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complications only by treating many who will not benefit and may actually be harmed by the treatment. The evidence indicates that reserved prescribing of antibiotics for upper respiratory tract infections and acute infective conjunctivitis is justified.

Delayed prescription of antibiotics is a good alternative for patients with a progressive course of disease or for those patients with a strong preference for antibiotics; it is a safe strategy to reduce the number of prescriptions in patients with upper respiratory tract infections and acute infective conjunctivitis. 1–10

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Health care productivity
Is politically contentious, but can it be measured accurately?

The next British general election will probably be fought over the productivity of public services. Opposition parties have already claimed that the unprecedented extra investment in the NHS has been misspent, with medical staff receiving large increases in pay for doing the same, or even less, work. Although an election may be four years away, the government is seeking evidence to show that, contrary to such claims, the extra resources together with management strategies for acute infective conjunctivitis in general practice. 11


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Postoperative nausea and vomiting

Metoclopramide with dexamethasone works and has few side effects

Fifteen years ago Kapur described postoperative nausea and vomiting as the “big, little problem,” a description that still applies despite the best efforts of doctors and drug companies. In this issue of the BMJ, Wallenborn and colleagues revisit the use of metoclopramide to prevent postoperative nausea and vomiting. In the United Kingdom, metoclopramide is no longer a popular choice for prophylaxis or treatment. This is because the standard 10 mg dose is not very effective; metoclopramide has unpleasant side effects such as extrapyramidal symptoms, especially with repeated doses; and it has been supplanted by newer agents that are more expensive but have fewer complications.

The likelihood of postoperative nausea and vomiting is increased by several factors including the type of surgery (for example, laparoscopic, gynaecological, and ophthalmic surgery), certain anaesthetic drugs including volatile agents and opioids, patient factors including female sex, a history of postoperative nausea and vomiting, and non-smoking status. The most effective treatment is usually a combination of agents that target different pathways or receptors. These include antihistamines, anticholinergics, antidepressants, 5-hydroxytryptamine receptor (5-HT3) antagonists, and drugs with poorly understood modes of action such as dexamethasone. A popular combination in the UK at present is a 5-HT3 antagonist such as ondansetron or tropisetron combined with dexamethasone, with the addition of agents from another class such as promethazine or cyclizine for rescue or for resistant cases.

Wallenborn and colleagues have taken the innovative step of revisiting the effects of metoclopramide in a randomised trial using the standard 10 mg dose and also doses of 25 mg and 50 mg (doses that will be unfamiliar to most doctors in the UK). Metoclopramide was added to dexamethasone in more than 3000 patients having elective surgery. Both the 25 mg and 50 mg combinations were strikingly effective in reducing early postoperative nausea and vomiting, and 50 mg also prevented late nausea and vomiting. Side effects,