

## Letters to the editor

### OVERVIEW

**Please submit letters for the editor's consideration within 3 weeks of receipt of *Clinical Medicine*. Letters should ideally be limited to 350 words, and sent by email to: [clinicalmedicine@rcplondon.ac.uk](mailto:clinicalmedicine@rcplondon.ac.uk)**

### Vitamin D testing: the British Society for Rheumatology's Choosing Wisely recommendations

Editor – We welcome the paper on vitamin D testing by Woodford *et al.*<sup>1</sup> This pragmatic work highlights the limited utility of testing vitamin D in a high proportion of those currently tested, and supports alternatives such as over-the-counter supplementation, or even fortification of food. The British Society for Rheumatology's Choosing Wisely UK recommendations<sup>2</sup> reinforce the message that we need to act to reduce clinically unjustified testing of vitamin D. It proposes that

*Everyone should consider vitamin D supplementation during winter. People who have restricted access to sunlight (eg those living in institutions or who cover their skin), or have dark skin, should consider supplementation all year round. Vitamin D testing should be reserved for people at high risk from deficiency and avoided as part of routine investigation of widespread pain alone. Repeat testing is not normally indicated in those taking supplements.*<sup>2</sup>

Our recommendations apply to all patients (not just those cared for by the rheumatology team) and we hope will be taken up by all specialties and those working in primary care. By paying attention to the need to ensure that patients receive the right tests and treatments, decided upon through genuine shared decision-making processes, we can save patients unnecessary tests, reduce administration for clinicians, and make the best use of available resources. ■

### Disclaimer

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Elizabeth MacPhie in her role as secretary of the North West Rheumatology Club has organised meetings sponsored by MSD and UCB.

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### References

- 1 Woodford HJ, Barrett S, Pattman S. Vitamin D: too much testing and treating? *Clin Med* 2018;18:196–200.
- 2 Choosing Wisely UK, British Society for Rheumatology Clinicians' recommendations, [www.choosingwisely.co.uk/i-am-a-clinician/recommendations/](http://www.choosingwisely.co.uk/i-am-a-clinician/recommendations/) [Accessed 18 June 2018].

### Vitamin E – a cause for concern?

Editor – The excellent article *Non-alcoholic fatty liver disease*, by authors James Maurice and Pinelopi Manousou and published in *Clin Med* recently, has reference number 26 attributed to Hepatology rather than Journal of Hepatology. Unfortunately, the reference is to a poster and while it mentions vitamin E and improvement in histological findings it does not mention prostate cancer as referred to in the present article.<sup>1</sup>

The literature of vitamin E and prostate cancer is interesting with varying reports. In the Physicians Health Study 11, there was no increase in the incidence of prostate cancer.<sup>2</sup>

The 1998 study in Finland of 29,133 male smokers who took vitamin E had 32% fewer cases of prostate cancer and 40% fewer prostate cancer-related deaths.<sup>3</sup>

The SELECT study began in 2001, with enrolments from 400 sites, with enrolments ending in 2004 with 35,000 men divided into different arms. In 2008, the study was prematurely stopped; more cases of prostate in the men taking vitamin E were found but the number was not statistically significant. However, after an additional 18 months of follow-up, subjects had been on vitamin E for 5.5 years and the difference in the incidence of prostate cancer was statistically significant with a 17% increase, in the placebo group 65 prostate cancer cases per 1,000 men versus 76 in the vitamin E group.<sup>4</sup>

Vitamin E is reported as promoting tumorigenesis in the early stages of cancer evolution;<sup>5</sup> hence the concern regarding vitamin E supplementation. ■

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- 2 Wang L, Sesso HD, Glynn RJ *et al.* Vitamin E and C supplementation and risk of cancer in men: post-trial follow-up in the Physicians' Health Study 11 randomised trial. *Am J Clin Nutr* 2014;100:915–23.

- 3 Sarre S, Maatanen L, Tammela TI, Auvinen A, Murtola TJ. Postscreening follow-up of the Finnish Prostate Cancer Screening Trial on putative cancer risk factors: vitamin and mineral use, male pattern baldness, pubertal development and non-steroidal anti-inflammatory drug use. *Scand J Urol* 2016;50:267–73.
- 4 Klein EA, Thompson IM, Tangen CM *et al.* Vitamin E and the risk of prostate cancer: results of the Selenium and Vitamin E Cancer Prevention Trial (SELECT). *JAMA* 2011;306:1549–56.
- 5 Njoroge RN, Unno K, Zhao JV *et al.* Organoids model distinct vitamin E effects at different stages of prostate cancer evolution. *Sci Rep* 2017;24:16285.

