

PRIMARY SURVEY

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PLETHYSMOGRAPHY FOR PULMONARY EMBOLUS?

The EMJ is pleased to publish negative studies. With an ever-increasing array of diagnostic tests available, it is useful to have evidence to tell us not to waste our time with unhelpful tests. Hogg *et al* have shown that lower limb computerised strain-gauge plethysmography adds nothing to the diagnostic work-up of suspected pulmonary embolus. This well-written article also shows how diagnostic data should be reported, with an excellent example of a STARD flow chart.

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RECOGNISING PATIENTS WITH ANXIETY DISORDER

Patients presenting to the emergency department with non-specific chest pain often have anxiety disorder, but this problem is frequently missed. Demiryoguran and colleagues followed-up 157 patients with non-specific chest pain and suggest that atypical pain, recurrent emergency department presentations, and associated symptoms, such as dizziness, chills, hot

flushes, or fear of dying, are associated with a diagnosis of anxiety disorder and could be used to improve recognition.

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NATURAL HISTORY OF WHIPLASH ASSOCIATED DISORDER

Those of us who reassure our whiplash victims that they will be better within two weeks will be perturbed by the findings of Crouch *et al*, who followed up 170 patients with whiplash associated disorder and found that two-thirds had some disability at 4-6 weeks post injury. Age, high pain score, mid-line tenderness, X-ray request, wearing a seatbelt, and having seen their GP post injury were all associated with having a higher neck disability index score at follow-up.

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ADVISING PATIENTS OF FITNESS TO DRIVE

Do you know what conditions impair a patient's fitness to drive? If so, do you remember to inform patients and document your advice in the notes? Brooke and Southward audited 332 sets of case notes for patients with conditions that might impair their fitness to drive and identified 22 who were discharged with a diagnosis that required advice. Only one patient had any information documented.

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AND FINALLY...

Many readers of the EMJ will be familiar with symptoms of a splitting headache the morning after excessive alcohol ingestion, but hopefully none will have shared the experience of the unfortunate subject of the case report by Lesieur *et al*.

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