

The potential danger of journal summary services

To the Editor: On 29 April, *NEJM* Journal Watch published a summary^[1] of a recent trial of single-dose dexamethasone for acute asthma compared with the current standard of 5-day prednisone. Unfortunately the one-line opening paragraph of the summary (which was the only line in the email alert) stated the opposite of the actual outcome of the trial.

The one-line summary stated: 'A randomized trial suggests that the regimens may be equivalent.' The study^[2] was designed as a non-inferiority trial and dexamethasone in fact failed (albeit narrowly) to meet the prespecified parameters of non-inferiority.

In the current environment where medical practitioners are bombarded by data, it is likely that many would read the one-line summary without reading the full summary, let alone the original article. It is even conceivable that practitioners around the world might change their practice on the basis of this one-line summary, especially with the summary promoted as 'practice changing' on the website. *NEJM* Journal Watch's reported global monthly readership is half a million;^[3] the concomitant pressures of drug company direct marketing are significant; and the fact that studies have shown equivalence between 5 days of prednisone and *two* doses of dexamethasone could easily be confused with this result.

There are potentially grave consequences from such a practice change: the raw data from the study yield an NNH (number needed to harm) of 43 for using single-dose dexamethasone instead of 5-day prednisone. This is a worrying statistic for a condition that is both common and potentially lethal, especially when one notices that the

study's loss to follow-up (an attempted phone call at 2 weeks) was nearly twice as high in the dexamethasone group as in the prednisone group.

Adherence is clearly the appeal of a single-dose regimen, but it should be pointed out that, besides the factor of script fulfillment, prednisone adherence was in fact intrinsically controlled for in the study. And, in my particular context and through most of the rest of Africa where discharge medicines are provided free by the state and are often dispensed directly from emergency departments, script fulfillment is a minor aspect of adherence challenges.

The author is an independent general practitioner involved in a pilot public-private partnership between the Western Cape Department of Health and various NGOs in facilitating equitable access to primary care for individuals with intellectual, physical and psychiatric disabilities. He has no conflicts of interest with either the outcome of the referenced research or the journal summary service cited.

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