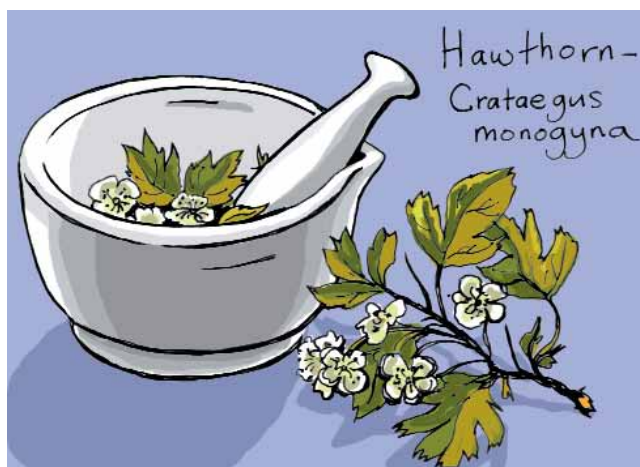


Need for reliable information on CAM

In the 5 August issue of the *BMJ*, Edzard Ernst, director of complementary medicine at the Peninsula Medical School (of the Universities of Exeter and Plymouth), puts forward some helpful remarks on the need for better communication between patients and those treating them. He points out that, although more and more people are attracted to complementary and alternative medicine (CAM), some of the information offered to them tends to be unreliable. So that patients can cooperate with their doctors and other health advisers as much as possible, the information available to them must be accurate, objective, sufficiently detailed and comprehensive and understandable.

Patients attracted to alternative medicine usually have to reckon with chronic benign complaints or else life-threatening diseases, and



either are not satisfied with what conventional treatment promises or are misled by exaggerated claims for alternatives.

Positive evidence of the virtues of alternative medicine is seen in remedies such as

crataegus extracts for early congestive heart failure or massage for anxiety. Other remedies such as oenothera extracts, though popular for premenstrual or postmenopausal symptoms, eczema, multiple sclerosis and asthma, lack evidence of efficacy. There is scant evidence that ascorbic acid prevents the common cold. Some popular remedies may even be harmful in the long run.

Encountered in the popular media, many claims and counter-claims prove confusing to patients, and developing reliable sources of information would offer a corrective. Unfortunately, some proponents and opponents of alternative medicine might find the truth unpalatable. In any event, the achievement of benefit and prevention of harm to the patient must best be attained by developing responsible information on alternative medicine as a matter of urgency.

Shyness may be a more serious disability than we have thought

In the 7 September issue of the *New England Journal of Medicine*, a New York psychiatrist offers useful information for people who are anxious and self-conscious in the presence of others. Social anxiety disorder can affect people at school, at work and in other social situations. It is common, showing a lifetime prevalence of 12 per cent of the population. About half the sufferers have a generalised type of the disorder, and in some social situations experience fear and avoid other people. The remainder become frightened when required to speak or perform in public.

The disorder typically begins in the early teenage years and takes a chronic form. It is commoner among women than among men. Those seeking treatment have often suffered symptoms for 10 years or more and show co-existent psychiatric disorders. Phobias may appear in more than 50 per cent over a lifetime,

while major depression and alcohol abuse occur in 15 to 20 per cent.

Social anxiety disorders showed greater severity, pervasiveness, distress and impaired lifestyle than mere shyness and performance anxiety, and may cause sufferers to avoid important activities such as attending school and meetings.

Development of the anxiety has factors of both heredity and environment. It may arise from overprotective and hypercritical parenting, but abnormal serotonin and dopamine systems may be present. In major depressive disorder the coexistence of social anxiety disorder may increase suicidal risk.

Established treatments for the disorder include cognitive-behavioural therapy and pharmacotherapy. With the first of these, clinical improvement is typically apparent after six to 12 weeks and progresses over several

months. Selective serotonin-reuptake inhibitors (SSRIs) and venlafaxine have been effective, with response rates of 50 to 80 per cent after eight to 12 weeks' treatment. Treatment begins with half the usual effective dose, increased after a week. An initial trial should last 12 weeks, with maintenance treatment to minimise the risk of relapse.

Benzodiazepines are commonly used for patients who cannot tolerate or respond poorly to SSRIs or venlafaxine. Clonazepam is usually effective in generalised social anxiety disorder, in divided doses daily.

Beta-blockers such as propranolol, taken an hour before a performance, may help in performance-type social anxiety disorder, as may benzodiazepines taken at least 30 minutes before the performance. Their effect may last up to several hours. Tolerance and physical dependence are unlikely.

No agreement over the reduction of harm produced by tobacco

A comment in *The Lancet* for 9 September reports that a world conference on tobacco and health, held in Washington in July, failed to establish a consensus on some key policy issues regarding smoking.

On the subject of harm reduction, the 4,000 participants, including advocates, scientists and clinicians, seem to have been evenly divided. A tobacco control programme devised by Californians has had much success in reducing smoking, second-hand exposure and disease, without however incorporating an element of harm reduction. This is defined

as any process that reduces harm in continuing users of tobacco by reducing toxins in the smoke, promoting their conversion to smokeless tobacco or introducing long-term replacement therapy with nicotine.

One reason for reservation about harm reduction has been an implication that nicotine addiction itself is virtually harmless. This is contrary to its known pharmacology and to regulatory efforts to ensure that the doses and treatment patterns do not pose significant risk. Another reason is that the earliest attempts to reduce harm by reducing tar did not bring the

expected decrease in mortality or persuade young smokers that cigarettes labelled as low tar were safe. Nicotine replacement therapy has the potential for harm reduction but has not generally been approved.

All tobacco products present a risk that depends on how they are used. Altering the way in which tobacco is cured can substantially reduce nitrosamines. Reducing toxins in tobacco, restricting smoking and increasing its costs are seen as prudent steps, but promoting certain types of tobacco in place of others may help to undermine attempts at harm reduction.