

From the journals

Motivation of stroke patients during rehabilitation

Professionals doing rehabilitation of stroke patients have long held the idea that patient motivation has an important effect on the outcome. However, not much information is available on the nature of the motivation. A recent study has shown that informing patients about rehabilitation, favourable comparisons with other stroke patients, and instilling a desire to leave hospital, had a positive effect on motivation. Lack of information about rehabilitation, overprotection by family members and professionals, giving mixed messages about rehabilitation and unfavourable comparisons with other patients, had a negative effect. The investigators stress that carers of stroke patients should be aware of the ways their behaviour influences the motivation of stroke patients. *British Medical Journal* 2000; **321**: 1051-4.

Detection of colorectal cancer – referral guidelines

Colorectal cancer is the sixth most common cause of mortality in the UK, and guidelines for referral from the NHS Executive's *Referral guidelines for suspected cancer, 2000* are given below.

Patients with the following symptoms and signs, occurring for the first time, will need urgent referral (to be seen within two weeks). Patients need not have all the symptoms.

For all age groups

- Definite palpable right sided abdominal mass
- Definite palpable rectal mass
- Rectal bleeding with change in bowel habit to more frequent defaecation or loose stools (or both) persisting over six weeks
- Iron deficiency anaemia without obvious cause (haemoglobin concentrations below 11/gdl for men and 10g/dl women)

For those over 60 years (age threshold could be 55 or 50 years)

- Rectal symptoms persisting without anal symptoms (anal symptoms include soreness, discomfort, itching, lumps, prolapse, pain)
- Change of bowel habit to more frequent defaecation or loose stools (or both), without rectal bleeding, persisting for six weeks

Symptoms associated with low risk of malignancy

Patients with the following symptoms but with no abdominal or rectal mass are at low risk of colorectal cancer.

- Rectal bleeding with anal symptoms (as listed above)
- Change in bowel habit to less frequent defaecation and hard stools
- Abdominal pain without clear evidence of intestinal obstruction

British Medical Journal 2000; **321**:1068-70.

Efficacy of atypical antipsychotics

A systematic review and meta-regression analysis of 52 randomised trials (involving 12 649 patients with schizophrenia) have been conducted to develop evidence based guidelines for use of atypical antipsychotics. The trials analysed have compared atypical antipsychotics (amisulpride, clozapine, olanzapine, quetiapine, risperidone, and sertindole) with conventional antipsychotics (haloperidol or chlorpromazine) or alternate atypical antipsychotics. The study showed that the effect of atypical antipsychotics on the symptoms of schizophrenia was similar to the effect of conventional antipsychotics at an average dose of 12 mg of haloperidol (or equivalent). Although the atypical antipsychotics cause fewer extrapyramidal side-effects their overall tolerability was found to be similar to the conventional antipsychotics. The study concludes that conventional antipsychotics remain the first treatment. The atypicals are an additional treatment option especially when extrapyramidal side-effects are a problem. *British Medical Journal* 2000; **321**: 1371-6.

Beware of herbals adulterated with western drugs

The California Department of Health Services issued a warning to consumers that they should immediately stop using five herbal products because they contain glibenclamide or metformin. These products claim to contain only Chinese herbal ingredients. These herbals had very eye-catching and 'soothing' names like Pearl Hypoglycaemic Capsules and Tongyi Tang Diabetic Angel Hypoglycaemic Capsules. The authorities are working to ban these products. *WHO Pharmaceuticals Newsletter* 2000; 2: 4-5. In Sri Lanka the surveillance of these products in the market is poor. Some patients may be putting their health at risk by consuming such products.

Withdrawal of new drugs

Grepafloxacin, a flouroquinolone developed by Glaxo Wellcome, has been withdrawn from the Irish market because of safety concerns. Similarly, at the request of the FDA, troglitazone (a drug belonging to the new class of oral hypoglycaemics called glitazones) has been withdrawn in the US market. The concern here is of hepatotoxicity. Subsequently, this drug has been withdrawn from virtually all countries. *WHO Pharmaceuticals Newsletter* 2000; 2: 4-7. In the millennium year several new drugs were withdrawn from the market. This year Bayer withdrew cerivastatin (a statin), as it causes rhabdomyolysis. (*SCRIP* 2001; 2668: 20)

These withdrawals remind us that clinical trials are not good at detecting uncommon side effects of drugs. Also, the indications for the use of these new drugs are often not clear, and practitioners may be persuaded to use them by powerful promotion. Practitioners have to be extremely careful in using new drugs (of which they have limited or no experience) instead drugs that they are quite familiar with. It would be folly to assume that all new drugs are safe.

Bacteriuria in sexually active young women

A recent study of sexually active women between 18 and 40 years has shown them to have have a 5% prevalence of asymptomatic bacteriuria. The two main risk factors for bacteriuria are sexual intercourse and use of spermicide containing diaphragms. 8% of those with asymptomatic bacteriuria went on to develop symptomatic urinary tract infection within one week. The reasons why some develop full blown urinary tract infection whereas others remain asymptomatic need investigation. *New England Journal of Medicine* 2000; 343: 992-7.

Cyclists recommended to wear helmets

There is a large body of evidence on the effectiveness of helmets in preventing head injuries in cyclists. For example, a systematic review of five case control studies found that helmets reduced the risk by 63% to 88% for head and brain injury among cyclists of all ages. Now is the time to use helmets. *British Medical Journal* 2000; 321: 1035-6.

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