

Acupuncture has a huge literature—much of it written in Chinese ideographs—and finding methodologically sound studies is like looking for the proverbial acupuncture needle in a distant haystack. No one has tried harder than Edzard Ernst, Professor of Complementary Medicine at Peninsula Medical School in the south west of England. His latest systematic review is of acupuncture for **labour pain** (*Am J Obstet Gynecol* 2004;**191**:1573–9), undertaken with Hyangsook Lee from Korea. They started with 390 papers and ended up with 3; these all show some reduction in analgesic use but are inconclusive due to insufficient blinding of the assessors. The methodology of these trials is a prickly issue: a UK study of acupuncture for **chronic headache** (*Health Technol Assess* 2004;**8**:iii, 1–35) used “usual care” as the comparator, but a Spanish trial for **knee pain** (*BMJ* 2004;**329**:1216) used sham acupuncture. Both showed modest improvement. Traditional Chinese medicine would put this down to *De-Qi*, removing the stagnation of bad essences.

Sure enough, acupuncture has even been tried for **chronic prostatitis** (*Urology* 2003;**61**:1156–9)—an uncomfortable thought, but perhaps as good as anything else on offer for this mysterious complaint. We are often driven to try **tamsulosin** and/or **ciprofloxacin**, but a randomised, double blind trial (*Ann Intern Med* 2004;**141**:581–9) showed no effect from either or both.

The most frequent topic of medical discussion recently has been the cardiovascular safety of selective **cyclo-oxygenase 2 (COX-2) inhibitors**, or “coxibs.” For the group as a whole, the jury is still out, but the omens do not look good. For **rofecoxib**, the evidence is damning, and a guilty verdict should have been returned years ago, according to a cumulative meta-analysis in *Lancet* 2004;**364**:2021–9. All studies of rofecoxib are consistent with a doubling or more of myocardial infarction, whatever the comparator. For celecoxib, published studies continue to be reassuring, but there was alarm when the Adenoma Prevention with Celecoxib trial was recently stopped early because of a 2.5-fold increase in cardiovascular events in the high dose group. Valdecoxib is also under a cloud, which leaves etoricoxib, parecoxib, and lumiracoxib, about which we have too few data.

In any case, are these drugs really much good at relieving chronic pain? Not very, says a general review of randomised, placebo controlled trials of NSAIDs for **knee osteoarthritis** (*BMJ* 2004;**329**:1317). For all of them, COX specific or not, any benefit is usually short term. If you don't want to try acupuncture, you may get as much relief from **topical diclofenac solution** as from taking the drug orally, according to a double blind RCT from Canada (622 subjects, *J Rheumatol* 2004;**31**:2002–12).

The aetiology of inflammatory bowel disease is one of the most frustrating mysteries of medicine: lacking rational

therapy, we have to make do with all sorts of toxic drugs. Perhaps we should try **bifidobacteria-fermented milk**—at least it has no harmful effects, and the results in a small blinded RCT for acute ulcerative colitis in Japan were promising (*Aliment Pharmacol Ther* 2004;**20**:1133–41).

The prevention of **cervical cancer** at present involves very costly population screening—so as well as saving lives, an effective **vaccine** would free up a lot of money and professional time. We may now have such a vaccine, in the form of a bivalent L1 virus-like particle which shows promise in early trials, preventing infection with HPV-16 and HPV-18 (*Lancet* 2004;**364**:1757–65). How effective this will be in preventing the cancer itself remains to be seen.

Medical myths die hard. Doctors of my generation were told never to give β blockers in heart failure, and never to use **lidocaine with epinephrine** (which we used to call lignocaine with adrenaline) when anaesthetising a **finger**. *J Am Acad Dermatol* 2004;**51**:755–9 reviews the evidence for the latter dire warning, and finds there is none.

Vitamin D analogues transformed the management of **psoriasis** 2 decades ago, but there are still difficulties, especially in treating the face and the body creases. **Tacrolimus** ointment was used in a blinded RCT on 167 patients with psoriasis in these areas, with good results (*J Am Acad Dermatol* 2004;**51**:723–30) and no adverse effects.

Monty Python changed the face of British comedy, but montelukast did not live up to its early promise in changing the management of asthma. The whole lukast family (leukotriene antagonists) has been out of the limelight for a while, but that may be about to change with a multicentre RCT of **zafirlukast in acute asthma** (*Chest* 2004;**126**:1480–9). Given either as a high dose pulse, or as a 28 day course, it reduced the risk of relapse following a severe attack.

There are few paintings I dislike as much as the one usually known as “The Laughing Cavalier” by Frans Hals; but perhaps the silly smirk on his face may have foretold longevity. A recent study (*Arch Gen Psychiatry* 2004;**61**:1126–35) shows that Dutch men and women with “dispositional optimism” in later life have lower all cause and cardiovascular mortality. That's no excuse for painting them, though.

*These summaries are of additional articles that passed our validity criteria but were not abstracted.

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