

No evidence for use of misoprostol to prevent life-threatening bleeding during labour

There is insufficient evidence for the effectiveness of misoprostol, which is used increasingly to prevent life-threatening bleeding in women after giving birth in community settings in low income countries, according to a review of available research (Chu et al, 2012).

Misoprostol was originally developed for treating gastric ulcers, but is increasingly used in low- and middle-income countries for preventing postpartum haemorrhage. It is given to women during labour to prevent uncontrolled bleeding, and is included on the World Health Organization's Essential Medicines List for this.

However, of 172 studies on the use of misoprostol during labour only six had enough

information to enable researchers to review whether or not the drug was effective in preventing postpartum haemorrhage in rural and community settings in low income countries. The six studies failed to provide sufficient evidence that the drug worked and most had problems with study design and the fact the findings were not applicable generally.

'Current evidence to support the use of misoprostol in home or community settings in low- and middle-income countries for the prevention of postpartum haemorrhage is, at best, inconclusive,' said lead researcher Professor Alyson Pollock.

The main risk factor for postpartum haemorrhage is

anaemia, which is easily treated if it is diagnosed.

'The most effective preventive strategy for postpartum haemorrhage is prevention of anaemia, good antenatal care including good hygiene and sanitation and good care during labour,' said Professor Pollock. 'Developed countries would not dream of giving women misoprostol during labour on the basis of the current evidence, yet industry and health practitioners are pushing it hard in developing countries.'

Chu C, Brhlikova P, Pollock A (2012) Rethinking WHO guidance: review of evidence for misoprostol use in the prevention of postpartum haemorrhage. *J Roy Soc Med* **105**: 336–47

Psychological interventions can alleviate symptoms of skin diseases

In a meta-analysis published in the *British Journal of Dermatology*, a team from the Department of Psychology at the University of Sheffield conclude that psychological interventions do provide benefit to patients with skin conditions.

Record number of organ transplants continues

The Organ Donation and Transplantation Activity Report 2012 shows the seventh year of growth in the number of transplants, with 3960 transplants carried out in the UK in 2011/12. The number of deceased organ donors was up 8% on 2010/11.

More patients who use varenicline are smoke-free at 1 year than those using nicotine replacement

Results of a Pfizer commissioned study published in *Annals of Medicine* reveal that patients taking varenicline (Champix) are significantly more likely to quit smoking and continue to abstain from smoking than those using standard dose nicotine patch therapy (≤ 22 mg) at 4, 12, 26 and 52 weeks.

Hospital staff miss over half of cases of alcohol dependency if patients not intoxicated

Clinicians have considerable difficulty identifying and helping people with alcohol problems but no previous study has looked at this systematically.

A meta-analysis was undertaken to determine clinicians' ability to routinely identify broadly defined alcohol problems. This identified 48 studies that looked at the routine ability of clinicians to identify alcohol problems (12 in primary care, 31 in general hospitals and five in psychiatric settings).

The diagnostic sensitivity of hospital staff in the identification of alcohol use disorder was 52.4% (95% confidence interval (CI) 35.9–68.7) of cases and made correct notations in 37.2% (95% CI

28.4–46.4) of case notes. Mental health professionals were able to correctly identify alcohol use disorder in 54.7% (95% CI 16.8–89.6) of cases.

There were limited data regarding alcohol dependency and intoxication. Hospital staff were able to detect 41.7% (95% CI 16.5–69.5) of people with alcohol dependency and 89.8% (95% CI 70.4–99.4) of those acutely intoxicated. Specificity data were sparse.

Clinicians may consider simple screening methods such as self-report tools rather than relying on unassisted clinical judgement but the added value of screening over and above clinical diagnosis remains unclear.

Dr Alex Mitchell, consultant at Leicestershire Partnership NHS Trust and honorary senior lecturer at the University of Leicester, said: 'This study highlights that clinical identification of alcohol problems is challenging in busy clinical environments. When clinicians try and spot alcohol problems they often miss patients who have serious alcohol problems but who are not currently intoxicated. Further they can misidentify about 5% of "normal drinkers" as problem drinkers.'

Mitchell AJ, Meader N, Bird V, Rizzo M (2012) Clinical recognition and recording of alcohol disorders by clinicians in primary and secondary care: meta-analysis. *Br J Psychiatry* **201**: 93–100