

Clinical and scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Mismanagement of malignant hypercalcaemia

Background

The National Chemotherapy Advisory Group 2009 report emphasised the need for expert oncological assessment of cancer patients presenting to hospital as emergencies within 24 hours;¹ hence the establishment of the Acute Oncology Service (AOS) team in all NHS trusts that assess and admit cancer patients, where formerly such provision was not always available. However, in the majority of district general hospitals, out-of-hours management of oncological emergencies remains the responsibility of the admitting medical team. Our recently undertaken audit on hypercalcaemia of malignancy reveals that in our centre this oncological emergency was mismanaged by medical teams in a significant proportion of cases.

Hypercalcaemia of malignancy is a relatively common and potentially life threatening complication of cancer. Our audit was undertaken following the observation by the AOS that management of this condition on medical wards was often not in accordance with Trust guidelines.

Methodology

Cases were identified using pharmacy and AOS records over the preceding six months, giving a sample size of 20. Data was collected from electronic and paper patient records to assess compliance with management principles outlined in trust guidelines. These guidelines include treatment with zoledronate if there is no response to adequate fluid rehydration.

Results

A key finding was that in 40% of cases bisphosphonate treatment was with pamidronate, rather than zoledronate as is recommended by the guidelines. Furthermore none of the patients who were treated with pamidronate received the full dose of 90 mg, having been prescribed 30 mg or 60 mg instead. 37.5% of these patients required repeat bisphosphonate treatment compared with 9% of those treated with zoledronate. The median length of stay for those receiving pamidronate was 11.5 days, compared with 8.5 days for those receiving zoledronate.

Discussion

Zoledronate has been the pharmacological treatment of choice for malignant hypercalcaemia for several years. It is more potent than other bisphosphonate medications and is comparable in cost.² This audit clearly shows that best practice is not always being followed in this area, leading to suboptimal patient care and possible increased length of stay. Lack of compliance with the trust guidelines for treatment of malignant hypercalcaemia may be due to lack of awareness of these guidelines and any new updates need to be better disseminated. Throughout the UK it is a peer review requirement for AOS teams to regularly teach junior doctors on oncological emergencies, which should help improve guideline adherence. Alternatively, there may be awareness that the guidelines exist but there is no incentive to consult them, as clinicians feel that they know how to treat hypercalcaemia with the tried and trusted pamidronate rather than zoledronate. Every acute medical intake will have patients with acute oncological problems and ideally all general physicians should ensure their knowledge of current best practice for relevant oncological problems is as up to date as for any other specialty area. Inclusion of acute oncology into mandatory training for all physicians is one option all NHS trusts should consider.

References

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- 2 Major P, Lotholary A, Hon J *et al*. Zoledronate is superior to pamidronate in the treatment of hypercalcaemia of malignancy: a pooled analysis of two randomised controlled clinical trials. *J Clin Oncol* 2001;19:558–67.

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Is research declining amongst gastroenterology trainees in the United Kingdom?

Introduction

There have been recent concerns that medical research may be in decline.^{1,2} While changes in postgraduate medical training, reduction in funding and expansion in consultant posts are plausible explanations for this outcome, there is a paucity of data supporting an actual decline in UK research output. This study evaluates research trends amongst gastroenterology trainees over a 17-year period by assessing publication rates and number of higher degrees attained by trainees at the time they are appointed to NHS consultant posts.

