

What's new in type 1 diabetes?

The incidence of type 1 diabetes is increasing, but its development can be predicted, and new treatment may improve its control. On page 750 Devendra and colleagues review recent developments in the aetiology and management of type 1 diabetes. Its recent increase may be due to a combination

of genetic susceptibility and environmental factors. The development of type 1 diabetes can now be predicted with reasonable accuracy by measuring antibodies, but a method of prevention is yet to come. Newer insulin treatments reduce the risks of hypoglycaemia; islet transplantation and new immunosuppressive regimens can be curative, but cannot be used for all patients.

POEM*

Once daily valacyclovir slightly reduces the risk of transmitting HSV-2 to uninfected partners

Question Does daily valacyclovir reduce the risk of transmission of herpes simplex virus-2 (HSV-2) to uninfected sexual partners?

Synopsis Although we know that antiviral drugs reduce the frequency of recurrence, and also reduce subclinical shedding of viral particles (a disease oriented outcome), no trial to date has demonstrated an effect on the transmission of HSV-2 infection to an uninfected partner. In this randomised controlled (double blinded) trial, 1498 couples in which one partner was HSV-2 positive and one was HSV-2 negative were identified. The infected partner had to have had fewer than 10 recurrences per year and was not taking an antiviral drug for daily prophylaxis. Couples were heterosexual, claimed to be monogamous, and were advised to use condoms. The infected partner was randomised to valacyclovir 500 mg once daily or placebo, and non-infected partners underwent monthly HSV-2 serology. They were also asked to come in for polymerase chain reaction testing of genital secretions if they noticed any lesions. Patients were followed for a mean of eight months; 325 couples withdrew from the study during this period. The reasons for withdrawal were similar between groups, except that 28 withdrew voluntarily from the valacyclovir group and 54 from the placebo group, raising questions about either allocation concealment or blinding. Only 20% of couples used condoms all the time, and 37% never used them. The uninfected partner was less likely to acquire both symptomatic HSV-2 infection (0.5% *v* 2.2%; $P = 0.008$; absolute risk reduction (ARR) = 1.7%; number needed to treat (NNT) = 59) and any HSV-2 infection (1.9% *v* 3.6%; $P = 0.04$; ARR = 1.7%; NNT = 59) if their partner was taking valacyclovir. This study was sponsored by the manufacturer of valacyclovir.

Bottom line Once daily valacyclovir (Valtrex) slightly reduces the risk of transmission of herpes simplex virus 2 (HSV-2) to uninfected partners. Fifty nine patients have to take the drug daily for eight months to prevent one infection.

Level of evidence 1b (see www.infoPOEMs.com/levels.html). Individual randomised controlled trials (with narrow confidence interval)

Corey L, Wald A, Patel R, et al. Once-daily valacyclovir to reduce the risk of transmission of genital herpes. *N Engl J Med* 2004;350:11-20.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

The pleasure of corrections

"In my article on milk production last week please read cow for horse throughout." This correction of H L Mencken's is my favourite, but corrections are often the best part of a publication. Another favourite is: "Instead of being arrested, as we stated, for kicking his wife downstairs and hurling a kerosene lamp after her, the Reverend James P Wellman died unmarried four years ago." As an editor who must rightly accept responsibility for all errors in the *BMJ*, I experience some schadenfreude with such an excruciating mistake. How could it happen? Presumably they got the wrong man. I haven't yet experienced that chilling moment when the subject of an obituary rings you up to tell you he is alive, but in time I will. It happened to one of my predecessors.

I'm stimulated to muse on corrections by the bumper crop we have this week (p 762). Readers sometimes observe wearily to me that "The *BMJ* seems to be full of corrections these days." The implication is that I'm running a sloppy ship: a little more discipline, and order would return. I'm wholly unapologetic. "Great publications," I observe loftily, "are full of corrections. Look at the *New York Times* or the *Melbourne Age*. It's crummy publications that don't have them. We all make mistakes, but we don't all admit them."

The *BMJ* does have more corrections (and clarifications, as we somewhat coyly call them) because we have lowered our threshold. We also take more trouble to explain them, and our "corrections editor" Julia Thompson (who is a long way from being the dominatrix her title might imply) does a splendid job.

We don't this week have a correction quite as complex as another from my collection: "Mr Harris has asked us to point out a number of inaccuracies in our story. After returning from India, he served in Ireland for four years and not six months as stated; he never farmed at Heddington, particularly not at Coate Road Farm as stated; he has never counted cycling or walking among his hobbies; he isn't a member of 54 hunts; and he did not have an eye removed at Chippenham after an air raid..."

But we did manage to describe as primiparous a woman who a few paragraphs later was revealed to have a 5 year old daughter, "inexplicably" insert the word evacuate into an article on eclampsia drills, and make a third wife a second wife. We also made a complete mess of a map of northeast Africa through using an outdated atlas, although it wasn't nearly as bad an error as our map of years ago that put Canberra on the coast and showed Melbourne to be in New South Wales—a mistake that cost us a few Victorian readers.

Errors are usually pointed out to us by assiduous readers, and we are grateful. The primiparous mistake was spotted within hours of publication, and well over 150 readers told us some years ago that we had got Mozart's birthday wrong—showing what cultivated readers we have the privilege of serving.

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