

This week in BMJ

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Choice of drugs in early parkinsonism is not critical

Levodopa in combination with a dopa decarboxylase inhibitor is the most effective treatment for Parkinson's disease, but because of levodopa's adverse effects in the long term neurologists are divided on which is the best treatment for the early stages of the disease. On p 469 the Parkinson's Disease Research Group of the United Kingdom report the interim results of its long term prospective randomised trial of three treatments in 782 untreated patients with early Parkinson's disease. The three treatments are levodopa and benserazide (arm 1); levodopa, benserazide, and selegiline (arm 2); and bromocriptine (arm 3). After three years of the trial all treatments were effective in reducing disability; arms 1 and 2 were not significantly different but both were significantly better than arm 3 and had fewer early adverse reactions. However, the incidence of dyskinesias and motor oscillations was significantly lower in arm 3. The choice of treatment may therefore not be critical in early parkinsonism, although later results may detect significant differences.

Community psychiatric services help relatives as well as patients

Several studies have evaluated the effectiveness of community treatment for acute episodes of psychiatric illness compared with traditional hospital based services but none has assessed in detail the effect on relatives and friends. On p 473 Dean *et al* compared a hospital and community service and found that relatives and friends were less distressed and more satisfied with the service in the community treated group. More of the community treated group were still in contact with doctors and nurses a year later. Although a quarter of the community group still required admission to hospital, overall the use of beds was 80% less in that group.

Spinal cord stimulation in angina pectoris induced by pacing

Spinal cord stimulation has been used in recent years to treat angina pectoris that is intractable despite optimal medical and surgical treatment. The clinical results are promising and offer a new therapeutic possibility to a group of patients for whom conventional management strategies are insufficient. The antianginal effect of spinal cord stimulation is, according to recent reports, associated with a reduction in myocardial ischaemia. Mannheimer *et al* (p 477) studied the effects of spinal cord stimulation in angina pectoris induced by atrial pacing. Twenty patients were investigated in a control session and during spinal cord stimulation. During stimulation, at a pacing rate comparable to that producing angina during the control recording, anginal pain was absent or less intense, myocardial lactate metabolism was improved, and myocardial oxygen consumption decreased. These results show that spinal cord stimulation has an anti-ischaemic effect in coronary artery disease.

Prescription weightings underestimate prescribing costs for middle aged patients

Closer monitoring of general practitioners' prescribing patterns has highlighted the difficulties of comparing prescribing rates for populations of different demographic composition. In an attempt to calculate more sensitive weightings than the current weighting of 3 for patients aged 65 and over Roberts and Harris analysed data from 90 practices (p 485). Their new weightings, based on age, sex, and temporary resident status and on the cost of items prescribed rather than the number, more accurately accounted for variation in prescribing due to patients' age and sex. In particular prescribing costs increased in patients aged 35-64. At practice level the new weightings make a difference—but even so account for only 25% of the variation in prescribing costs between practices.

British and French psychiatrists do not share the same concept of schizophrenia

Reflecting a growing interest in differences in medical practice within Europe, Van Os *et al* show that the incidence of schizophrenia, as recorded in national statistics, varies greatly between the United Kingdom and France (p 489). Rates of first admission for schizophrenia are higher in France than in Britain for people aged under 45 but lower after that age; rates are falling in Britain but rising in France. The authors followed up this finding with a questionnaire study of 92 psychiatrists in the United Kingdom and 69 in France to assess their concept of schizophrenia. British and French psychiatrists showed substantial differences over 31 out of 38 statements about the cause, diagnosis, management, and outcome of schizophrenia. In particular, French psychiatrists did not diagnose the condition after the age of 45 and endorsed more psychoanalytical concepts than their British counterparts.

Measures to take in women of childbearing age with epilepsy

The risk of fetal abnormalities is increased in women taking antiepileptic drugs, and a child inherits epileptic liability from both parents. Epileptic women of childbearing age thus have a series of questions they need to ask about pregnancy; on p 492 O'Brien and Gilmour-White try to answer the common ones. The small increased risk of fetal abnormalities is increased further if the mothers are taking antiepileptic drugs; this risk rises with the number of drugs being taken, so women contemplating pregnancy should be given a single drug at the lowest possible dose. All women taking antiepileptic drugs should have their babies delivered in hospital to ensure adequate antiepileptic treatment, though the risk of status epilepticus is low. The authors point out that maternal epilepsy probably presents a greater risk to infants (through uncontrolled epilepsy) than to the fetus.