# This week in BMJ

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## Early antibiotic treatment of reactive arthritis associated with enteric infections

Reactive arthritis has been associated with enteric infections caused by yersinia, campylobacter, salmonella, and shigella species. The role of antibiotics in the treatment of the disease is controversial. On p 1299 Frydén *et al* report a study in which 40 patients who had had symptoms of reactive arthritis associated with enteric infection for less than four weeks, 20 were treated with a 10-14 days' course of antibiotics and 20 did not receive any antibiotics. There was no difference in duration or severity of arthritis between the two groups at any time up until 18 months. Also, antibiotics did not shorten the duration of the antibody response to the infecting micro-organism. The authors conclude that short term antibiotic treatment has no beneficial effect in patients with reactive arthritis associated with enteric infections.

## Effect of thiazide on rates of bone mineral loss

Various studies have suggested that patients taking thiazide diuretics have greater bone mass and reduced risk of fractures. No prospective data, however, have confirmed a cause and effect relation between thiazides and rate of bone loss. On p 1303 Wasnich *et al* have estimated rates of bone loss at three skeletal sites during a mean follow up of five years in 1017 men. Among 325 men taking thiazides for hypertension the rates of bone loss were significantly reduced. This reduction ranged from 28·8% (distal radius) to 49·2% (calcaneus). In contrast, men with hypertension taking other antihypertensive drugs had loss rates significantly greater than those of the control patients. These longitudinal data provide more direct evidence of a beneficial effect of thiazides on bone loss. Questions concerning the mechanism of the effect of thiazide on bone remain to be answered. Randomised, controlled trials of thiazides, bone loss, and incidence of fracture are also warranted.

## Controlling inappropriate requests for laboratory services

Strategies aimed at controlling inappropriate requests for hospital laboratory services have been manifold, but none has had any lasting effect, and demand for inappropriate tests is increasing. On p 1305 Bareford and Hayling report using a combination of techniques in an attempt to influence the pattern of requests for haematological tests by doctors within an inner city district general hospital serving a population of 262 000. On call guidelines were issued, consultants received a monthly statement of their laboratory usage compared with that of their peers, memorandums and factsheets were circulated, and occasional lectures were given. These interventions resulted in total requests falling by at least a fifth in the following year, and the fall was maintained subsequently. The greatest effect was on junior staff in the division of medicine, the heaviest users of the service, whose level of experience and types of patients seen were leading to more inappropriate use of investigations. The positive attitude of the clinical consultant staff went a long way towards the success of the interventions. To achieve a sustained effect the process had to be active and ongoing, but with current computer technology this required little in manpower or monetary resources, and savings were achieved.

## Benzodiazepine antagonism in coma with suspected poisoning

Benzodiazepines are the most commonly used drugs in self induced poisoning, and flumazenil, a benzodiazepine antagonist, presents new possibilities for management. Many advocate the use of this antidote as a diagnostic tool in unclear cases of multiple drug poisoning whereas others have urged extreme caution with such use. On p 1308 Höjer *et al* describe a study to assess the diagnostic value and safety of flumazenil in patients with coma of unknown aetiology and suspected poisoning in which 105 unconscious patients admitted with suspected poisoning received a double blind injection of flumazenil or placebo. Indications for diagnostic or therapeutic interventions were evaluated before and after the injection, and any adverse reactions were recorded. The frequency of indications for several interventions was significantly reduced by flumazenil. The safety of this antagonist was acceptable despite the fact that most patients in the flumazenil group had multiple drug poisoning with involvement of benzodiazepine.

## INSTRUCTIONS TO AUTHORS

*The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style (BMJ, 6 February 1988, p 401) and will consider any paper that conforms to the style. More detailed and specific instructions are given below:*

The following are the minimum requirements for manuscripts submitted for publication.

Manuscripts will be acknowledged; letters will not be unless a stamped addressed envelope is enclosed.

**Authors** should give their names and initials, their posts at the time they did the work, and one degree or diploma. All authors must sign their consent to publication.

**Three copies** should be submitted. If the manuscript is rejected these will be shredded.

**Typing** should be on one side of the paper, with double spacing between the lines and 5 cm margins at the top and left hand side of the sheet.

**References** must be in the Vancouver style and their accuracy checked before submission. They should be numbered in the order in which they appear in the text.

**The editor** reserves the customary right to style and if necessary shorten material accepted for publication and to determine the priority and time of publication.

**Detailed instructions** are given in the *BMJ* dated 6 January 1990, p 38.