

LETTERS TO THE EDITOR

CME – Certification by the European Board of Gastroenterology

EDITOR,—May I be allowed to make two comments on the editorial by Professor Jonathan Rhodes (*Gut* 1996; 39: 149–50).

Firstly, the Royal Colleges of Physicians currently require 50 hours CME per year and no decision has yet been taken as to whether these requirements might rise to 100 hours per year. The decision to remain at a target of 50 hours or to increase to 100 hours per year will be made after extensive consultations sometime during 1997.

Secondly, the Royal Colleges of Physicians (Edinburgh, Glasgow and London) do not accept publications in peer reviewed journals as a credit earning activity. This is not to deny their educational value, it is simply impossible to identify the degree of participation of the various authors.

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Reply

EDITOR,—The Royal Colleges of Physicians are to be congratulated on giving the lead in the establishment and monitoring of CME. The European Gastroenterology Board has no intention of trying to compete with any CME programmes that are established by national organisations such as the Royal Colleges in the United Kingdom. Indeed, it is a prerequisite of qualification for the CME certificate of the European Gastroenterology Board that any applicant from a country that has obligatory CME must already have certification in that country. Providing that that country's criteria meet the minimum requirements of the European Gastroenterology Board criteria, the holder of such a certificate will automatically qualify for the European Gastroenterology Board certificate. Like several other aspects of the Board's work, the underlying motive is to encourage and harmonise standards across Europe rather than to impose additional bureaucracy. Even if the Royal Colleges keep the CME requirement at the present 50 hour per year level, anyone who has already met these UK criteria will also have met the European criteria providing they have had at least six hours of "external" CME per year.

The European Gastroenterology Board CME criteria include 40 hours per year of non-evaluated learning—that is, "internal" CME. Publication in peer reviewed journals is just one of seven categories within this section and no more than 10 hours per year can be allowed for any one section. Even an academic with lots of papers (and I feel a bit sensitive here!) will only be able to obtain one quarter of his/her "internal" CME by this route. The Board's aim was to encourage research, including clinical or health services research at a district general hospital and we felt that assessment of the educational value of joint authorship of a paper was no more or

less difficult than assessing the educational value of attendance in varying states of alertness at hospital grand rounds and audit meetings.

At present the UK is one of the very few European countries which have established systems for CME certification and we hope that initiatives such as that of the European Gastroenterology Board will encourage other countries to establish similar systems.

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Cytotoxin production and neutrophil activation by strains of *Helicobacter pylori* isolated from patients with peptic ulceration and chronic gastritis

EDITOR,—To confirm results achieved by others is important in science. Four years ago we published a paper¹ on the incidence of *Helicobacter pylori* strains activating neutrophils in patients with peptic ulcer disease. We used luminol enhanced chemiluminescence to measure the respiratory burst of the neutrophils. We showed in a second paper² that non-opsonic activation of neutrophils and cytotoxin production by strains of *H pylori* were two independent ulcerogenic markers. We therefore read with great interest the paper by Zhang *et al* (*Gut* 1996; 38: 841–5) on the association of cytotoxin production and neutrophil activation by strains of *H pylori* isolated from patients with peptic ulceration and chronic gastritis. Zhang *et al* used the same techniques as we did, and we were satisfied to see that they could confirm our original observations. However, we would have appreciated it if the Glasgow group also had done some research on previous literature.

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- Rautelin H, Blomberg B, Fredlund H, Järnerot G, Danielsson D. Incidence of *Helicobacter pylori* strains activating neutrophils in patients with peptic ulcer disease. *Scand J Gastroenterol* 1993; 34: 599–603.
- Rautelin H, Blomberg B, Järnerot G, Danielsson D. Nonopsonic activation of neutrophils and cytotoxin production by *Helicobacter pylori*: ulcerogenic markers. *Scand J Gastroenterol* 1994; 29: 128–32.

Reply

EDITOR,—We thank Dr Rautelin and colleagues for their letter. We are happy that our results corroborate those of Dr Rautelin and colleagues and we apologise for omitting their paper from our list of references.

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BOOK REVIEWS

Handbook of Functional Gastrointestinal Disorders. Medical Psychiatry Series/14. Olden K W, ed. (Pp 432; illustrated; \$135.00.) New York: Marcel Dekker. 1996. ISBN 0-8247-9409-5.

The functional gastrointestinal disorders have been relegated to the too hard basket by many gastrointestinal researchers in the basic sciences and frequently ignored. However, those at the coalface in medicine have long recognised the problems in managing patients with chronic or relapsing unexplained gastrointestinal complaints. These conditions have an enormous prevalence in clinical practice. Frustrated gastroenterologists have often felt, quite unfairly based on the evidence, that patients with unexplained gastrointestinal symptoms must all have a primary psychiatric disorder. On the one hand, the absence of diagnostic markers has led some to sneeringly see research in the field as "soft science" and gastroenterologists who study such patients are sometimes perceived to have a "psychiatric bent". On the other, the functional gastrointestinal disorders have all but been ignored by psychiatric researchers until recently.

This is now all changing. Sensing huge profits, the pharmaceutical industry has become very interested in irritable bowel and functional dyspepsia, and are investing considerable resources in studying potential mechanisms and testing new pharmacological approaches. The concept that these disorders have a neurological basis, possibly centrally based, is most attractive to this reviewer but remains controversial.

Against this background, Dr Olden has done an excellent job in editing a new up-to-date multidisciplinary overview of the functional gastrointestinal disorders. The book travels up and down the gastrointestinal tract, integrating knowledge and successfully providing a broad biopsychosocial perspective for those who look after such patients.

Dr Olden unfortunately uses the term psychosomatic gastroenterology to describe the field in his preface although psychosomatic seems an old fashioned and potentially misleading word. All disease is psychosomatic in the sense that there is a mind-body interaction (the mind must process the information to lead to suffering). Perhaps the functional bowel disorders would be better labelled neurogastrointestinal diseases, although this would lead to howls of protest from some corners.

Clinicians will particularly benefit from reading the chapters on the oesophagus, stomach, and colon, and the chapter on eating disorders. In general, the material presented is practical and well balanced (although there is a rather strange algorithm for dyspepsia that ignores therapeutic trials in uninvestigated patients and *Helicobacter pylori* testing). The review of non-pharmacological therapies, including biofeedback, relaxation training, cognitive behaviour, and psychotherapy, is illuminating. Moreover, the inclusion of information on lay support organisations, which have sprung up everywhere, represents a unique resource.