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LETTERS



DEPRESSION IN ADOLESCENTS

Study was not a trial of antidepressants

Goodyer et al tell us something about the role of cognitive behaviour therapy in adolescent depression but nothing about the use of drugs.¹

The response rate is not strikingly different from what would be expected from placebo, and, as with other studies of combinations of antidepressant and cognitive behaviour therapy,² we can draw no conclusions about the efficacy of antidepressants without a placebo arm. The authors justify its absence on the basis that a placebo arm would be unethical in such ill patients. That justification is questionable, given that at least 19 out of 20 studies of newer antidepressants in children and adolescents fail to show meaningful advantage of drug over placebo on their primary outcomes.³

Although Goodyer et al make few direct claims about the effectiveness of antidepressants, the implication that benefit is attributable to the drug will likely be used by others to support prescribing.

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- 1 Goodyer I, Dubicka B, Wilkinson P, Kelvin R, Roberts C, Byford S, et al. Selective serotonin reuptake inhibitors (SSRIs) and routine specialist care with and without cognitive behaviour therapy in adolescents with major depression: randomised controlled trial. *BMJ* 2007;335:142-6. (21 July.)
- 2 Jureidini J, Tonkin A, Mansfield P. TADS study raises concerns. *BMJ* 2004;329:1343.
- 3 Mansfield PR. Trials of newer antidepressants for depressed children and/or adolescents. March 2007. www.healthyskepticism.org/documents/documents/Trialstable.pdf (accessed 18 Jun 2007).

Author's reply

Jureidini (previous letter) is correct in reminding readers that our trial is not a test of the efficacy of fluoxetine over psychological treatments. I do not agree with his assertion that it is acceptable to use a placebo arm in a pragmatic effectiveness trial of treatment for adolescent depression.

There is evidence that active treatment involving interventions of a psychological or a pharmacological nature is effective compared with a neutral passive placebo. Active psychological treatment is more successful than placebo in reducing symptoms in the community,¹ and fluoxetine is effective in accelerating the response rate in more moderate to severe depression.²

Under current UK ethical guidelines and given the available evidence the use of a neutral placebo could be considered to be exposing depressed adolescents to greater risk than benefit.

I also disagree with Jureidini's negative perspective of the use of fluoxetine and would guard against the implications of not considering drug treatment in depressed adolescents whose condition has proved resistant to psychosocial treatment approaches or not improved 10 weeks after referral.

A significant proportion of depressed young people are hard to treat and will become young adults with chronic mental illness.³ We require a substantial improvement in the evidence base for treatment in both community and clinically referred patients before definitive treatment protocols can be fully developed.

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Competing interests: None declared.

- 1 Merry S, McDowell H, Wild CJ, Bir J, Cunliffe R. A randomized placebo-controlled trial of a school-based depression prevention program. *J Am Acad Child Adolesc Psychiatry* 2004;43:538-47.
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- 3 Dunn V, Goodyer IM. Longitudinal investigation into childhood- and adolescence-onset depression: psychiatric outcome in early adulthood. *Br J Psychiatry* 2006;188:216-22.

HAND HYGIENE AND THE CMO

What about reducing turnover?

The chief medical officer (CMO) states that hand washing is a major priority and quotes examples of poor practice by doctors and nurses.¹ Like so many before him, he makes no mention of overuse of NHS facilities as being a critical factor in the battle against hospital infections because (presumably) it is so politically uncomfortable to do so.

Of course hand washing could be improved—but so could ward occupancy rates approaching 100% in acute wards. I suspect that we will never get significantly reduced rates of hospital acquired infection until we accept that wards must slow down their turnover, a solution which local managers cannot consider owing to intolerable pressure "from above" to improve so called efficiency.

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- 1 Day M. Chief medical officer names hand hygiene and organ donation as public health priorities. *BMJ* 2007;335:113. (21 July.)

What about early discharge?

There is good evidence that practising hand washing and other decontamination techniques helps to reduce the incidence of hospital acquired infections.¹ There is even more literature to suggest that the incidence of these infections is high in patients who spend more time in hospital because of an inability to rehabilitate after acute admission.²

So, in addition to emphasising the importance of hand washing, the chief medical officer (CMO) should emphasise the urgent need for early discharge of patients admitted to acute hospitals, as well as urging the government to provide early discharge and support enhanced recovery programmes to reduce hospital stay after elective surgery.³

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Competing interests: None declared.

