# This week in BMJ

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## What next after thrombolysis?

The mortality in patients suffering acute myocardial infarction can be substantially reduced by giving a single injection of the thrombolytic agent anistreplase followed by a simple regimen of heparin and warfarin. On p 555 the SWIFT (should we intervene following thrombolysis?) trial study group reports an attempt at further improving survival in these patients by subjecting them to angiography with a view to coronary angioplasty or coronary bypass grafting. Of 800 patients who were randomised, 397 were allocated to receive angiography (resulting in angioplasty being performed in 169 and bypass grafting in 59) and 403 to receive conservative management. At one year there were no significant differences in survival, reinfarction rates, or left ventricular ejection fraction between the two groups. From these findings the appropriate advice at present seems to be a conservative follow up policy with intervention only for clinical indications.

## Ethnic differences in mortality from heart disease and stroke

Britain's mortality from ischaemic heart disease is among the highest in the world. On p 560 Balarajan shows that in England and Wales mortality from heart disease during 1979-83 varied significantly between ethnic groups, with immigrants from the Indian subcontinent showing the greatest excess (36% in men and 46% in women), though rates were also high among Irish, Scottish, and Polish born immigrants. Indians were the only ethnic group to show an increase in mortality from heart disease during the preceding decade (6% in men and 13% in women), with Irish and Polish groups showing little improvement. Mortality from cerebrovascular disease was highest in those of Caribbean origin (an excess of 76% in men and 110% in women), with Africans, Indians, and the Irish also showing an excess. Although most groups reflected the national decline in mortality from stroke over the preceding decade, Indian men showed comparatively little improvement.

## Maternal satisfaction during epidural analgesia

To counter the groundswell of opinion against epidural analgesia in labour—attributable to the procedure's side effects and to the fact that pain relief does not necessarily correlate with the overall satisfaction experienced by the mother—Murphy *et al* have tried to show how greater control of side effects can improve maternal satisfaction and outcome (p 564). Using linear analogue scores to measure pain, side effects, and satisfaction, they compared bupivacaine given conventionally with bupivacaine supplemented by fentanyl in a more complex regimen. Mothers subject to the combined regimen had more normal deliveries and experienced greater overall satisfaction; the addition of fentanyl also reduced their requirement for local anaesthetic. The drawback is a heavier workload for anaesthetists, and paediatricians need to be aware that fentanyl is being used in case they have to give naloxone to a neonate.

## Identifying abnormal *x* ray films in accident and emergency departments

In most hospitals radiologists are unable to offer an immediate reporting service to the accident and emergency department owing to lack of staff. A system has been proposed in which radiographers mark films that they consider abnormal. How good is this system, and could the expertise of radiographers replace the radiologists? On p 568 Renwick *et al* compare the accuracy of triage by radiographers with that by radiologists. The results suggest that radiographers are not yet in a position to take over from radiologists in this role. The informal triage system used in their department could be useful in accident and emergency departments provided that all films are subsequently reviewed by radiologists.

## Audit by a practice receptionist

Audit of many tasks, including screening, immunisation, the care of particular groups of patients, and the availability of appointments, is now part of the daily work in general practice. Little has been done to identify alternative ways of doing such audits. On p 573 Essex and Bate describe a feasibility study to examine whether audit can be done cost effectively by a practice's receptionist. They designed and evaluated forms to collect, analyse, and present audit data. Working four hours a week, the receptionist was able to do a wide range of audits and to present the practice's staff with data showing whether specific goals had been attained. The procedure was cost effective and increased the receptionist's skills and job satisfaction. It can be reaily adapted for use in practices with different clinical and management goals.

## Care and cost effectiveness in an early pregnancy assessment unit

Miscarriages occur in up to one in five confirmed pregnancies, and many women have a threatened miscarriage. Bigrigg and Read assessed the effect of introducing an early pregnancy assessment unit in the care of women with bleeding or pain in early pregnancy (p 577). Of 1141 women referred, between 318 and 505—up to 44%—were estimated to have been saved from unnecessary hospital admission, and 233 (20%) had their stay reduced. The associated saving was between £95 000 and £120 000 in one year.