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Tom Nolan's research reviews—6 April 2023

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Paediatric mental health admissions in the US

The rise of mental health problems in children and young people in the UK in recent years is as alarming as the lack of provision of mental health services for them, which is a national scandal. Are things any better in the US? National hospital admission data, published in *JAMA*, show an increase in admissions with attempted suicide and self injury in children aged between 3 and 17 years from 49 285 in 2009 to 129 699 in 2019. The proportion of mental health admissions due to attempted suicide, suicidal ideation, or self injury increased from 31% to 64% over the same period. The authors' rather reserved conclusion is that these findings "underscore the growing effect of mental health diagnoses on the wellbeing of children in the US."

JAMA doi:10.1001/jama.2023.1992

Driving after a critical illness

The outcomes that seem to matter most to patients after a critical illness often relate to what they can do: return to work, walk to the local shops, or—at least since I've been working in Surrey—play golf or get back on their horse. Being able to drive is another common one, and key to many people's livelihood and independence. A research letter in this week's *JAMA Internal Medicine* reviewed 196 people at one month after a critical care admission for sepsis, respiratory failure, and/or delirium at a US hospital. Only 16 (13%) out of 126 drivers had returned to driving—perhaps a reflection on the long road to recovery for those who make it out of critical care, with many never regaining their previous levels of function and independence.

JAMA Intern Med doi:10.1001/jamaintern-med.2022.7096

Subclinical atherosclerosis and risk for myocardial infarction

European Society of Cardiology (ESC) guidelines recommend computed tomography (CT) angiography can be considered for cardiovascular risk assessment in high risk asymptomatic people. In a Danish study, 9533 asymptomatic people over the age of 40 years were screened with coronary CT angiography. Over a median 3.5 year follow-up period, those with extensive (more than a third of the coronary tree) obstructive (more than 50% luminal stenosis) subclinical atherosclerosis diagnosed on the scan had 12 times higher risk of myocardial infarction and three times higher risk of the secondary endpoint of myocardial infarction or death. Might the next ECS guidelines go further, and could we soon see more CT angiography screening in the UK?

Ann Intern Med doi:10.7326/M22-3027

Checkpoint inhibitors in endometrial cancer

Remembering the names of the myriad of treatments for cancer is hard enough without having to remember the names of tumour biomarkers such as mismatch repair deficient, microsatellite instability-high tumours (which can be shortened to the equally impenetrable dMMR-MSI-H) described in a new trial of immunotherapy for endometrial cancer. In the phase 3 trial of dostarlimab (an anti-cancer monoclonal antibody), people with stage III or IV or first recurrent endometrial cancer were allocated to dostarlimab or placebo in addition to chemotherapy (carboplatin and paclitaxel) and followed up at 24 months. For the 118 out of 494 patients in the trial who had dMMR-MSI-H tumours, there was a marked improvement in disease-free survival in the dostarlimab group: 61.4% versus 15.7%, and a hazard ratio of 0.28 ($P < 0.001$).

N Engl J Med doi:10.1056/NEJMoa2216334

Helicobacter the future

The potential for *Helicobacter pylori* screening to save lives made the *BBC News* way back in 2002—"Stomach test 'could cut cancer deaths'" promised the headline. Twenty one years later, we're still waiting for the findings from the *H pylori* screening study to be published. In the meantime, a randomised controlled trial in 2020 of first degree relatives of people with gastric cancer found that *H pylori* eradication in those who tested positive for it roughly halved their risk of gastric cancer over a nine year period compared with placebo. Now, a retrospective study in Japan has found that people with *H pylori* infection who carried one of nine gastric cancer risk genes had a three times higher cumulative risk of gastric cancer at age 85 years of age than non-carriers infected with *H pylori* (cumulative risk 45.5% versus 14.4%). Perhaps a more targeted screening approach combining genetic risk with *H pylori* infection will soon be on the cards.

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