This week in BMJ

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No link between childhood cancer and vitamin K

Some recent studies have found that intramuscular injection of vitamin K to newborn infants (to protect against haemorrhagic disease) was associated with increased risk of developing childhood cancer, particularly leukaemia. A paper by Ekelund *et al* (p 89) describes the results of a very large study of all infants born full term after uncomplicated deliveries in Swedish maternity hospitals during 1973-89. By linking infants' birth records, including hospitals' routines for vitamin K prophylaxis, with cancers recorded in the Swedish Cancer Registry (which lists all cancers diagnosed in Sweden), the authors found there was no difference between intramuscular and oral administration of vitamin K in the risk of developing childhood cancer.

Children with diabetes do not need hospital admission

In 1988, 95% of children in the United Kingdom who had newly diagnosed diabetes were admitted to hospital. In Leicestershire it has been the policy for 40 years to avoid this emotionally charged admission, and on p 96 Swift *et al* detail this policy over the past 10 years. Not admitting children avoids the inevitable anxieties of the parents and child about a hospital stay, makes more beds available, and probably saves money. The authors claim that the system works successfully with a committed district diabetes team, subsequent admissions are reduced, and there is no negative effect on biochemical control. The success probably reflects the fact that from diagnosis the parents and child are made to feel in control and can understand the beneficial changes which occur immediately after the first injection of insulin. The care of the child immediately becomes home centred and not hospital dependent.

General practices need vision

Until recently general practitioners operated in a stable environment, but the NHS reforms have changed all that. Organisations, of whatever size, that are unprepared for change will feel alienated and lose opportunities. On p 101 Al-Shehri *et al* explain the importance to organisations of vision—the ability to assess present realities and see through opportunities and hazards to a viable future. The key to having vision is being able to anticipate major changes.

Normotensive offspring of hypertensive parents have insulin resistance

Essential hypertension is associated with insulin resistance, but it is not known whether one is a causal factor for the other. Beatty *et al* (p 92) investigated this issue by making use of the observation that children of hypertensive parents are at greater risk of developing hypertension than children of normotensive parents. They found that a group of 15 normotensive young adults whose parents were hypertensive showed reduced insulin sensitivity compared with 15 matched controls with normotensive parents. The authors conclude that insulin resistance precedes clinical hypertension and may be important in its aetiology.

Ask tired patients about psychosocial problems

Many general practitioners are frustrated by the number of patients who consult them with general symptoms of fatigue, as little research has been done to guide the treatment of such patients. On p 103 Ridsdale *et al* report the results of a large study of tired patients in general practice. They found that more women than men reported symptoms of fatigue. Over half of all tired patients still had their symptoms six months later. The authors conclude that fatigue present for more than three months and a history of anxiety or depression are indicators of poor outcome. They urge general practitioners to open discussion on possible psychosocial causes.

Manage blood pressure by absolute not relative risk

Unlike most guidelines for managing high blood pressure, the report by Jackson *et al* (p 107) outlines a quantitative approach based on the estimated absolute risk of cardiovascular disease rather than primarily on blood pressure. The authors recommend that, in general, patients with blood pressure of 150-170 mm Hg systolic or 90-100 mm Hg diastolic should be considered for treatment if their risk of a major cardiovascular event in the next 10 years is more than 20%. At this level of risk, treating 150 patients would prevent about one cardiovascular event a year. Although these guidelines are more complex than most earlier ones, they should enable doctors to more accurately identify those patients most likely to benefit from treatment.

Drainage can often be assisted in managing pneumothorax

Increased awareness of the simplicity, effectiveness, and acceptability to patients of simple aspiration has led the British Thoracic Society to commission guidelines for the management of spontaneous pneumothorax (p 114). These clarify when drainage can be avoided, the indications for and techniques of simple aspiration and tube drainage, and the appropriate involvement of respiratory specialists both for inpatients and outpatients. Currently many junior doctors treat patients with spontaneous pneumothorax by intercostal drainage, potentially a very painful procedure in which tubes often fit poorly, leak, and become dislodged or infected; moreover, senior doctors may be unclear about suction, clamping, management of surgical emphysema and when to seek specialist advice. The guidelines are designed for use both in casualty departments and on medical wards, and can be used as a basis for audit.