From the journals

Probiotics and their benefits

Probiotics are defined as live microbial food supplements that benefit the host by modifying the gut flora. Lactic acid bacteria (LAB) in yoghurt is the best known probiotic. Probiotics act on the gut associated lymphoid tissue to promote cytokine production, phagocytosis and antibody production, and improve T cell function and immunomodulation. The ecosystem in the gut can be altered by feeding probiotics. The antibody responses to certain infections and vaccines, and the effects of conditions such as antibiotic associated diarrhoea and inflammatory bowel disease also can be influenced by probiotics. The effects of probiotics have been investigated in the primary prevention of atopic disease. One study has shown beneficial effects of probiotics in the primary prevention of atopic disease when pregnant women are given probiotics 2 to 4 weeks prenatally and continued for about 6 months while breastfeeding. *Journal of Tropical Paediatrics* 2001; 47: 256-8. Home-made probiotics (eg fermented milk products) have been part of our diets for centuries, and we are only just beginning to realise some of their beneficial effects.

Watching films showing smoking influences adolescents to smoke

A cross sectional survey done in the USA on 4919 school children aged 0 to 15 years provides powerful new evidence indicating that the more smoking teenagers see in films the more likely they are to smoke. The findings show a strong, direct and independent association between higher exposure to tobacco use in films and smoking in adolescents. The magnitude of the association suggests that the influence from films is as strong as other kinds of social influence, such as smoking by a parent or sibling. *British Medical Journal* 2001; 323: 1349-97. Doctors should discuss these with parents and children.

Prevention of insulin resistance in British south Asians

A cross sectional study done in primary schools in 10 British towns has shown that children of south Asian ancestry differ from indigenous white children with respect to insulin resistance, adiposity and cardiovascular risk factors. Children of Asiatic origin had higher average levels of insulin and resistance to insulin than white children. The authors conclude that compared with white people, British south Asians are at increased risk of coronary heart disease, stroke and non-insulin dependant diabetes. There is evidence that these trends originate in early life. The ethnic differences in insulin resistance in childhood are not associated with corresponding differences in adiposity. The prevention of insulin resistance may need to begin during childhood, particularly in British south Asians. *British Medical Journal* 2002; 324: 635-6.

Artificial anal sphincters being tested

Clinical trials are now under way using artificial anal sphincters for the management of severe faecal incontinence. There is new hope for patients with this disabling condition. *British Journal of Surgery* 2001; 88: 1481-6.

Orlistat: some practical points

Orlistat is promoted as an anti-obesity drug. Treatment with orlistat should only be started if diet alone has previously produced weight loss of at least 2.5 kg over a period of 4 consecutive weeks. Weight loss on orlistat is small (3 kg on average after 2 years) and no data are available beyond 2 years. This means that orlistat should not be prescribed for more than a few months. Orlistat has not yet been shown to reduce the risk of type 2 diabetes. There is no evidence that orlistat reduces cardiovascular morbidity and mortality. The blood pressure must be closely monitored when patients are started on orlistat, and patients should be warned that they risk putting on the weight they have lost after stopping orlistat. *Prescrire International* 2002; 11: 10-2. It is clear that most patients with obesity can do without orlistat.

International Society of Drug Bulletins (ISDB):

Declaration on therapeutic advance in the use of medicines

The pharmaceutical industry is deliberately blurring the distinction between the few drugs that represent a real therapeutic advance for patients and the numerous technical or commercial novelties that provide no extra benefit. The ISDB declaration states that a new substance, or a new use of an existing drug, only represents a real advance when patients draw a supplementary benefit relative to previous treatments. Health policy makers and drug regulators do not ask the pharmaceutical industry to compare new products with existing treatments. They are simply authorizing "new" drugs that have no advantages over existing products. *Prescrire International* 2002; 11: 31.
Simple febrile convulsions in children: the available data are reassuring

Simple generalised febrile convulsions (lasting less than 15 minutes and occurring no more than once in a 24-hour period) are harmless; they do not carry a risk of later complications. Fewer than 2% of children who have had a simple febrile convolution develop epilepsy during childhood. Although there is a high risk of recurrent febrile convulsions, they are usually harmless. Only a minority of subsequent febrile episodes are accompanied by convulsions. Antipyretic drugs carry low risk of adverse effects and can make the child more comfortable, but it is poorly effective in preventing febrile convulsions. Long term antiepileptic treatment is not recommended in most cases. Prescrire International 2002; 11: 18-20.

Management of advanced ovarian cancer

By the time ovarian cancer is diagnosed it has often metastatised. The present recommendation on treatment is to give a combination of paclitaxel and platinum salts after surgery. The data supporting use of carboplatin instead of cisplatin are not convincing. There is no standard second line chemotherapy regimen. Prescrire International 2002; 11: 24-5.

Kusum de Abrew, Senior Lecturer in Pharmacology, Faculty of Medicine, University of Colombo.

Spending on preventive treatments that help a few is unaffordable

Ivan Illich, in Limits to Medicine, commented: "The more time, toil and sacrifice spent by a population in producing medicine as a commodity, the larger will be the by product, namely the fallacy that society has a supply of health locked away which can be mined and marketed." Rich Western societies are investing in preventive treatments that will benefit only a minority of those who take them for a long time, a situation well illustrated by the statins. Widespread use of statins is scarcely affordable in the developed world and unachievable in developing countries, although the drugs are still marketed heavily there. Using resources to purchase statins means other effective treatments may not be available.

Freemantle N, Hill S. Medicalisation, limits to medicine, or never enough to go around? BMJ 2000; 324: 864.