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 cilostazol, 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.

RICHARD LEHMAN, MA, MRCGP
Department of Primary Care, Oxford University
Oxford, UK