a final best corrected visual acuity of <6/12 and six (2 per cent) had a final best corrected visual acuity of <3/60. In the survey, 63 players (48.5 per cent) reported wearing no protective faceguard while playing hurling. Impairment of vision was the most common reason cited for non-use.


Reasons patients delay seeking treatment for chest pain

More effort must be invested in raising public awareness of the need to report directly to A&E when chest pain starts.

Although morbidity and mortality associated with chest pain are related to speed of intervention, many patients delay A&E presentations. Researchers from Australia assessed the extent of, and reasons for, pre-hospital delay and identified subgroups more at risk of delayed presentation through a cross-sectional survey.

The research involved 150 patients with potentially ischaemic chest pain who presented at a tertiary referral A&E department. Data were collected on the circumstances surrounding the chest pain, including components of total pre-hospital time, and the proportion of delayed presentations (>3 hours).

The mean age of the group was 51.9 and 90 (60 per cent) were male. The mean pre-hospital time was 6.38 hours. Seventy nine (52.7 per cent) patients had a delayed presentation and most at risk of this were those at home at pain onset and those with a history of myocardial infarction. The time from pain onset to decision to present comprised the majority (82.8 per cent) of total pre-hospital time.

Factors positively associated with decision time were waiting to see if symptoms resolved (p<0.0001), seeking GP advice (p<0.0001), fluctuating symptoms (p=0.02), embarrassment (p=0.01) and attributing symptoms to muscle problems (p=0.04).


Ondansetron effective in fatigue resulting from hepatitis C

Ondansetron can have a beneficial effect on fatigue in people with chronic hepatitis C, researchers in France have found. There are no available effective therapies for fatigue associated with chronic hepatitis C. The serotonin antagonist ondansetron has been shown to be effective in chronic fatigue syndrome. The researchers performed a randomised, placebo-controlled, double-blind trial of oral ondansetron in 36 people with chronic hepatitis C.

Fatigue was their predominant symptom and they scored more than four on a visual analogue scale of nought to ten. Fatigue and depression were measured on days zero, 15, 30 and 60. Patients were randomised to ondansetron tablets 4mg twice a day or placebo for one month followed by an additional four weeks of observation.

Fatigue score as measured by the fatigue impact scale was 85.4 and 98.2 in the ondansetron and placebo groups respectively at baseline (not significant). Ondansetron significantly reduced the fatigue score with more than 30 per cent improvement on day 15 (score 57.1, p<0.01), day 30 (54.5, p<0.01), and day 60 (60.8, p<0.01), whereas placebo did not. Overall, the reduction in fatigue was significantly higher with ondansetron compared with placebo for the whole of the follow-up period (p=0.03) or for the treatment period only (p=0.04). Ondansetron also significantly reduced depression scores.