Time to rethink disaster aid

BINSAR BAKKARA/AP

Much of the aid promised after a disaster does not reach those affected, say Walker and colleagues (p 247). Funding collected soon after a catastrophic event may meet the short term needs of those affected, but a clear plan for the medium and long term support is needed. UN agencies should be funded by assessed contributions from member countries rather than having to appeal after a disaster, argue the authors, and greater planning is required for tracking aid and expenses, together with a clear plan of support for areas more prone to disasters.

POEM*

Useful treatments for fibromyalgia syndrome

Question What treatment modalities are most effective for fibromyalgia syndrome?

Synopsis The optimal method for treating fibromyalgia syndrome is unclear. For this meta-analysis the investigators thoroughly searched multiple sources (including Medline, Embase, Science Citation Index, and the Cochrane Collaboration) for trials evaluating the effectiveness of treatment for fibromyalgia syndrome. A total of 505 articles were reviewed and classified according to their level of evidence. The authors don't state whether the articles were reviewed independently and do not discuss the potential for publication bias. Evidence was ranked as strong (positive results from a meta-analysis or consistent results from more than one randomised controlled trial (RCT)), moderate (positive results from one RCT or mostly positive results from multiple RCTs or consistently positive results from non-RCT studies), or weak (positive results from descriptive and case studies, inconsistent results from RCTs, or both). Strong evidence for efficacy was found for treatment with amitriptyline (Elavil), cyclobenzaprine (Flexeril), exercise, cognitive behaviour therapy, and patient education. Modest evidence for efficacy was found for tramadol (Ultram), various selective serotonin reuptake inhibitors, acupuncture, hypnotherapy, and biofeedback. Weak evidence for efficacy was found for growth hormone therapy, SAM (S-adenosyl-methionine), chiropractic and massage therapy, electrotherapy, and ultrasound. No evidence of any evaluation or effectiveness was found for steroids, non-steroidal anti-inflammatory drugs, melatonin, benzodiazepine hypnotics, or trigger point injections.

Bottom line Treatments for fibromyalgia syndrome with the strongest evidence for efficacy are amitriptyline (Elavil), cyclobenzaprine (Flexeril), exercise, cognitive behaviour therapy, patient education, and multidisciplinary therapy.

Level of evidence 1a (see www.infopoems.com/levels.html). Systematic reviews (with homogeneity) of randomised controlled trials.

Goldenberg DL, Burchhardt C, Crofford L. Management of fibromyalgia syndrome. *JAMA* 2004;292:2388-95.

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

Editor's choice

A tough nut to crack

"The drug industry considers the *BMJ* a tough nut to crack," an insider recently told us. Publishing a "favourable" research paper is far trickier in the *BMJ* than other journals, he said, but when a paper is published it's worth £200m to the company. Some of that revenue inevitably finds its way into the "swimming pool" funds of highly paid doctors who trot the globe's conference venues putting a positive spin on company products. "You're just anti-industry," complains one of our marketing team, pointing an accusing finger at the *BMJ*'s editors. We're not anti-industry, of course, we just like to think we're a tough nut to crack—and that's official.

But this week brings good news about drugs and interventions for women. Gianni Bonadonna and colleagues complete a 30 year follow up of randomised studies of adjuvant treatment with cyclophosphomide, methotrexate, and fluorouracil in patients with operable breast cancer and find longlasting benefits with minimal detrimental effects (p 217). A ten year cohort study of mammographic screening in Copenhagen reveals a reduction in breast cancer mortality of 25% (p 220). A nested case-control study by Lucie Blais and others shows that use of inhaled corticosteroids during pregnancy probably does not increase the risk of pregnancy induced hypertension or pre-eclampsia, although a bigger study still would give a more precise estimate of risk (p 230).

Two more studies focus on women's health and evaluate the use of chaperones for intimate examinations. Joe Rosenthal's team survey almost 2000 general practitioners across England and find a substantial increase in the use of chaperones by male doctors over the past two decades, although the use of chaperones by female doctors remains low (p 234). Record keeping is poor, and availability of chaperones and time constraints remain important barriers. The second survey of general practitioners, this time across Norfolk, concludes that although offering chaperones has increased, the use of chaperones has shown less change (p 236).

Elsewhere, this issue quivers to the sound of nuts being cracked. "The *BMJ*'s rigorously exercised editorial independence is well shown," begins James Johnson as he and others respond forcefully to our editorial on the General Medical Council (p 252). Yoram Blacher, president of the Israeli Medical Association, hits back at Derek Summerfield for his "much debated" article on health in Palestine (p 254). David Katz explains why the Israeli situation is not analogous to the apartheid regime.

Solving the puzzle of aid reaching victims of the tsunami is tough too, but public health specialists from the United States and the World Health Organization explain why much of the aid promised immediately after disasters does not reach those affected (p 247, p 250). Of the $1bn pledged after the Bam earthquake in Iran, for example, only $116m has been delivered in a year. Will compassion produce better results this time?

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