

448.8 B77 C2

BRITISH MEDICAL JOURNAL

SATURDAY 2 JANUARY 1988

LEADING ARTICLES

New Year Message	TONY SMITH	1
Obscure gastrointestinal bleeding	A C STEGER, J SPENCER	3
Surgical deaths	S H LEVESON	3
Which treatments work for drinking problems?	GRIFFITH EDWARDS	4
Regular Review: Community care II: possible solutions	ELAINE MURPHY	6

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Interferon γ in acute and subacute encephalitis	P LEBON, B BOUTIN, O DULAC, G PONSOT, M ARTHUIS	9
Acylcoenzyme A dehydrogenase deficiency in heart tissue from infants who died unexpectedly with fatty change in the liver	FIONA ALLISON, M J BENNETT, S VARIEND, P C ENGEL	11
Incidence of non-melanocytic skin cancer treated in Australia	GRAHAM G GILES, ROBIN MARKS, PETER FOLEY	13
Reduced neonatal mortality from infection after introduction of respiratory monitoring	A MIFSUD, D SEAL, R WALL, B VALMAN	17
Neuroleptic malignant syndrome in an elderly patient	P FINUCANE, C PRICE, K GHOSE	18
Dehiscence of the infraorbital nerve as a new cause of facial pain	H B WHITTET, R E QUINEY	18
Association of seminal desethylamiodarone concentration and epididymitis with amiodarone treatment	M J WARD, P A ROUTLEDGE, A HUTCHINGS, J M MORRIS	19
Risk factors for death from meningitis	C M BENJAMIN, R W NEWTON, M A CLARKE	20
Can general practitioners use training in relaxation and management of stress to reduce mild hypertension?	CHANDRA PATEL, MICHAEL MARMOT	21

MEDICAL PRACTICE

Nursing Grievances: I: Voting with their feet	TONY DELAMOTHE	25
New Drugs: Respiratory and allergic disease—I	K FAN CHUNG, PETER J BARNES	29
Everyday Aids and Appliances: Hearing aids	OLIVER J CORRADO	33
Research Policy: Selectivity by the UGC: a taste of things to come	RICHARD SMITH	36
Conference Report: Fiddling while tobacco burns	SIMON CHAPMAN	39
ABC of Dermatology: Acne and rosacea	P K BUXTON	41
Conversations with Consultants: Listening to consultants: Dr K the cardiologist	TONY SMITH	45
Guidelines for writing papers		48
Development of neurological problems after lumbar puncture	I K HART, I BONE, D M HADLEY	51
Medicine and politics	SIR DOUGLAS BLACK	53
Words—B J FREEDMAN		28
Materia Non Medica—Contribution from ROBERT CUTLER		47
Any Questions?		52, 56
Medicine and Books		57
Personal View	ADRIENNE D BAKER	60

CORRESPONDENCE—List of Contents	61
---------------------------------	----

OBITUARY	70
----------	----

NEWS AND NOTES

Views	67
Medical News	68
BMA Notices	69

SUPPLEMENT

The Week	73
From the HJSC: Government censured on underfunding	74

CORRESPONDENCE

Consensus development conferences on osteoporosis J J E van Everdingen, MD, and A F Casparie, MD; B Jennett, FRCS, and others	61	The Royal College of Psychiatrists and South Africa J L T Birley, FRCPsych	63	Leg ulcers H A F Dudley, FRCS	65
Cost of limiting abortion Caroline Woodroffe, MSC, and Valerie Beral, MRCP	62	Advanced training for ambulance crews J A Chambers, MB; K Judkins, FFARCS	63	Comparison of two measures of waiting times J Nicholl; B Don, DPHIL, and M J Goldacre, FFCM; A Mordue, MB; M A Walker, FRCS, and others	65
Refractive surgery B L Halliday, FRCS	62	Toxic myocarditis in paracetamol poisoning Elizabeth Fagan, MRCP, and others; R A Wakeel, MRCP, and others	63	Psychiatric abuse M Başoğlu, MD, and others	65
Is schizophrenia a neurodevelopmental disorder? R M Murray, MRCPsych, and S W Lewis, MRCS	63	Charging patients for eye tests J S Yudkin, MRCP	64	Changing the law on children in cars I A Choonara, MRCP, and K Heeley	66
		Graduated compression and its relation to venous refilling time Julia V Cornwall, SRN, and others	64	Campylobacter pylori in central Africa G W Lachlan, FRCSED, and others	66
				Clinical experimentation in obstetrics D Mathews, FRCOG	66

- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Consensus development conferences on osteoporosis

STR.—The consensus statement on the prophylaxis and treatment of osteoporosis (10 October, p 914) prompts us to comment and raise some questions that merit consideration.

In the past four years three consensus development conferences on osteoporosis have been organised. The first was held in the United States, organised by the National Institutes of Health, and published in an internationally accessible journal.¹ In The Netherlands a similar conference was organised by the National Organisation for Quality Assurance in Hospitals and published in a Dutch journal.² The main reason for organising a Dutch consensus conference was to attain professional consensus among doctors and the other health care workers concerned. This contributes to peer review and quality assurance and is vital for the eventual implementation of the consensus guidelines.³ The results of a similar conference in Denmark have now been published, three and a half years after the American consensus development conference. We have analysed the consensus procedure and the statements of the three successive meetings.

Our general impression is that despite the varying cultural settings and methods for consensus development (table), the main conclusions are similar: osteoporosis is a major public health problem; prevention of fracture in susceptible patients is the primary goal of intervention; and strategies include ensuring oestrogen replacement in postmenopausal women, adequate nutrition including an elemental calcium intake of 800 to 1500 mg/day, and a programme of modest weight bearing exercise. There are also some differences, however. In the American consensus statement oestrogen replacement treatment is not only recommended for women whose ovaries are removed before the age of 50 but should also be

considered for women who have had a natural menopause. Another notable difference concerns the therapeutic approach: the use of fluoride, vitamin D, anabolic steroids, and calcitonin (table). In this respect the American and Dutch consensus statements are more restrictive than the recent Danish version. The scientific data that would

support a modification of the point of view of the first two are lacking in the Danish statement.

We also have some questions. Why did the European Foundation for Osteoporosis and Bone Disease organise a consensus development conference so soon after the American conference, the statements of which have both been published in

Differences in methods of consensus development and in recommended therapeutic approach between consensus conferences on osteoporosis in United States, The Netherlands, and Denmark

	USA	Netherlands	Denmark
Attendees	?	200	700
Consensus reached by	Panel of experts and lay public from USA, with little input from mainly professional audience	Panel of experts and professional audience from The Netherlands	Panel of experts from Europe, USA, and Australia, with almost no input from professional audience
Speakers	Experts from USA	Same experts as panel members	Experts from Europe, USA, and Australia
Draft consensus statement	Not available	Spread among participants 12 days before the meeting	Not spread among participants?
Consensus statement presented	On last day of conference	4 Months after conference	On last day of conference
Therapeutic approach			
Treatment			
Oestrogens:			
Indication	Postmenopausal women	Postmenopausal women at risk	Postmenopausal women at risk
Duration	No limit	At least 6 years	At least 10 years
Start therapy	No limit	Generally not after 65 years	Not later than 15 years after menopause
Administration	Cyclic	Cyclic in combination with progestogens	Cyclic in combination with progestogens
Fluoride	Experimental	Experimental	For severe vertebral osteoporosis
Vitamin D	For some high risk patients: not more than 600-800 IU	For some high risk patients: not more than 400 IU	Not indicated
Calcitonin	Not indicated	Not indicated	For some high risk patients who are not candidates for oestrogens
Anabolic steroids	Not indicated	Experimental	For some high risk patients (glucocorticoid mediated osteoporosis)