

Atoms

Howard Bauchner, Editor in Chief

EDUCATION AND PRACTICE

We welcome a new addition to the *ADC* family this month—*Education and Practice*—a supplement that will help clinicians practise high quality medicine in an increasingly complicated world. The supplement will focus on continuing professional development and will appear 4–6 times each year. We are aware that clinicians do not lack for information—the proliferation of textbooks, journals, newsletters, abstracting publications, and information available over the Internet or specifically for hand-held devices has only made our lives busier. We hope that clinicians will look to *Education and Practice* to help them keep up with changes in medicine.

See <http://ep.bmjournals.com/current.shtml>

“THIS WON’T HURT!”

I recall the first time I had blood drawn from a finger prick and was reassured that the test would not hurt. I did not care for the procedure; actually the bloodletting was more painful than venipuncture. In a very simple, but important study from Greenhalgh and colleagues, 46 children with diabetes were asked to compare blood glucose testing from the forearm with finger prick sampling. Sixty-one percent felt that forearm blood sampling was painless and 19% thought it slightly less painful than finger prick testing. There is certainly variability in how patients respond to painful procedures, but I suspect that most children and adolescents would like to have a choice about how they sample their blood.

See page 516

A “NEW” COMMON AND PREVALENT DISEASE

If we were aware of a “new” disease that affected about 6000 of the 600 000 infants (1 per 100) born in the UK each year there would likely be a public outcry to detect and treat those infants. In yet another study about the prevalence of coeliac disease, Tommasini and colleagues describe a rate of about 1 per 100 in Italian children. Are these data

relevant in the UK? Absolutely. In a recent report in the *BMJ* from the Avon Longitudinal Study of Parents and Children, Bingley and colleagues describe a virtually identical rate of disease.¹ Where do we go from here? There are certainly many unanswered questions—for example, what defines being asymptomatic and is treatment in the asymptomatic period valuable? Clearly we can accurately diagnose coeliac disease and there is an effective intervention. Whether the disorder fulfils many of the other important criteria for screening remains to be sorted out. These issues are discussed in a commentary by Elizabeth Young and Nicholas Wareham.

See pages 499 and 512

FOOD COLOURINGS AND BENZOATE PRESERVATIVES – DO THEY CHANGE BEHAVIOUR?

The impact of food colourings and preservatives on children’s behaviour remains unanswered. The apparent increase in children diagnosed with hyperactivity has stimulated a search for potential causes. In a meticulously performed, double blind, placebo controlled trial of artificial food colourings and benzoate preservative on the behaviour of young children, Bateman and colleagues report that parents can detect a change in behaviour, but assessment by more “formal” validated measures cannot. The study was performed in a group of 277 3-year old children living on the Isle of Wight. Prior to randomisation the children were categorised as hyperactive and/or atopic. There was no interaction between these two factors and the objective measures of impulsivity, activity, and inattention. This study is likely to fuel the debate that there are environmental causes of hyperactivity, and that prior to medicating children we need to aggressively eliminate them. Why the difference between a parent’s ability to detect changes in contrast to formal tests? Could the parents tell that their children were taking the “experimental” diet that included “active” food colourings and preservatives? The authors carefully document that this was unlikely. Are parents a better judge of their children’s behaviour? Quite possibly—but we have learned in the past that confirmation that a child is hyperactive must come from multiples sources, rather than just a single observer. These authors are to be congratulated for tackling a complicated subject, in a rigorous manner.

See page 506

IMPROVING PARENTING SKILLS – STILL A DIFFICULT TASK

The desire to improve the quality of parenting is common in social agencies, education institutions, and healthcare systems. Sadly, in a randomised trial, in which children were followed for one year, rather than the more common six months, investigators from Warwick found no difference in various child behaviour measures between the intervention and control groups. There were a total of a 116 families with children aged 2–8 years in the study. The intervention was the Incredible Years programme from the Parent and Child Series. It consisted of weekly 2 hour sessions over 10 weeks. Rather than using a waiting list control design and following children for only six months, these investigators employed an experimental design and followed the children for a longer period of time. Although the scores improved in the intervention group, they also improved in the control group. There are hints in this report that highlight many of the difficulties in this area of research. First, many eligible patients decline to participate in these programmes. Second, after parents agree to participate, many do not complete the training programme. Finally, parents may change how they evaluate their children when they are participating in a study. I remain uncertain if short term interventions can successfully change patterns of behaviour that have been established and reinforced over many years.

See page 519

REFERENCE

- 1 Bingley PJ, Williams AJK, Norcross AJ, et al. Undiagnosed celiac disease at age seven: population based prospective birth cohort study. *BMJ* 2004;**328**:322–3.