We also observed that the intensity of the colour diminished with the concentration of the organism (visual reading). Incubation at 37°C did not give a faster positive result. Similar results were observed in both the control NCTC strain and in our Sri Lankan clinical isolates.

We concluded that a sufficient colonisation must be present to get positive results quickly as described by McNulty. Incubation for longer periods up to 24 hours may be necessary to detect a positive result if colonisation is low. Further testing with Sri Lankan isolates would enable us to determine if there is a difference in the urease production of local strains when compared to a control strain.

References

N Fernando, Senior Lecturer, Department of Microbiology, D Weerasekera, Senior Lecturer, Department of Surgery, F Meedin and A Bogahawatta, Technicians, Department of Microbiology, Faculty of Medical Sciences, University of Sri Jayewardenepura. (Correspondence: NF, telephone +94 1 7122 206 785, e-mail: neluka@eureka.lk. Competing interests: None declared. Received 21 July 2003, accepted 25 July 2003).

To the Editors:

Salmeterol multicentre asthma research trial (SMART): interim analysis shows increased risk of asthma related deaths

We refer to the paragraph with the above caption in the Ceylon Medical Journal 2003; 48: 30. This summary does not give a complete picture of the findings of the study.

We would like that the following be added. “The interim analysis did not show a statistically significant result for the primary endpoint – a combination of respiratory related deaths or intubations (or ventilatory failure). There was a trend, however, towards increases in asthma related deaths and serious asthma episodes when all patients in the study were considered, though again this did not reach statistical significance. A further analysis of the data suggested that the risk may be greater in African-American patients. Also, further analyses showed that patients not taking inhaled steroids at study entry appeared to have a greater risk for serious outcomes than those who were taking inhaled corticosteroids” (1).

FDA emphasises that based on available data, the benefits of salmeterol (Serkevent) for the asthma population continue to outweigh the risks and that the serious adverse events reported in the trial were rare (1). The SMART study reiterates the recommendation that salmeterol should not be prescribed alone. It should always be combined with an inhaled corticosteroid.

Reference

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