From the journals

Ceylon Medical Journal, 2000; **45**: 75-76

Problem of whooping cough in infants

In the UK notifications for whooping cough in young infants has shown a progressive increase over that past several years. Some of these babies die. Often in this age group there are atypical clinical features, and the disease takes a severe form. The common presentation is that of a severe respiratory tract infection with apnoeic attacks. The characteristic paroxysmal cough is absent. Complications such as seizures and encephalopathy are also seen. *Archives of Disease in Childhood* 1999; **80**: 297-9. This problem has been reported from several other countries including Sri Lanka, where a few deaths have occurred.

Finding a solution to the problem has not been easy. Other than immunisation, what measures are available to us? Doctors should be aware of the condition and its atypical presentations, make an early diagnosis and start early treatment. The index case and close contacts in all households where there are unimmunised or partially immunised children should be given a course of erythromycin. Parents and family members with paroxymal cough should seek treatment. Opportunities for infection of the newborn could be minimised by avoiding unneccessary exposure, handling and visitors.

Common drugs affecting renal function

Commonly used drugs known to adversely affect renal function include diuretics, beta blockers, vasodilators, NSAIDs, ACE inhibitors, aminoglycosides, antiviral drugs and lithium. Patients with diseases such as diabetes, and renal or cardiac failure, are at particular risk. Careful assessment before treatment and close follow up are recommended to avoid serious iatrogenic problems. *Australian Prescriber* 2000; **23**: 17-9.

Clinical assessment of heart murmurs in children

Clinical assessment of heart murmurs by general practice paediatricians may be deficient. Nearly 20% of cases are missed, and 28% with innocent murmurs are referred for investigation and assessment. *Archives of Disease in Childhood* 1999; **81**: 409-12.

Erectile dysfunction due to psychotherapeutic drugs

Although erectile dysfunction (ED) is a known adverse effect of drugs, often the psychiatric disease itself may be its cause. Only a few studies provide evidence that drugs are actually causing this adverse effect. There is evidence that all major classes of antidepressants (tricyclics, MAOIs, SSRIs) cause ED. Most antipsychotics have significant adverse effects on sexual function, but evidence is stronger on some drugs compared to others.Thioridazine and fluphenazine are known to cause ED. For chlorpromazine and haloperidol it could be a dose related effect, with the higher dose producing ED. Of the benzodiazepines, clonazepam is known to cause ED, but this was not a problem with diazepam, lorazepam and alprazolam. Dopamine antagonists (eg. metoclopramide and domperidone) are also known to cause ED. *Adverse Drug Reactions and Toxicological Reviews* 1999; **18**: 5-24.

Day-case haemorrhoidectomy

A recent randomised trial has shown that day-case haemorrhoidectomy is feasible for all patients irrespective of the extent of haemorrhoids and the surgical technique. What is needed for success is a carefully planned perioperative management package. Postoperative pain can be successfully managed with oral analgesics. Early return to normal activity, few complications and high patient satisfaction can all be achieved with a day-case package. *British Journal of Surgery* 1999; **86**: 612-3.

Decisions about hydration in dying patients

Three principles that could be used when making decisions about maintaining hydration in dying patients are:

1. Look for and treat correctable causes of dehydration such as over-diuresis, over-sedation, vomiting and diarrhoea.

2. Recognise that pain in dying patients rarely leads to difficulties in taking fluids.
3. Decision to withdraw hydration is only taken after making sure that the patient has irrevocably entered the dying phase. The duration of this phase varies from a few hours to two or more days.

Sometimes these decisions are not easy, but the above principles are helpful. *Journal of the Royal College of Physicians of London* 1999; **33**: 365-7.

Anticoagulants denied

An editorial in the *British Medical Journal* states that the most clinically relevant advance in the management of cardiac dysrrhythmia in the past two decades has been the finding that anticoagulant treatment substantially reduces the risk of stroke in patients with atrial fibrillation. *British Medical Journal* 2000; **320**: 1219-20. Yet a significant proportion of patients who would benefit from anticoagulation are not given it.

Clinical trials *vs.* clinical practice

Medical practitioners sometimes have concerns about putting clinical trial recommendations into clinical practice. In clinical trials patients are screened more rigorously compared to patients in clinical practice, compliance with treatment is often better, and the therapeutic effects and side effects of drugs are closely monitored. Hence results in clinical practice may not be as good as in clinical trials. A group of investigators have studied whether the benefits (ie. decreased strokes) shown in clinical trials of anticoagulation in patients with atrial fibrillation can be seen in clinical practice also. Using a prospective cohort study they have shown that rates of stroke after anticoagulation in clinical practice were similar to those obtained in clinical trials. *British Medical Journal* 2000; **320**: 1236-9.

R L Jayakody, *Senior Lecturer in Pharmacology, University of Colombo.*

Stroke

Stroke is one of the leading causes of disability in the United States and third only to cardio-vascular disease and cancer as the leading cause of mortality. Each year, more than 600,000 Americans suffer an acute ischemic stroke, which results in death in more than 90,000 women and 60,000 men. Of those who survive, the majority suffer permanent disability or residual neurologic impairment and about 25% have another stroke. The cost to society exceeds $ 50 billion each year, and the cost to individuals and their family members is immeasurable.

D W Dodick. Stroke. *Postgraduate Medicine* 2000; **107**: 29-33.