- 1 Day M. Chief medical officer names hand hygiene

- and organ donation as public health priorities. *BMJ* 2007;335:113. (21 July.)
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Learn the lessons of the past

Factors other than hand washing contribute to hospital acquired infections such as changes in hospital practice which were designed to improve bed occupancy and officially to save money.¹

Ward cleaners also used to be part of the team in an individual ward under the immediate control of the ward sister, who ensured that they were taught simple facts of hygiene. The cleaners would chat to "their patients" and were often told things that patients would not mention to the doctors. Unfortunately, this function of the cleaners could not be factored in by accountants, and, to save money, ward cleaning was contracted out to private firms. The cleaners employed were often less well paid, had no personal feeling about any ward or its cleanliness, could not be told what to do by the ward sister, and had no training in hygiene, so the standard of ward cleanliness deteriorated.

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- Day M. Chief medical officer names hand hygiene and organ donation as public health priorities. *BMJ* 2007;335:113. (21 July.)

MANAGING SMOKING CESSATION

Authors' reply to letter

Neuberger questions our conclusions on the Allen Carr Easyway.¹ As he points out, the observational data on abstinence rates are contradictory. This illustrates the difficulty of judging the efficacy of interventions without clinical trial data. Drug companies would not be permitted to make the claims of effectiveness made by Allen Carr Easyway without having funded independent clinical trials. Allen Carr Easyway should fund such trials.

Neuberger also suggests that we ignore evidence of the harm from nicotine replacement therapy (NRT) in pregnancy. The literature is insufficient to show whether NRT is completely safe and its efficacy in pregnancy to confidently recommend it. However, given clear evidence of its efficacy

in non-pregnant populations and clinical reasoning that a lower dose of nicotine from NRT is safer than a higher dose with additional toxins from cigarettes,^{2,3} there should be a presumption of use in pregnancy. The UK drug regulatory authority also concluded this.

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Competing interests: These are the same as in the original article.[4]

- Neuberger M. Article skips over weaknesses of nicotine replacement. *BMJ* 2007;335:112. (21 July.) doi:10.1136/bmj.39275.964514.BE
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MMR SCARE STORIES

Some things are just too attractive to the media

The *Independent on Sunday* in its take on the Andrew Wakefield General Medical Council (GMC) hearings fell back on finding a family wrecked by autism.^{1,2} The headline was a quote from a mother of two autistic children: "I wish the GMC could live a day in my life and see what I have seen." This is presumably a plea that the GMC should exonerate Wakefield.

Although the story made all the right noises about the lack of evidence for a link between MMR and autism, and listed the charges against Wakefield, all the emotion in the story was biased. In the centre of the page was a picture of Wakefield, and under it a quote from the story, "My motivation is the suffering of children I've seen and the determination of parents to find out why part of them has been destroyed." The best of motives do not excuse unethical behaviour, which is what the hearings are exploring. In the text but missing from the quote is the phrase "devoted, articulate, rational" parents. I cannot doubt the first two descriptions, but many of these parents are not rational in the sense of to weigh evidence dispassionately. One parent says, "If Wakefield is struck off it will discourage any doctor from asking questions about the safety of vaccines." This is an emotional, not a rational, response.

Meanwhile, on the previous page to

Ben Goldacre's column on this story in the *Guardian* was a story headed "Ban new homes near power lines, say MPs."³ And, sure enough, someone had died from brain damage, and a relative is convinced the power lines were the cause.

Some things, MMR-autism and power lines-cancer being examples, are just too much of a draw for the media for them to be bothered about getting things right.

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- Goldacre B. MMR: the scare stories are back. *BMJ* 2007;335:126-7. (21 July.)
- I wish the GMC could live a day in my life and see what I have seen. *Independent on Sunday* 2007 Jul 15:50.
- Ban new homes near power lines, say MPs. *Guardian* 2007 Jul 18:10.

SUMMARY CARE RECORDS

A good idea wrongly introduced

So Winfield believes that all patients should be delighted at the idea of electronic summary care records.¹ If they are such an obvious blessing, why not invite patients to opt in to the system? She will be knocked down in the stampede. This was what the BMA and Patient Concern have always wanted.

Instead, we have been presented with a system of presumed consent where the vast majority of patients will have no sight of their records to be uploaded. Presumed consent is no consent at all, and it is all credit to the BMA for recognising this.

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- Winfield M. For patients' sake, don't boycott e-health records. *BMJ* 2007;335:158. (21 July.)

Confusion in the BMA?

Winfield tells us that the BMA is advising general practitioners to boycott the provision of summary care records.¹ So the BMA is proposing that the patient must actively opt out of the use of his corpse, but also proposes to deny said patient the opportunity to opt in to the care of his live health. As a doctor I don't get it. As a patient I resent it.

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Competing interests: The views expressed are LME's own. LME's son is clinical director of Connecting for Health.

- Winfield M. For patients' sake, don't boycott e-health records. *BMJ* 2007;335:158. (21 July.)