



Coventina's Column

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Coventina hopes that current economic gloom, worsening recession and rising redundancies do not lead to an increase in smoking in Scotland. A few politicians have hoped – implausibly – that tighter household budgets will lead to cigarettes falling off the weekly shopping list. Unfortunately, in the real world, smoking increases with stress and unemployment, and it's more likely that fruit and vegetables will be relegated to the list of inessentials.

Still, there was optimistic news recently on the smoking front. A recent study (N Engl J Med 2008; 359: 482–91) showed that hospital admissions in Scotland for acute coronary syndrome had fallen significantly since the introduction of no smoking legislation in Scottish pubs and restaurants. The greatest fall was in non-smokers, but the decrease was significant in both smokers and non-smokers, with a reduction in admissions of 14% for smokers, 19% for ex-smokers and 21% for people who had never smoked.

If only legislation could be implemented in front of Scottish hospitals. Despite large and plentiful no smoking signs, patients, relatives and staff still cluster outside hospitals to drag ravenously away on their cancer sticks, leaving others to inhale their smoke daily. In hospitals with large grounds, this refusal to adhere to rules can lead to non-smoking patients and staff having to breathe in poisonous fumes for the entire ten minutes it takes to traverse the hospital grounds each way. Coventina's liberalism decreases as quickly as her FEV when having to use asthma inhalers to counteract this, and she suggests draconian measures. On-the-spot fines of £50, with 90% going to fund improvements for patients such as computer and broadband access on wards and 10% to the volunteer fine collectors might be one approach. Staff caught smoking could be snapped and have their faces displayed on a name-and-shame hospital website. They'd thank us for it eventually, though Coventina imagines colourful language might arise in the short-term.



General practitioners, respiratory physicians and oncologists will know that if lung cancer does strike, the prognosis is often bleak. A study (The Lancet 2008; 372: 1809–18), investigated two different agents in patients with non small cell lung carcinoma who have relapsed after chemotherapy with platinum based agents. One was the chemotherapeutic drug docetaxel, the other the epidermal growth factor tyrosine kinase inhibitor gefitinib. Survival rates were comparable in the two groups, and gefitinib was less likely to lead to side effects and more likely to lead to an improved quality of life.



A significant proportion of Scots are on statins to reduce their cholesterol and thus their risk of coronary disease. It has been known for some time that statins not only act favourably on lipids but also reduce levels of the inflammatory marker high-sensitivity C reactive protein (CRP). Since it is known that elevated levels of CRP predispose to vascular events, a study to investigate effects of statins on CRP levels and vascular events on patients without hyperlipidaemia was carried out (N Engl J Med 2008; 359: 2195–207) using rosuvastatin. Treatment with rosuvastatin led to a significant reduction in low-density lipoprotein, CRP and cardiovascular events in the form of myocardial infarction, stroke and unstable angina.



In times of economic stress, psychiatric conditions are sometimes given less attention than they deserve, as individuals and families concentrate on more material problems. One group of people for whom psychiatric illness is extremely debilitating is adolescents: teenage years are tumultuous enough without additional problems. Borderline personality disorders are often unrecognized by those afflicted since their effects may seem to blend into the extremes of the normal continuum of human behaviour. A recent study (Br J Psych 2008; 193: 477–84) has examined the effects of early intervention on adolescents with borderline personality disorder using two different forms of therapy. The investigators treated one group with up to 24 sessions of cognitive analytic therapy (CAT), and the other with manualised good clinical care (GCC) as well as a comprehensive service model of care. The authors expected the CAT group to show far better results than the GCC group, but in fact, significant improvements were seen with both modes of treatment, although the CAT group did seem to improve more quickly. The study suggests that treating adolescents who fulfil the criteria for borderline personality disorder is highly efficacious and worthwhile.



In these cold, blustery, recession-hit days, Coventina's heart has been warmed by a recent comprehensive and clear article on peri-operative anti-coagulation and anti-platelet therapy. (Br J Surg 2008; 95: 1437–48) This is one of the most confused areas in surgery, with operations frequently cancelled because of inadequate liaison between surgeons, anaesthetists, haematologists, cardiologists and cardiac surgeons. The authors carried out a literature review of work on this subject and, while urging a multi-disciplinary approach, their article provides lucid advice on minimising the risk of both thrombosis and bleeding in these patients, with treatment regimens modified on an individual basis as dictated by the relative risks in each patient.