



CrossMark

Highlights from this issue

doi:10.1136/archdischild-2014-307292

Ian Wacogne, Deputy Editor, *E&P*

We wage a perpetual battle about what not to read. There are so many factors which stop us from reading as much as we feel we ought to, but I would put highest amongst these the sheer volume that we could actually read. I was recently in a talk by Professor Neal Maskrey who quoted some work looking at the reading requirements generated by a ward round. The researchers reckoned that the time needed to read simply to keep up to date with the guidelines on the conditions encountered on the round was easily an order of magnitude greater than the time needed to see the patients. There are some flaws in this of course—we don't factor the time spent at medical school into the time it takes us to understand the average patient's condition on a round, in the same way that we also learn the guidelines through use and, unless we're in a remarkably disparate speciality, we are able to re-use knowledge. But the challenge remains; there is a huge amount of information out there.

Further barriers to our reading—other than the need to eat, drink, sleep, and interact with friends and family from time to time—are the way things are written. I can entirely understand why a Cochrane review needs to be 50 pages long, or a NICE guideline 150 pages long. I wouldn't criticise that they need to explain their robust methodology for each reader. I'd just observe that I rarely read more than a few pages of either. Paul Glasziou¹ describes a vivid experience of discovering a cellar

full of unread, shrink-wrapped guidelines at the WHO headquarters; he dubbed this “mummified evidence”—and his blog post offers some helpful tips about how to avoid the phenomenon.

Philippa Prentice has taken the role of section editor for Guidelines at *E&P* very seriously, and I was struck, looking through this edition, what an excellent job she is doing of it. We're quite hard task-masters when commissioning these reviews. We try to avoid authors who hate the guideline, or who love it unconditionally. We try to get them to present why it is that you, the reader, should be interested in the guideline—or part of it—and to think about what you should start doing, stop doing, or reflect on why you are doing it.

We have two guideline reviews. Nkem Onyeador, Siba Prosad Paul and Bhupinder Kaur Sandhu look at the PGHAN bodies' joint guideline on diagnosis and management of gastroesophageal reflux and gastroesophageal reflux disease (*see page 190*). Emily Stenke and Séamus Hussey look at the NICE guidance on management of ulcerative colitis (*see page 194*). One of these conditions is more specialist than the other—and I'd guess that one is more poorly managed than the other, with a proliferation of non evidence-based treatment in the last decade. They each provide an extremely helpful summary of what we need to know from the guideline; for its day to day practicality

for many child health professionals I've made the reflux paper my editor's choice this month.

I'd argue that “What won't I read” is a more pertinent question—and the one that we practically answer on a day to day basis—than its converse. The midwife who recently told the parents of a baby I saw with constipation to give the baby some brown sugar must have, at some level, taken a decision not to read the NICE guidance on constipation. We can usually spot this “brown sugar” scenario, but we're so good at spotting things outside of our comfort zone—or which we feel very comfortable about but are in fact probably wrong (prokinetic agents in reflux anyone?) We do need to try to keep up with this stuff, and at *E&P* we hope to bring you articles that you will read, and will enjoy—because they're relevant to you and your patients and are well written. If you know of a guideline you think we might not be reading, but which we ought to cover, then why not let us know? I'm always happy to have your suggestions for improvement; look out for some further developments in the next year or so which we hope will make the journal even more interesting, so watch this space...

ian.wacogne@bch.nhs.uk

REFERENCE

- 1 <http://blogs.bmj.com/bmj/2013/04/15/paul-glasziou-from-mummified-evidence-to-living-ebm-a-few-tools/>