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PICTURE OF THE WEEK

Female health workers demonstrate in front of the office of Pakistan's prime minister in Islamabad against the killing by the Taliban of nine polio vaccination workers last month. A United Nations official announced that more than 3.5 million Pakistani children had missed out on polio vaccination after the killings in the country's most recent vaccination campaign.

RESPONSE OF THE WEEK

Having worked in the past 10 years as a locum consultant in over 30 different maternity units, I totally agree that existing electronic healthcare systems throughout Britain far too often "look as if they've been created by people who have never actually set foot in a hospital." Without any question I also agree that "there needs to be an effort, led by doctors, to create better systems." Unfortunately virtually all NHS funding remains controlled by those who too often prioritise use of computers for data collection for retrospective audit and management, budget holders who still seem to believe that computers are magic, and senior staff who have rarely had any personal experience of the cost and limitations of writing complex software code.

Rupert Fawdry, in response to "Jet packs" (*BMJ* 2012;345:e8342)

BMJ.COM POLL

Last week's poll asked: "What is more important to you—the taste of food or how healthy it is?"

58.5% voted for taste (total 1632 votes cast)

► *BMJ* 2012;345:e7607

This week's poll asks:

"Should everyone over 74 be screened for dementia?"

► *BMJ* 2012;345:e8588

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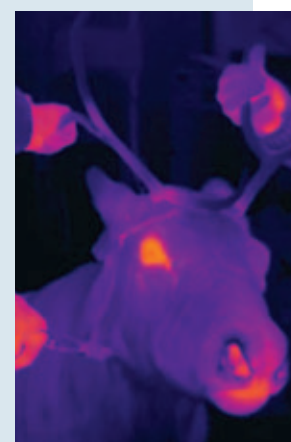
MOST SHARED

Gluten sensitivity: real or not?

Why Rudolph's nose is red: observational study

Effect of reducing total fat intake on body weight: systematic review and meta-analysis of randomised controlled trials and cohort studies
 Inhaled corticosteroids: first do no harm

GP is suspended for six months for failing to make an urgent referral



EDITOR'S CHOICE

Treat the worms, but do other things too

Enthusiasm for worming is based on claims of benefit that are not justified by a close look at the evidence

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More than a third of the world's population is infested with worms, according to the *Global Atlas of Helminth Infections* (www.thiswormyworld.org). Most affected people live in extreme poverty in Africa, Asia, and the Americas. Children are particularly vulnerable to the ill effects of a heavy parasitic load. As Nigel Hawkes says (p 14), who, given these facts, would hesitate to provide the few pennies it costs to deworm a child?

Indeed there is no shortage of international organisations willing to invest in deworming programmes. But, as Hawkes explains, their enthusiasm is based on claims of benefit that are not justified by a close look at the evidence. Deworming certainly removes worms in infested people, but what about mass population treatment programmes? Do they, as many now claim, improve weight gain, school attendance, academic performance, and even earnings, productivity, and income?

During the 1990s the Cochrane review group based in Liverpool began to question these broader claims. The group's first review, published in the *BMJ* in 1997, and all updates concluded that there is no good evidence that deworming programmes improve growth, cognitive ability, or school attendance.

A randomised trial published in the *BMJ* in 2006 (*BMJ* 2006;333:122) was one of those studies whose findings were questioned by the Cochrane group. The paper reported increased weight gain in Ugandan children given albendazole. But, as the Cochrane reviewers pointed out in 2007, the authors had not corrected their analysis for the cluster randomised design. When properly adjusted, the increased

weight gain was no longer statistically significant. The authors acknowledged the error, and a rapid response was posted (<http://bit.ly/YTNOSI>), but owing to an oversight the *BMJ* failed to publish a correction. Prompted by Hawkes's impending article, we have now rectified this mistake. However, in their correction the authors maintained that their main conclusion—increased weight gain in treated children—was based on the multivariable analysis, which was adjusted for the study's design. We are currently discussing the need for further clarification with the authors.

But one giant of a study has overshadowed all these deliberations: a cluster randomised trial of albendazole and vitamin A involving a million children in India. Although completed in 2005 it is only now to be published. The delay was, as many had assumed, due to its negative findings: given the financial and emotional investment in these programmes, the authors, led by Richard Peto, wanted to be absolutely sure of their conclusions. From the deworming arms of the trial, the study concludes that albendazole has no significant effect on mortality or weight gain.

The news will be disappointing to those who thought a panacea of sorts had been found. Instead it seems the world must put its shoulder to the slower, more complex business of building public health and social infrastructure in resource poor settings—including proper sanitation, nutrition, and education—and, of course, treating worms in those who have them.

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