

Atoms

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WHAT DO OUR READERS THINK ABOUT ADC?

Although we continually consider the content of *ADC*, discussing our opinions and those of our colleagues at the biweekly auctions and annual retreat, “quantitative” data is invaluable. Every 2–3 years we survey our readers and we recently heard from 290 of you. Close to 70% of our readers report that the balance in *ADC* between original research and value added material, such as reviews, perspectives, and leading articles, is correct. Of the remaining 30%, half want more original research and half more value-added material. The best rated sections were the original articles, perspectives, reviews and leading articles, and the *Education and Practice* edition. The least popular were BackChat, book reviews, and Lucina. I continue to believe that hearing from our patients is important; in some regards this is our journal’s attempt to be more patient-centred, a contemporary issue in medicine. Every time we discuss withdrawing book reviews, a number of our readers remind us of their importance. I have always found Lucina helpful; it debuted many years before other journals began abstracting articles from the literature. Comments in the “text field” included the need to keep publishing a paper copy because it can be read in bed, the bath, or on the train, can be adjusted for eyesight, and does not chain you to a computer screen; the popularity of guideline reviews; delight in the elimination of illustrations; the desire for more “practical” articles from some respondents, but higher quality original research from others; and the importance of the electronic version, particularly for individuals without ready access to the print copy and for archiving. We thank those of you who responded to the survey. Your opinions are important and help us decide how *ADC* should evolve.

MORE ON GLOBAL HEALTH

A constant tension for most journals is how to be responsive to the majority of their paid subscribers, often members of a particular professional society in a single country, but their ethical responsibility to publish content that reflects the larger world, particularly issues in

resource-poor countries. As I have mentioned previously, we have changed our editorial board, adding many members from outside the UK. Peter Sullivan continues to solicit material both from the UK and abroad about international health. In this issue there are two articles reflecting global health – a description of the Millennium Development Goals and the impact of child labour on health.

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ASTHMA – CAN WE JUST ASK ABOUT SYMPTOMS?

Recently a colleague asked me if there were any data that using a formal checklist of symptoms for asthma in the primary care setting improved patient outcomes. I consulted Bob Phillips, editor of *Archimedes*, who sent me to the SIGN asthma guideline, and I quickly checked Cochrane, the NIH asthma guideline, and NICE for any data. I could not find any substantial information about this question. In this issue, Halterman and colleagues from Rochester, NY, USA compare parent report of their children’s symptoms, with a more detailed assessment based upon the National Asthma Education and Prevention Panel criteria that generates four disease categories—mild intermittent, mild, moderate, or severe persistent. Not surprisingly, when using unstructured questions, about 50% of parents significantly underreport symptoms when their children have moderate or severe disease. Although this study does not answer my colleague’s question, since asthma step therapy is in part based upon report of symptoms, it suggests that asking general questions may lead to underreporting of disease manifestation.

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ADHERENCE WITH ISONIAZID

Adherence to drug therapy is quite important in tuberculosis. Inadequate treatment likely contributes to the emergence of drug resistant tuberculosis and severe disease manifestations in young children. The study from Marais and colleagues from South Africa reminds us of how difficult adherence can be to isoniazid (INH) preventive chemotherapy. In a prospective community based study they found that only 20% of 180 children completed more than 5 months of unsupervised INH monotherapy. Admittedly this study was done in only a single community, but I have seen little data from the UK or US about adherence in “real life” settings. Over the past decade we have developed shorter, but more intensive, treatment regimens for adults with active tuberculosis. Perhaps, we need to focus on more creative approaches to preventive chemotherapy.

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THIS MONTH IN FETAL AND NEONATAL EDITION

- Do safety alerts from the National Patient Safety Agency (NPSA) impact practice? In a survey of 207 neonatal units, Freer and Lyon found that 55% of units are still using litmus rather than pH paper to test nasogastric tube position. In an accompanying perspective Vincent and colleagues explore the role of the NPSA. I worry that we can overwhelm clinicians with alerts. We have a new electronic medical record and quickly learned that if there are too many alerts imbedded in the record, physicians become “numb” to them and just override the system. In many regards the same can be true for alerts from the NPSA or alerts about potential complications and/or side effects of drugs. **See pages F314 and F327**
- Surfactant has clearly reduced morbidity and mortality in premature infants. Further attempts to improve respiratory and neurodevelopmental outcomes has led to trials involving different types of ventilation, specifically high frequency oscillatory or convention ventilation. Marlow and colleagues, for the United Kingdom Oscillation Study Group, report that there is no difference in respiratory or neurodevelopmental morbidity at 2 years of age regardless of mode of ventilation. Eric Eichenwald adds his perspective on this important study. **See pages F316 and F320**
- Premature infants are at risk for nephrocalcinosis. Porter and colleagues from Scotland studied 14 preterm babies with nephrocalcinosis and 14 controls at 5–7 years of age. Nephrocalcinosis had resolved in 9 of 12 infants who were scanned, but more importantly there were no differences in urine biochemistry, or glomerular filtration rate. These are reassuring results. **See page F333**