Why the desperation?
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ANTIHISTAMINES FOR ANAPHYLAXIS?

Primary outcome measures
Andreae and Andreae recommend that future trials of antihistamines in anaphylaxis should use a primary outcome of “whether antihistamines result in reduced mortality.”

Given that death from anaphylaxis is rare, and that fewer than half of deaths from anaphylaxis occur before reaching emergency medical care, this outcome is not useful.

Perhaps we should first establish, using prospective observational studies in both hospital and community settings, the clinical outcomes with a simple protocol of supportive care including adrenaline and fluid resuscitation.

The results of such studies may remove the need for a clinical trial of antihistamines. Alternatively, they may suggest alternative, clinically relevant primary outcomes for a placebo controlled trial of antihistamines—for example, the incidence of adverse effects or delayed phase (“biphasic”) reactions, or both.

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1 Andreae DA, Andreae MH. Should antihistamines be used to treat anaphylaxis? BMJ 2009;339:b2489. (10 July)

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THYROID SWELLINGS

Nodules and hyperthyroidism

Hatton and colleagues say that nodules in hyperthyroid patients are unlikely to be malignant, suggesting that no further investigation is required if thyroid function tests indicate hyperthyroidism.1 However, the presence of a solitary or dominant thyroid nodule in a patient with biochemical evidence of hyperthyroidism is one of the few remaining indications for isotope scanning of the thyroid.

An autonomous “hot” nodule is indeed unlikely to be malignant, and fine needle aspiration is not indicated. However, if the patient has one nodule, others may (and often will) be present. If thyroid stimulating hormone is suppressed, you need to be sure that the palpable nodule is suppressing it: an impalpable hot nodule may exist elsewhere in the gland, and the presenting lesion may be cold and require fine needle aspiration.

To summarise, in euthyroid patients, isotope scanning to characterise nodules is not indicated because they will either be cold or warm, which has no clinically significant implication for the presence or absence of malignancy. If thyroid stimulating hormone is suppressed (a comparatively uncommon finding), scanning is indicated to ensure that the palpable nodule is hot.

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Thyroid cancer and the young

Hatton and colleagues state that thyroid swellings are more likely to be malignant in patients over 65.1 However, thyroid cancer is not rare in younger age groups. Indeed, standard endocrine practice is to regard patients under 20 as having an increased clinical suspicion of malignancy when they present with a thyroid nodule.1 In terms of rate of growth, suddenly enlarging and painful thyroid nodules are usually benign, but aggressive thyroid cancers may occasionally be associated with both sudden growth and pain.

Patients with palpable thyroid nodules with normal thyroid function tests should indeed be referred to a specialist service.1

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BRITISH PAIN SOCIETY MANOEUVRES

Why the desperation?

The recent ousting of Professor Paul Watson from the presidency of the British Pain Society by a selection of society members characterised by their allegiance to injections of therapeutic substances into the back for non-specific low back pain,1 seems a desperate, ill targeted, and rather illogical response to what must be disappointing news.

One might expect an organised and coherent representation from that group of practitioners, and for it to be delivered through appropriate channels. One might hope for a belated enthusiasm for undertaking the studies to collect evidence in support of their allegiance.

One might dream of impassioned vigour in establishing collaborative teams of passionate clinicians and pragmatic researchers to pursue the truth about injections of therapeutic substances into the back for non-specific low back pain. Instead, the chosen response seems to have been an organised and targeted personal attack on one member of the group from the National Institute for Health and Clinical Excellence (NICE), implemented by exploitation of the legally binding mechanisms of the British Pain Society.

By taking this response, the society as a whole has been dragged down. From that it should recover, but the damage to the instigators may be harder to overcome. As the world watches the impact of these desperate measures unfold (for the world is watching), we find ourselves asking why, for this selection of society members, are these such desperate times?

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MAKING TRIAL DATA PUBLIC

Astronomical data lead the way

Astronomers have been making their raw data publicly available for some time, after a suitable delay to enable those who came up with the idea (and the funding) to perform the first analyses. For example, one organisation releases data to the public 18 months after archiving.1 Perhaps a suitable time for release of data held by pharmaceutical companies would be shortly after the patent for the drug has expired?1

Secrecy might produce short term gains, but in the longer run it can only hinder progress.

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1 UKIDSS. The UKIRT Infrared Deep Sky Survey. www.ukidss.org/


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