In brief



Medical practitioners work to revive a newborn baby boy in a covered courtyard after hospital patients were evacuated following an earthquake in Cebu City, central Philippines. A strong earthquake measuring 7.2 struck islands popular with tourists in the Philippines, on 15 October 2013, killing at least 20 people, some while praying in a centuries-old church, officials said. The baby survived.

From The Cochrane Library

Cochrane reviews are good for you

With summer coming, the cold is no longer an excuse for not getting out and exercising. Sadly, this reason alone is probably not enough to get most of us off the couch. Two recent reviews explore what else might help. Face-to-face interventions, such as personal counselling and supervision, can increase cardiovascular fitness and physical activity, according to a review of 10 studies of 6300 healthy adults. Outcomes are improved when interventions specify a type of activity and are supervised by a non-health professional using both group and individual approaches (doi: 10.1002/14651858.CD010392.pub2).

Remote and web 2.0 interventions (using the internet and smartphones) are also effective in promoting physical activity. A review of 11 studies involving almost 6000 healthy adults found increases in both self-reported physical activity and measured

cardiorespiratory fitness at 12 months (doi: 10.1002/14651858.CD010395. pub2). As to which interventions are more effective — face-to-face or remote — we have only a single-study review and insufficient evidence to conclude either way (doi: 10.1002/14651858. CD010393.pub2).

An update of the review of exercise for depression now includes 39 studies and shows that exercise reduces symptoms, although the best-quality studies find smaller effects. The small number of studies comparing exercise with psychological or pharmacological therapies show that exercise is at least as effective as either (doi: 10.1002/14651858.CD004366.pub6).

Good news for psychologists (but less so for bookshops) comes from a new review of self-help for anxiety disorders in adults. Over 100 studies involving 8400 participants were included in the review, which



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concludes that "self-help is probably better than no treatment, but many people with an anxiety disorder would get better results from treatment provided by a skilled psychologist" (doi: 10.1002/14651858.CD005330.pub4).

One of our favourite reviews — spacers versus nebulisers for betaagonist treatment of acute asthma — has been updated. The review includes over 2600 children and adults in 39 randomised trials and finds convincingly that nebulisers do not produce better outcomes than metered-dose inhalers with spacers in adults or children, and that spacers may have advantages for children (doi: 10.1002/14651858.CD000052.pub3).

For new reviews of cognitive behavioural therapies for fibromyalgia, colorectal cancer screening, preterm birth, sweet potato for diabetes and more, check out *The Cochrane Library* at www.thecochranelibrary.com.

Non-physician laser operators attract majority of lawsuits

An increasing proportion of laser hair removal lawsuits in the US relate to procedures performed by non-physician operators (NPOs), according to research published in *JAMA Dermatology*. A search of an online national database of public legal documents involving laser surgery revealed that, from January 1999 to December 2012, there were 175 legal cases related to injury secondary to cutaneous laser surgery. Seventy-five (42.9%) of these were cases involving an NPO. An NPO was involved in an increasing proportion of cases during 2008–2011, rising from 36.3% to 77.8%. Laser



hair removal was the most common procedure. Despite only one-third of laser hair removal being performed by NPOs, 75.5% of lawsuits (40/53) from 2004 to 2012 were related to procedures performed by NPOs. Most cases (64.0%) performed by NPOs occurred outside a traditional medical setting. "When a physician delegates duties to [an NPO], responsibility and liability remain squarely on the supervising physician", the authors wrote.

JAMA Dermatol 2013; 16 October (online). doi: 10.1001/jamadermatol.2013.7117

No reason to stop vCJD surveillance

The incidence of abnormal prion proteins, a marker for variant Creutzfeldt-Jakob disease (vCJD) carrier status, has been found to be approximately 1/2000 population in the UK, according to research published in the BMJ. The authors studied 32441 archived appendix samples from 41 UK hospitals. Sixteen were found positive for abnormal prion protein, which would translate to an overall prevalence of 493 per million of population, or approximately 1/2000. Apart from the risk of transmission by implantation of infected material, there are concerns about vCJD transmission by blood components and products, and horizontal transmission by transfer via surgical instruments. An accompanying editorial said: "If 'infection' with vCJD prion proteins is common then precautionary measures are likely to be in place for a long time, and clinicians need to understand the logic behind them ... Further disinvestment would be premature."

BMJ 2013; 347: f5675. doi: 10.1136/bmj.f5675 BMJ 2013; 347: f5994. doi: 10.1136/bmj.f5994

Small intermediate benefits in CABG over PCI

Coronary artery bypass graft (CABG) surgery provided slightly better intermediate-term health status and quality of life than percutaneous coronary intervention (PCI) using drug-eluting stents in patients with diabetes mellitus and multivessel coronary artery disease, a study in *JAMA* has shown. Using data from the FREEDOM trial, which randomly allocated 1900 eligible patients from 18 countries into either CABG surgery or PCI groups between 2005 and 2010, the authors assessed health status using the Seattle Angina Questionnaire at baseline, 1, 6 and 12 months, and annually thereafter. They found that both surgical options provided "substantial and sustained benefits ... that were evident within 1 month and sustained through 5 years". "Between-group comparisons generally favored CABG between 6 months and 2 years, but the observed differences were small", the authors wrote. "Beyond 2 years, there were no consistent differences."

JAMA 2013; 16 October (online). doi: 10.1001/jama.2013.279208

From the MJA archives

MJA 1934; 7 July (edited extract)

President's address to the annual meeting of the Western Australian Branch of the British Medical Association

 $(The\ meeting\ was\ held\ at\ the\ Hospital\ for\ the\ Insane\ at\ Claremont)$

Dr M K Moss delivered his address. He said that before he, too, into the dark descended, it was his privilege to deliver a short address, and it was the punishment of the members to listen to it. Dr Moss went on to say that he wished to refer to a few facts and opinions that had been forced upon him while presiding over their medical Olympus. The Council was largely composed of men who, if he might pervert biological life history, had

bored their way through the soft wrappings of the cocoon of residentship into the worm stage of general practice, had laid their little eggs and burst forth triumphant butterflies in the glorious apparel and with the glittering appanage of the specialist. Some, like himself, remained worms. What he would like to impress on them was the fact that most of them had been worms and could sympathise with the vermicular outlook.

Not all placebos are created equal

Sham surgery and sham acupuncture have been found to be more effective than oral pharmacological placebo (OPP) in the treatment of migraines, a study in JAMA Internal Medicine reports. A systematic review of 79 randomised clinical trials found that sham acupuncture (proportion of responders, 0.38) and sham surgery (0.58) were associated with a more pronounced reduction of migraine frequency than OPPs (0.22), where a responder was defined as having an attack frequency reduction of at least 50%. "The context and meaning of surgery ... differ considerably from those of an oral drug", the authors wrote. "Patients may develop greater expectations about ... acupuncture and surgery because of the more elaborate and impressive treatment rituals. The higher level of attention and physical contact may also play a role." An accompanying commentary said "... we learn from this review that like treatments should be compared, such as surgery treatment with sham surgery treatment and pill with sham pill. This important lesson extends far beyond migraine prophylaxis treatment."

JAMA Intern Med 2013; 14 October (online) doi: 10.1001/jamainternmed.2013.10391

