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Does cimetidine aid weight loss?

Treating obesity is a challenging and important medical problem. Though changes in lifestyle and nutrition are probably the only way to solve the problem, many obese patients find it difficult to lose weight, and much research has gone into developing drugs to aid dieting. Støa-Birketvedt gave cimetidine suspension to overweight patients on an energy reduced diet 30 minutes before meals and found that over eight weeks they lost an average of 7·3 kg more than control patients also on the diet but given placebo (p 1091). They also seemed to feel less hungry. The cimetidine group had an average decrease of 8·6 cm in abdominal circumference and 7·8 cm in hip circumference, compared with 2·2 and 2·1 in the placebo group. Blood pressure was also reduced significantly more in the group given cimetidine. The author suggests that cimetidine may have worked through suppressing gastric acid secretion and the hunger sensations induced by a low intake of food and thus led to better compliance with the prescribed diet. However, Rasmussen *et al* conducted a randomised controlled trial of similar design and found that overall the drug had no significant effect on weight loss (p 1093). However, about two thirds of the patients correctly guessed which treatment they were receiving, and the number of correct guesses rose in the crossover phase of the trial. While the conflict of evidence remains a mystery (see also editorial on p 1084), the second set of results shows the importance of checking blinding in randomised controlled trials.

New paediatric resuscitation chart produces better response

Paediatric cardiopulmonary arrest is an uncommon event that requires a rapid response. In 1988 Peter Oakley produced a reference chart of recommended doses of drugs for administration to ease the difficulties that junior doctors had in remembering correct doses. This chart is now widely used, but Burke and Bowden observed problems in its use and have produced a modified chart. In a comparison of the two charts (p 1096) they found that the modified chart significantly increased the speed and accuracy of junior doctors' calculations of appropriate doses of drugs for administration. They recommend that the modified chart should replace the present chart.

Portable hyperbaric chambers help in acute mountain sickness

Portable fabric hyperbaric chambers which allow treatment of acute mountain sickness by simulated descent of about 2000 m have become popular with trekking parties and expeditions to high altitudes. No controlled data on the use of such a device are available. On p 1098 Bärtsch *et al* evaluated the therapeutic efficacy of 1 hour of treatment in such a chamber in a controlled randomised trial at an altitude of 4559 m in the Alps. They found a significant short term improvement of symptoms of acute mountain sickness after 1 hour of treatment but no beneficial long term effects after 12 hours. They recommend that the portable hyperbaric chambers should be used to facilitate but not delay descent when illness occurs at high altitude.

Knowledge of patients is biggest influence on GPs' decisions

Despite extensive study of doctors' decision making processes in secondary care settings, little work has been conducted in primary care. How do general practitioners diagnose and manage women who present with lower urinary tract symptoms? Up to 95% of doctors may prescribe an antibiotic before receiving the report of urine analysis even though 50% of patients will have insignificant infection on culture. On p 1103 Nazareth and King report a study of 54 women presenting with lower urinary tract symptoms in which doctors were asked about factors assisting them in their diagnosis and treatment. The doctors took little cognisance of psychological or social factors. They were more likely to predict accurately the result of urine analysis and better able to negotiate "rational" prescribing when they knew the patient well. They tended to be more conservative in their management of older women and those they knew less well.

Profiteering through inside knowledge of clinical studies

With increasing evidence of fraud in clinical research, honest academic investigators need to be more aware of the implications of owning and trading in pharmaceutical company shares, particularly when they might be exposed to allegations of profiteering through the possession of confidential information. On p 1112 Freestone and Mitchell identify three interlinked issues which they think underlie the potential for these allegations and offer some guidelines for the unwary. The authors believe that whenever possible results of clinical studies should be published in appropriate medical journals without prior public disclosure and that investigators should never disclose unpublished price sensitive results to third parties. When there is potential for conflict of interest investigators should consider declaring ownership of shares to ethics committees and to any sponsoring organisations.

Gall stones: the wrong questions

Debate continues about which operation to use for removing gall stones (open or laparoscopic surgery). But on p 1114 Johnson argues that this debate obscures more important questions about how gall stones form and how they might be prevented. He claims that many patients may not need their stones removed, since it is unclear that the stones cause their abdominal pain and the pain is not relieved by removal. Moreover, surgeons do not agree on which patients to treat, so arguments about which operation seem irrelevant.