From the journals

Naps are back in fashion

According to the guide for navigating night shifts produced by the experts at the Royal College of Physicians of London, "Naps are powerful means of staying refreshed, both before and while on duty, and even naps as short as 20 to 45 minutes have been shown to provide positive benefits for shift workers." Doctors working night shifts need to sleep well at home. They need to get a good deal of sleep before their first night on call. An afternoon rest after a late lie-in ensures proper preparation. The nap is a doctors' "indispensable" secret weapon to survival.

It is important to keep the sleep debt (the accumulation of missed sleep) to a minimum. Sleep deprivation combined with fatigue and a poorly adapted body clock, is closely connected with clinical errors. *Lancet* 2006; **367:** 448.

Gut-directed hypnotherapy

Hypnotherapy aims to help an individual control unwanted behaviour, emotions or biological processes.

In hypnotherapy, patients are told that they will experience a heightened state of consciousness and they will not be under the control of the practitioner. Standard induction procedures include eye fixation and progressive muscular relaxation, focusing the patients' attention on an imaginary, pleasant visual image or a sense of warmth arising in the lower limbs progressing to involve the entire body. Gut-directed hypnotherapy aims to help patients learn to influence and gain control over their own gut functions. Under hypnosis, patients are given a simple explanation of gut physiology and the origin of their symptoms. Patients are instructed on how to control their symptoms, and to uncouple any previous association of symptoms with feelings of anxiety or distress.

Several randomised controlled clinical trials have shown the benefits of gut-directed hypnotherapy. One trial involved 30 patients with severe irritable bowel syndrome who had not responded to any therapy. Patients randomised to hypnotherapy underwent seven 30-minute sessions (at increasing intervals over 3 months). They were also given an audiotape for daily self-hypnosis after the third session. Those randomised to control treatment had seven 30-minute sessions of psychotherapy together with a placebo medication.

The total weekly abnormal bowel habit scores fell from about 17 to 1 with hypnotherapy but stayed about the same in the control group. After 3 months of treatment, symptoms were either mild or absent in the hypnotherapy patients. A follow up study of the 15 patients in the hypnotherapy group over a mean of 18 months found that all patients had remained in remission. *Drug and Therapeutics Bulletin* 2005; **43:** 45–8.

New European resuscitation guidelines

The 2005 European Resuscitation Council guidelines for cardiopulmonary cerebral resuscitation have assimilated a lot of resuscitation research over the past 5 years. The emphasis of the guidelines is on simplicity, and they have been written from a practical perspective, so that users will not be overwhelmed by science.

For first-responder resuscitation and all adult cardiopulmonary resuscitation a 30:2 ratio of chest compressions to ventilation is advocated to avoid interruption of chest compressions. Also, starting compressions before ventilation restarts coronary arterial flow as soon as possible.

Another difference in the new guidelines is that one need not watch an exhausted heart try to beat after shocking; but one can now assist it by continuing compressions for 2 minutes. This assistance does not precipitate ventricular fibrillation. Now the recommendation is to deliver single defibrillations (of 360J) to try to keep the no-flow time to a minimum.

In paediatric cardiac arrests, 30:2 compression ventilation ratio is advocated for single rescuers regardless of the age of the child (except neonates). This is modified to 15:2 if two rescuers are available. Neonatal resuscitation is delivered with ratio of three chest compressions to one ventilation. *Lancet* 2006; **367:** 283–4.

The first facial transplant

Recently, French surgeons performed the first partial facial transplant, using the nose, lips and chin from a brain dead living donor to repair the face of a 38-year old woman who had been mauled by her pet dog.

The procedure, though technically demanding, does not carry a great risk in itself. The risk comes from the threat of graft rejection and the immunosuppressive regimen given to prevent rejection. Solid organ transplantation carries similar risks but is considered justified because it is life saving. A key question then is whether a facial transplant patient

should undergo a potentially life-threatening procedure to treat a disfigurement. So much is uncertain about the true risks and benefits of facial transplantation. But the time comes when enough is known to do an experiment and when an experiment may be the only way to answer the questions that remain. *Lancet* 2005; **366:** 1984.

Beta-blockers and oesophageal varices

A potential extension of the finding that beta-blockers are beneficial in patients with varices, is the use of beta-blockers to prevent variceal formation in patients with cirrhosis as there is a high lifetime risk of bleeding once large varices develop.

A randomised, double blind, placebo-controlled study evaluated the effectiveness of timolol for the primary prevention of varices in patients with cirrhosis. This study, conducted at four centres, randomly assigned 213 patients with cirrhosis to receive timolol or placebo. The primary objectives of the study were to determine whether timolol prevented gastro-oesophageal varices, and whether baseline and serial measurements of the hepatic venous pressure gradient (HVPG) could be used to predict the development of varices.

The investigators reported that timolol not only did not prevent gastro-oesophageal varices but was also associated with a higher incidence of adverse events, many of which were serious. They also demonstrated that the risk of variceal formation was decreased among patients with a baseline HVPG of less than 10 mmHg and among patients whose HVPG decreased by more than 10% per year irrespective of timolol use.

The negative findings of this study clearly do not support the empirical use of beta-blockers in patients who have cirrhosis without varices, since the risks far outweigh the benefits. This study emphasises yet again the importance of well conducted clinical trials.

However, these findings should not affect current recommendations to use beta-blockers, alone or in conjunction with endoscopic banding, to prevent bleeding in patients with established oesophageal varices. *New England Journal of Medicine* 2005; **353:** 2288–90

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From: *To His Coy Mistress*

(Andrew Marvell 1621–1678)

But at my back I always hear
Time's winged chariot hurrying near;
And yonder all before us lie
Deserts of vast eternity.
Thy beauty shall no more be found,
Nor, in thy marble vault, shall sound
My echoing song: then worms shall try
That long preserved virginity,
And your quaint honour turn to dust,
And into ashes all my lust:
The grave's a fine and private place,
But none, I think, do there embrace.

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