## Response

We thank the reader for their clarification and raising this important point. They are correct in highlighting the concerns about the side effects associated with the few available treatments for nonalcoholic steatohepatitis (NASH), of which prostate cancer with vitamin E is an important one. This explains the very limited uptake of these drugs currently in clinical practice, and only weak recommendations for their use in guidelines.<sup>1</sup> There is an unmet need for safe and effective treatments for NASH, and the exciting developments with major phase III trials in this field will hopefully begin to address this in the near future. ■

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## Reference

- 1 National Institute for Health and Care Excellence. *Non-alcoholic fatty liver disease (NAFLD): assessment and management [NG49]*. NICE, 2016. [www.nice.org.uk/guidance/ng49](http://www.nice.org.uk/guidance/ng49) [Accessed 6 April 2017].

## Gardening injuries

Editor – Sir Richard Thompson's excellent article *Gardening for health: a regular dose of gardening* in the June issue did not mention gardening injuries.

In 2007, the Royal Society for the Prevention of Accidents (RoSPA) reported that, in 2006, 87,000 gardeners required treatment in hospital for injuries caused by:

- lawn mowers (6,500)
- flower pots (5,300)
- secateurs and pruners (4,400)
- spades (3,600)
- electric hedge trimmers (3,100)
- plant tubs and troughs (2,800)
- shears (2,100)
- garden forks (2,000)
- hoses and sprinklers (1,900)
- garden canes and sticks (1,800).<sup>1</sup>

In 2009, an article was published entitled *Gardening? It's just as risky as rugby says doctors*. Gardeners attend clinics with ailments such as 'gardener's back', 'weeder's wrist' and 'pruner's neck'.<sup>2</sup> Dr Ian Drysdale, the principal of the British College of Osteopathic Medicine advised gardeners to:

- Start with some gentle stretching to warm up muscles and joints.
- Do no more than 1.5 hours per day initially.
- Kneel down when planting with both knees on a pad.
- Use a small spade when digging.

- Switch tasks regularly.
- When lifting, bend the knees and keep the back straight.

In 2010, an article was published entitled *Gardening riskier than skiing* and stated, 'One in ten Britons has been injured when gardening, four times as many as those hurt on the ski slopes'.<sup>3</sup> In the article, Dr Peter Mace, the assistant medical director of BUPA, was quoted as saying 'Anyone planning to spend time gardening or decorating should remember they may be using muscle groups and joints they haven't exercised in a long while'. ■

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## References

- 1 Gardening injuries land 87,000 a year in hospital. *Daily Telegraph*, 24 September 2007.
- 2 Gardening? It's just as risky as rugby says doctors. *Daily Telegraph*, 19 March 2009.
- 3 Gardening riskier than skiing. *Daily Telegraph*, 30 April 2010.

## Should point-of-care ultrasound be in the new internal medicine curriculum?

Editor – I read with interest the recent article by Smallwood and Dachsel entitled *Point-of-care ultrasound (POCUS): unnecessary gadgetry or evidence-based medicine?*<sup>1</sup> This article strikes a chord with me as someone who has recently finished core medical training who is interested in point-of-care ultrasound (POCUS), but struggled find the opportunity for supervised training and use. As mentioned in the original article, the indications and uses for POCUS are numerous but with currently limited uptake in the UK compared to the rest of the world.

The Canadian Internal Medicine Ultrasound (CIMUS) group recommend that POCUS gets incorporated into the internal medicine curriculum for four indications: inferior vena cava ultrasound to assess volume status, to assess the lung for B lines which would suggest pulmonary oedema, to assess the thorax for pleural effusion, and to assess for abdominal free fluid. It has been recommended to be incorporated to guide three invasive procedures: central venous access, thoracocentesis and paracentesis.<sup>2</sup> All of these surely would be a valuable string to the bow of the medical registrar of the future?

Core medical training is about to be revamped and lengthened, with a name change to 'internal medicine'. The programme will be increased from 2 to 3 years, with increased focus on acute medicine, increased outpatient exposure and mandatory placements in critical care.<sup>3</sup> There is no mention of any incorporation of POCUS into the curriculum; surely now is the ideal opportunity for a paradigm shift and for POCUS to be incorporated into the new internal medicine curriculum in a similar fashion to the Canadians? ■

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## References

- 1 Smallwood N, Dachsel M. Point-of-care ultrasound (POCUS): unnecessary gadgetry or evidence-based medicine? *Clin Med* 2018;18:219–24.
- 2 Ma IWY, Arishenkoff S, Wiseman J *et al.* Internal medicine point-of-care ultrasound curriculum: consensus recommendations from the Canadian Internal Medicine Ultrasound (CIMUS) Group. *J Gen Intern Med* 2017;32:1052.
- 3 Internal Medicine stage 1 curriculum. [www.jrcptb.org.uk/new-internal-medicine-curriculum](http://www.jrcptb.org.uk/new-internal-medicine-curriculum), [Accessed 8 August 2018].