommended that the climber return to Britain. He did, and made a full recovery without surgery. Follow up was mainly by weekly review of the climber’s website. Three months after the initial frostbite, he ran the London Marathon in just over four hours, dressed as a fairy. David Hillebrandt, general practitioner, Derriton, Devon EX22 6JX, Chris Imray, consultant vascular surgeon, Coventry and Warwickshire County Vascular Unit, Walsgrave Hospitals NHS Trust, Coventry CV2 2DX Guidance at bmj.com/advice