

## From the journals

### Emergency contraception

Three methods of emergency contraception are in use. These are the combined oestrogen progestogen pill (ethinyl estradiol plus levonorgestrel), progestogen only pill (levonorgestrel) and the copper containing Intrauterine Contraceptive Devices (IUDs). Effectiveness in preventing pregnancy of the three preparations are 75%, 85% and 97% respectively. Large scale studies have disputed claims that emergency contraception reduces the regular use of more effective contraceptives, increases possibility of abuse or increases incidence of sexually transmitted diseases. *Drug Safety* 2002; 25: 696-705.

### Violence against women

Violence against women has a high prevalence within the family and is often accepted by society. It has a long term and serious impact on the women's health and well-being. Women are often reluctant to speak about the violence they have suffered. The common forms of violence include physical, sexual and emotional abuse at the hands of the husband or sexual partner. Nearly a third of women have been subjected to some form of gender based abuse during their lifetime.

Rape, sexual violence, early marriage, sex selective abortion, female infanticide, neglect of nutrition and health needs, virginity examinations, forced caesarean section, female genital mutilation, trafficking of women and girls for forced labour and sexual exploitation, are all forms of serious violence against women. Health care providers should be aware of this problem and strongly advocate non-violent relationships. *Out Look* 2002; 20.

### Drug testing in children: "Paediatric exclusivity provision and paediatric rule"

"Paediatric exclusivity" is a voluntary program based on federal law that applies only to drugs. Under this law the companies that voluntarily test their medications in children receive an additional 6 months of patent protection or marketing exclusivity. "Paediatric rule" is a Food and Drug Administration (FDA) regulation that requires pharmaceutical manufacturers, in specified circumstances, to test their products to determine whether they are safe and effective in children.

Testing drugs in children is a controversial issue. Society wants to spare children from the potential risks involved in research. If children are given medications that have been inadequately studied, they may be harmed. The recruitment of children for clinical trials raises concerns that they are being exploited. Drug labelling commonly includes disclaimers that safety and effectiveness have not been established in children or have been established only for children of certain ages. Also, children cannot take medications unless they are marketed in suitable formulations. It has been estimated that there is insufficient information on paediatric use for about three-quarters of prescription medications.

With the establishment of paediatric exclusivity and paediatric rule in the late 1990s the FDA is seeing data and studies done in children. "The paediatric exclusivity provision has done more to generate clinical studies and useful prescribing information for the paediatric population than any regulatory or legislative process to date" states a 2001 FDA status report.

As of August 2002, the FDA had received 320 proposals from sponsors and issued 253 written requests for a total of 595 studies expecting more than 34 000 children to participate. *New England Journal of Medicine* 2002; 347: 1462-9.

### Prevention and cure of type 2 diabetes

Type 2 diabetes is now reaching epidemic proportions. Epidemics are seldom controlled unless their causes are addressed. Obesity is strongly and causally linked to type 2 diabetes. Recent data suggest that prevention of type 2 diabetes is possible if weight is managed adequately in individuals at high risk. Weight management also has the potential to make a significant beneficial impact in those with established type 2 diabetes.

In a prospective study of 84 941 female nurses followed for 16 years a combination of modifiable risk factors related to dietary behaviour, physical activity, weight and cigarette smoking was associated with a remarkable 91% reduction in the risk of developing diabetes. Even with a family history of diabetes the risk reduction was 88%. In the Finnish diabetes prevention study a weight loss of 3 to 4 kg in those with impaired glucose tolerance led to a 58% reduction in incidence of diabetes.



A weight loss of 5 to 10% should be a goal, alongside standard glycaemic and cardiovascular targets, for many overweight people with diabetes. This would slow progression, reduce insulin requirements, allow withdrawal of treatment for some, and reduce mortality. Weight reduction is more realistic in younger newly diagnosed patients than in older patients. Although the goal of a cure for type 2 diabetes remains some way off, prevention of diabetes and slowing of the natural history of the disease are clearly feasible. *British Medical Journal* 2002; **325**: 232-3.

### **Growth hormone is overused**

A study done on 2852 French children diagnosed and treated for isolated growth hormone deficiency has shown that long term treatment with growth hormone had no clear cut benefit in many. Most of the patients actually have pubertal delay and a potential for spontaneous catch up. The diagnosis of idiopathic isolated growth hormone deficiency should be restricted to patients with severely and permanently altered growth hormone secretion. *British Medical Journal* 2002; **13**: 70-3.

### **Preventing suicide in young people**

As Sri Lanka has one of the highest suicide rates this information should be used in identifying those at higher risk of committing suicide. A recent population based study has shown that presence of mental illness in the index patient or in the family, and a family history of suicide are important risk factors for suicide in young persons. A substantial proportion of young people who commit suicide may have an untreated, under-treated or undiagnosed mental illness. Early recognition and treatment of mental illness is an important target in the prevention of suicide in young people. *British Medical Journal* 2002; **13**: 74-7

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### **What happens if we are negligent, but there is no damage?**

Most errors, negligent or non-negligent, do not damage patients. This is because we spot them before they do any harm, and, in anaesthesia, because of our use of monitoring. Can we be sued? Not successfully. If there is no harm, physical or mental, to our patient, then the 'tort' of negligence is not complete, as lawyers put it. There is no such thing as attempted negligence: you have to do damage to become liable. However, you may not have to do much damage, and still be liable for a great deal of damages.

Heneghan C P H. Understanding the law (part 2). Bulletin 13, The Royal College of Anaesthetists, May 2002, 621-2.