

Atoms



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DO JOURNALS REFLECT THE WORLD WE LIVE IN?

Dr Tutarel describes the current composition of editorial boards of leading general paediatric journals. This report is similar in content to two recent articles in *BMJ*. One found that three of the four major general medical journals (*Lancet*, *JAMA*, *NEJM*) publish little original research relevant to developing countries.¹ *BMJ* is the exception. All four publish more relevant commentaries, editorials, and reviews. The second paper found that authors and editors from countries with a low Human Development Index (HDI) are poorly represented in many tropical medical journals.² Paediatric journals appear to do no better, including *ADC* – of 207 editorial board members of 11 paediatric journals there are only eight representatives from countries with a medium HDI and none from countries with a low index. Is this finding important or is it the content of a journal that should be judged? Do editorial board members influence a journal? What responsibilities does a paediatric journal have to children living in all parts of the world in contrast to children living in the country where it is published? Should a journal prioritise papers that reflect the needs of most members of an affiliated professional organisation, like the Royal College or American Academy of Pediatrics? We have discussed these questions at numerous editorial retreats over the past two years, and after much discussion have decided to reorganise the current editorial board of *ADC*. Membership from outside the UK, including representatives from numerous countries with low and medium HDI, will be increased. We will give prominent physicians from these countries a “voice at the table” in attempt to ensure that *ADC* reflects the world we live in.

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ASSESSING QUALITY IMPROVEMENT

Many health care systems have embarked on aggressive quality improvement. This often includes translating research into practice, particularly implementing practice guidelines. It has been a struggle to assess these interventions with scientific rigor. Before and after designs are fraught with many threats to validity. New analytical techniques have been developed, including cluster randomisation and time-series analysis. Patterson and colleagues from Belfast are to be congratulated for their school-based project in which 22 primary schools were randomised to asthma clubs or controls. In order to comply with ethics requirements, the control schools received the intervention at the end the study. In cluster randomisation the unit of analysis is not the individual, but rather the larger group that is randomised, for example, the school or practice. Analysis of these trials has become easier since many current statistical packages, most of which can be run on a laptop, contain programmes that control for clustering effects. Another methodological technique used to assess quality improvement is time-series analysis. In time-series analysis, often done when only a single institution or practice is involved, the slope of change is compared before and after an intervention. This requires at least two, and preferably three or more measurement points, during both time periods.

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CIRCUMCISION REVISITED

Some medical decisions are more influenced by culture than others – circumcision is one such surgical procedure. Singh-Grewal and colleagues from Australia analysed data on 402 908 children from 12 studies and found that circumcision was associated with a reduction in risk of urinary tract infection (UTI) – the so-called number needed to treat, in this case to prevent one UTI, is 111. Dr Schoen, a recognised expert in this area, agrees with the evidence, but not how it should be interpreted or discussed with parents. The article and the accompanying perspectives make for an interesting read.

See pages 771, 772, 773, and 853

ASSESSING PULMONARY FUNCTION IN CYSTIC FIBROSIS

Lung function is highly predictive of morbidity and mortality in cystic fibrosis. In a group of 58 children, Javadpour and colleagues from Canada found that overall decline in lung function after 36 months was significantly greater in 15 children who retained carbon dioxide following an aerobic exercise test compared with 43 children who had similar FEV₁ measurements at the beginning of the study but did not retain carbon dioxide. The concept of measuring functional rather than mechanical lung performance is becoming more common. Australian investigators recently used exhaled nitric oxide measurements to adjust the dose of inhaled corticosteroids for adolescents and adults with asthma. They found the measurement to be more effective in titrating the dose than following well-established asthma guidelines.

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REFERENCES

- 1 Raja AJ, Singer PA. Transatlantic divide in publication of content relevant to developing countries. *BMJ* 2004;**329**:1429–30.
- 2 Keiser J, Utzinger J, Tanner M, et al. Representation of authors and editors from countries in the leading literature on tropical medicine: a survey of current evidence. *BMJ* 2004;**328**:1229–32.
- 3 Smith AD, Cowan JO, Brassett KP, et al. Use of exhaled nitric oxide measurements to guide treatment in chronic asthma. *N Engl J Med* 2005;**352**:2163–73.