

In brief



Reuters/Lucy Nicholson

A woman wakes up on Skid Row in downtown Los Angeles. Los Angeles has asked the Supreme Court of the United States to allow police and city workers to seize or destroy property that homeless people leave unattended on footpaths, saying Skid Row homeless encampments presented a public health risk. According to the Los Angeles County Department of Public Health, some 11 people have died from tuberculosis since 2007, and of the 78 people infected, 60 were homeless.

From The Cochrane Library

Quality and quantity

Improving housing improves health — so says a review of 39 studies reporting both quantitative and qualitative data on the impact of providing adequate and affordable space and warmth. Those previously living in poor housing with poor health are most likely to experience health improvements. Improving housing may also reduce absences from school or work (doi: 10.1002/14651858.CD008657.pub2).

Nurse-led care may be appropriate for people with well controlled asthma. A review of five studies involving over 500 adults and children found no differences in the number of asthma exacerbations or asthma severity between those receiving nurse-led care and those receiving physician-led care. Although methodologically sound, the relatively small number of studies prompts the authors to recommend further studies in diverse settings and among people with varying levels of

asthma control (doi: 10.1002/14651858.CD009296.pub2).

Previous cancer is the only “red flag” (specific information from the clinical history and examination used as sentinels of disease) linked to an increased risk of cancer in patients presenting with low back pain. This is the finding of a review of eight studies involving over 7000 patients. Other red flags (insidious onset, age over 50 years, and lack of improvement after 1 month) had high false-positive rates; their uncritical use as a trigger for further investigations may increase the volume of health care but not its quality (doi: 10.1002/14651858.CD008686.pub2).

A review of 50 studies of antiplatelet treatment in 27 000 people with chronic kidney disease found a reduced risk of myocardial infarction (but not stroke or death) and an increased risk of major bleeding. The weight of evidence in the review allows the authors to



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conclude that the harms probably exceed the benefits for people at lower risk of cardiovascular events (doi: 10.1002/14651858.CD008834.pub2).

Enhancing adherence to dietary advice for preventing and managing chronic diseases is predictably tricky. A review of 38 studies involving 9500 people found that telephone follow-up, videos, contracts, feedback and nutritional tools can all work sometimes, but since most studies were of low quality and varied widely in design, few could be meaningfully combined (doi: 10.1002/14651858.CD008722.pub2).

Quantity and quality abound with these and other new and updated reviews this month in *The Cochrane Library* at www.thecochranelibrary.com. Additional topics include interventions to improve prescribing, colloids versus crystalloids in critically ill people, and physical rehabilitation for older people in long-term care.

News

Sleep services by primary care may be just as good

Patients with obstructive sleep apnoea (OSA) may be at no disadvantage if treated by their primary care providers rather than a specialist sleep centre. The randomised, controlled, non-inferiority study involved 155 patients with OSA who were treated at either primary care practices in Adelaide and in three rural regions of South Australia or a university hospital sleep centre in Adelaide between September 2008 and June 2010. Both settings offered similar management options, including continuous positive airway pressure and mandibular splints. At 6 months, the improvement in mean Epworth Sleepiness Scale scores was similar in both settings, from 12.8 at baseline to 7.0 in the case of the group managed by primary care. The authors concluded that "a ... strategy for OSA based in primary care was not clinically inferior to standard care in a specialist sleep centre". Additionally, "it possibly could be delivered at lower cost", therefore improving access for rural and remote regions.

JAMA 2013; 309: 997-1004. doi: 10.1001/jama.2013.1823



Deep sedation for colonoscopy, and aspiration pneumonia

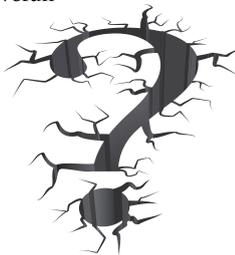
The increased use of deep sedation, such as the use of propofol, in colonoscopies may be causing higher rates of aspiration pneumonia as a postprocedure complication. Researchers used US Medicare data for outpatient colonoscopy (without polypectomy) from 1 January 2000 through 30 November 2009, identifying 165 527 procedures in 100 359 patients, including 35 128 procedures (about one in five) using anaesthesia services. Selected postprocedure complications were documented after 284 procedures (0.17%) and included aspiration, perforation and splenic injury. The authors said: "Although the absolute risk of complications is low, the use of anaesthesia services for colonoscopy is associated with a somewhat higher frequency of complications, specifically, aspiration pneumonia". Although acknowledging the presence of some uncontrolled confounding with the study's design, the authors also concluded that their results may reflect "the impairment of normal patient responses with the use of deep sedation".

JAMA Intern Med 2013; 11 March (online)
doi: 10.1001/jamainternmed.2013.2908

Heading for clarity about concussion

An international expert group, led by Australian-based Professor Paul McCrory, has "unanimously agreed that no RTP [return to play] on the day of a concussive injury should occur". The consensus statement emphasised the need for rule changes in some sports in order to decrease the occurrence of concussive injuries and to allow for adequate sideline assessments, including tests such as the Standardized Assessment of Concussion. Alongside the overall recommendation relating to RTP and other principal messages, the 2012 Zurich Consensus statement on concussion in sport acknowledged that the science of concussion is evolving and thus management decisions for individual patients remained in the realm of clinical judgement. The expert group also determined that "a cause and effect relationship has not as yet been demonstrated" between concussion and chronic traumatic encephalopathy.

Br J Sports Med 2013; 47: 250-258. doi: 10.1136/bjsports-2013-092313



Family presence benefits during CPR

Since first proposed 25 years ago, the benefits and drawbacks of having family members present during cardiopulmonary resuscitation (CPR) have been debated. Now, a French multicentre randomised study has confirmed that family presence during CPR was linked with more positive outcomes for the family members themselves. Relatives of 570 patients resuscitated at home for cardiac arrest were assigned to be specifically offered the opportunity to observe the CPR (intervention group) or not (control group). Overall, 79% of relatives in the intervention group witnessed CPR compared with 43% in the control group. Ninety days after CPR, family members were interviewed: the frequency of post-traumatic stress disorder-related symptoms was significantly higher in the control group; and relatives who did not witness CPR were more likely to experience symptoms of anxiety and depression. Family-witnessed CPR did not affect the medical teams' level of emotional stress and did not result in an increased rate of medicolegal claims.

N Engl J Med 2013; 368: 1008-1018
doi: 10.1056/NEJMoal203366

N Engl J Med 2013; 368: 1058-1059
doi: 10.1056/NEJMe1300397

From the MJA archives

MJA 1944; 15 July (edited extract)

A national medical service

Sir: I would like to commend the opinions recently expressed in the Journal by Dr Brown and Dr Lister on a national medical service. Apart from private practice, I have an honorary appointment at a public hospital and a part-time appointment at a military hospital. In the two latter cases I enjoy the work, although it is very exacting. I feel that my patients and myself are fellow human beings and friends, and I do my best for them and am free from

the handicap of any financial consideration between patient and doctor. The admitted handicap is lack of time, which is serious, but should be eliminated in a properly staffed and organised national health service. The taking of remuneration from a fellow human being for personal medical service necessitated by his ill-health, particularly the increasing of this so-called fee from prolonged and serious ill-health, is basically immoral, unethical and degrading.

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