MINERVA

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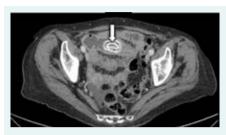
"By the banks of the silvery Tay Folk are taking 10 medicines a day: There are too many polypharmacists And it's high time we called an armistice."

Minerva assumes the poetic mantle of William McGonagall to convey the worrying findings of a Tayside study—between 1995 and 2010 the proportion of adults dispensed five or more and 10 or more drugs doubled to 20.8% and tripled to 5.8%, respectively. The proportion with potentially serious drug-drug interactions more than doubled to 13% (*BMC Medicine* 2015;13:74, doi:10.1186/s12916-015-0322-7). For further glorious poetry and song about this, don't miss James McCormack's *Bohemian Polypharmacy* (www.youtube.com/ watch?v=Lp3pFjKoZl8).

Most people experience an increasing treatment burden as they near the end of life, and it also becomes more difficult to know who is supposed to be doing what. Exploring the experiences of 24 patients (aged 48-85 years) with 15 different types/sites of cancer and palliative care needs, Southampton researchers find that "The number and variety of people contributing to the care of a cancer palliative care patient can be difficult for patients and family to comprehend" (BMJ Supportive and Palliative Care 2015, doi:10.1136/ bmjspcare-2014-000781). More than most specialties, palliative care needs to embody Victor Montori's concept of minimally disruptive care.

Hidden pharmacological harm can begin early. Estonian neonatologists carried out a survey of potentially harmful excipients in drugs given in 89 neonatal units in 21 countries. Although only 27% of products contained potentially harmful excipients, two thirds of neonates received at least one while in hospital (*Archives of Disease in Childhood* 2015, doi:10.1136/ archdischild-2014-307793). The list includes parabens, polysorbate 80, propylene glycol, benzoates, saccharin sodium, sorbitol, ethanol, and benzalkonium chloride.

An intriguing chapter of Daniel Kahneman's book *Thinking, Fast and Slow* uses the example of colonoscopy to discuss how people remember pain after medical procedures. A Dutch study explores the pain experienced by women during mammography (*BMC Women's*



An 88 year old woman presented with a one week history of vomiting, abdominal pain, and distension. Computed tomography of the abdomen showed obstruction of the distal small bowel by a lamellated calculus (arrow). Although initially thought to be a gallstone ileus, this diagnosis was refuted by the absence of pneumobilia and the observation of gallbladder stones with a different appearance from the obstructing calculus. Enteroliths similar to the obstructing calculus were seen, however, in several large jejunal diverticula. At laparotomy, a 3.5 cm enterolith was removed from the distal ileum. The patient made an uneventful recovery; rates of recurrence are unknown.

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Health 2015;15:26, doi:10.1186/s12905-015-0185-2). It suggests that pain can be minimised by using a personalised compression protocol in which breasts of all sizes are exposed to the same target pressure at the same slow rate and by shortening the phase during which the breast is clamped. It's also worth remembering Kahneman's finding that people remember pain that they experience at the end of a procedure above all else.

A meta-analysis of randomised and nonrandomised trials of aldosterone antagonists for resistant hypertension (*American Journal of Hypertension* 2015, doi:10.1093/ajh/ hpv031) finds spectacular effects: falls of more than 20 mm Hg and 7-10 mm Hg in systolic and diastolic blood pressure, respectively. Perhaps we should be looking harder for hyperaldosteronism in these patients or trying aldosterone antagonists more readily.



Anteroposterior chest radiograph in a 3 month old infant Try the anatomy quiz in ENDGAMES, p 43

Many children have dissected their teddy bears only to find that they consist largely of fluff. The stuffing of the Scandinavian TEDDY study (*BMC Pediatrics* 2015;15:24, doi:10.1186/s12887-015-0333-8) is scattered in thousands of TEDDY diaries recording the infections experienced by children at increased risk of type 1 diabetes. It has been a challenge to fit all these data into a cuddly bear shaped database, but the investigators have triumphed. "The data reduction and categorization process developed by TEDDY enables analysis of single infectious agents as well as larger arrays of infectious agents or clinical disease entities."

Spain, like most of the EU, saw more than a 40% drop in premature mortality between 1980 and 2010. There has never been a better time to live and to stay alive. But disparities remain: the mortality drop was 48% in the richest quarter of Spanish provinces compared with 41% in the poorest quarter (*BMC Public Health* 2015;15:321, doi:10.1186/s12889-015-1678-5). Most of the difference was due to cardiovascular disease.

"A biologically relevant dysbiosis in mucosal microbial metacommunities" is a polite way of referring to having the wrong kind of poo. Examining the bacterial ecology of the faeces of people with Crohn's disease and their siblings, investigators found that those with a high risk of Crohn's disease display mucosal dysbiosis, characterised by reduced diversity of core microbiota and lower abundance of *Faecalibacterium prausnitzii* (*Gut* 2015, doi:10.1136/gutjnl-2014-308896). This sounds like important (if unglamorous) work, and Minerva hopes that it leads to progress in preventing and treating this disease.

The 2006 Chinese anthropometric survey measured the physical characteristics of 3000 people, and head scans from 350 of them were analysed to find out the main variables in the structure of Chinese faces (*Annals of Occupational Hygiene* 2015, doi:10.1093/ annhyg/mev026). This work was necessary because most respirator manufacturers currently use outdated western anthropometric data to design respirators for Chinese workers. Now they can look forward to better fitting ones. Cite this as: BMJ 2015;350:h1983