Methods

All consultant appointments and their previous place of training were identified between February 1993 and December 2010. The number and type of publications of each consultant was collected using PubMed and Embase databases. An 18-month lag time was allowed following consultant appointment to allow for potential time delays between submission and publication. The consultant name was then either matched with their entry in the British Society of Gastroenterology (BSG)

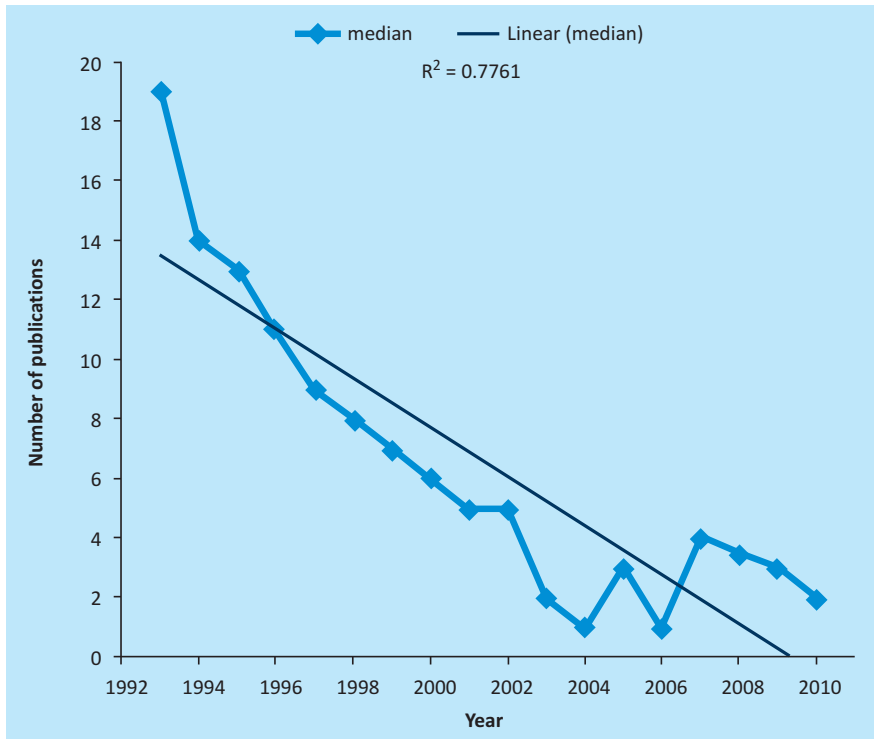


Fig 1. The number of publications written by gastroenterology trainees prior to their NHS consultant appointment has been significantly decreasing.

handbook medical directory or an individuals' department was contacted and their higher degree noted. Consultant appointment to either a teaching hospital (TH) or district general hospital (DGH) was collected.

Statistical analysis was undertaken using Microsoft Excel, producing a linear regression line and correlation coefficient (r) to show the trend and strength of any relationship in median publication rates over the time sampled. A χ^2 test and a Mann-Whitney U test were used to identify any significant differences between groups, with a p -value of less than 0.05 deemed statistically significant.

Results

1,031 consultant appointments were made over the 17-year period. We excluded consultant-to-consultant transfers, appointments to or from academic posts, trainees who had subsequently left the UK medical register and also individuals appointed to consultant posts from overseas ($n=313$). In addition, individuals were excluded where data was difficult to obtain due to name

and centre similarities ($n=60$). Of the remaining 658 appointments, 315 (48%) were appointed to TH posts. 48% (316/658) were trained within the same region that they were appointed.

With regard to research output, there is a significant decreasing trend in the median number of publications by gastroenterology trainees prior to their NHS consultant appointment: from 19 in 1993 to 2 in 2010, with correlation co-efficient $R^2 = 0.78$ ($r=-0.88$, $df=15$, $p<0.001$; Fig 1). The mean publication rates of consultants appointed to TH posts (9.7, $n=315$) were higher than DGH consultants (6.9, $n=343$) ($p=0.0027$). Differences were also seen when comparing higher degrees of TH consultants with DGH consultants (48.9% vs 39.9%, $p=0.03$).

Conclusion

This study demonstrates a significant decreasing trend in the number of publications obtained by a gastroenterology trainee at the time of their appointment to an NHS consultant post. While gastroenterology trainees demonstrate a desire to engage in

research,³ actual output seems to be diminishing, possibly reflecting the reduction in time spent within training programmes. Our data would support interventions to promote research and academic training within postgraduate medical training programmes.

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