Sir,

The Journal of College of Physicians and Surgeons Pakistan (JCPS) recently received an Impact factor (IF) of 0.554 from Thompson, Institute for Scientific Information (ISI) web on articles published from 2007-8.1 This provides a quantitatively measure of scientific ingenuity.

A scientific journal is as good as the community it represents.2 There are various reasons behind a low impact factor of local journals. Firstly, accomplished scientists want to publish their papers in leading International periodicals. This brings recognition. Secondly, quality of submission to local journals is low. English is neither the first language nor the official mode of communication. Lacking skills in scientific paper writing, authors find it difficult to communicate their findings.3 Poor quality of scientific methods also limit the publication in internationally established journals. Authors then turn to local periodicals, using influence of one sort or other to get their work published. Thirdly, general medical focus of the local journals does not foster interest among individuals in various subspecialties; this may also work other way around since more articles may be cited from a particular field than the other. Fourthly, there is little encouragement in the academia regarding innovation and novelty of scientific approach. This is primarily due to lack of research culture in most universities in the country.

Research in Pakistan, for most part, is relegated to few academics isolated from the end users of their research. Busy with the bounty of rich clinical practice, rest of the individuals does research just to fulfill the requirement. This may very well be the (minimal) number of papers required for the promotion to senior ranks or an industry-sponsored clinical trial carried out with vested financial interests.4 Lack of mentorship is seen in most of the local institutions when it comes to research.5

CPSP has a mandatory requirement of academic dissertation as a precursor to a Fellowship. The JCPS becomes the recipient of most articles drafted out of the academic dissertation. Academic misconducts are not that uncommon.6 The college can improve the process of dissertation writing by making a mandatory ‘thesis committee’. It could have two or more supervisors, besides the training-supervisor. Currently oversight is provided by a supervisor, who is generally busy with many aspects of clinical training. Committee could have a mix of field experts (supervisor) and other experts relevant to the topic of research. One of the many benefits of having a mandatory thesis committee is that various facet of research and dissertation writing would be addressed more formally. This is expected to improve the quality of work thereby improving the subsequent citation index.

Another way of improving the citation index is by encouraging the senior researchers to publish their work in local periodicals. Since access to International publications is subject to licensing agreement and subscription to data-bases, local readership often misses out on recent scientific evidence. Publication in local journals would serve to keep the local readership updated with the current, cutting edge developments in the field. The review process in local journals need to be made more transparent. Good science should take precedence over the politics of names and affiliations if the impact factor is to match some of the regional and International journals. Lastly, concerted effort should be made on urgent basis in order to strengthen the biomedical research at macro-level.7

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Frequency of Helicobacter pylori Infection Among Symptomatic Patients of Rawalpindi and Islamabad, Pakistan

Sir,

*Helicobacter pylori* infects almost 50% of the world's human population with frequency being higher in developing countries as compared to developed countries.1 World
Health Organization has recognized H. pylori as group I carcinogen for gastric cancer.2 Here we report the frequency of H. pylori infection in symptomatic patients who were referred by local medical doctors for 13C Urea Breath Test (13C UBT) and explore any association of gender and age with 13C UBT results.

All patients reporting to BreathMAT Lab at Nuclear Medicine, Oncology and Radiotherapy Institute (NORI), Islamabad for 13C UBT during 2003 to 2009 were eligible for inclusion in this study. During the seven years period, a total of 643 patients, 383 (59.6%) males and 260 (40.4%) females reported for 13C UBT and were included in the current analysis. The age ranged from 2 to 90 years with mean age 35.1±16.3 years (male 3-90, 36.0±15.8 years, female 2-85, 33.6±16.9 years). The H. pylori infection status of the patients was ascertained by 13C UBT previously standardized at BreathMAT Lab, NORI,3 using Helikits (Isodiagnostika Inc, Alberta, Canada) containing 99.9% atom 13C urea. Breath samples were analyzed for 13CO2/12CO2 ratio on BreathMAT Plus Mass Spectrometer. The patients with a change of more than 5% in δ13C value over baseline were declared positive for H. pylori infection. Statistical analysis was done using SPSS version 15. All p-values were two sided and considered significant at < 0.05.

Overall, 52.6% patients were found to be positive for H. pylori infection by 13C UBT. The prevalence was 54.6% and 49.9% in male and female patients, respectively, but the difference was not significant (p = 0.217).

The subjects were further categorized into five groups and the prevalence rates were calculated for each group. The prevalence was highest in patients who were more than 64 years of age (55.6%) and lowest in 45-64 years age group (48.7%) while the differences were not significant (p = 0.865). Patients in five age categories were further divided on the basis of gender and it was observed that females in the age group of > 64 years had lower prevalence of H. pylori infection (41.7%) as compared with males (66.7%) but again the difference was not statistically significant (Figure 1).

The 7 years data records revealed that 52.6% of patients reporting for UBT were positive for H. pylori infection. There was no association with age or gender but apparently low prevalence is quite intriguing. There is abundant literature with the reports of high prevalence of this infection in developing countries and even reaching more than 90% in certain communities.2,4

Hence the results showing 52.6% prevalence of H. pylori infection in symptomatic subjects reported here are counterintuitive. There could be multiple reasons for this lower prevalence such as patients not complying with the doctors’ instructions and may be self medicating (with antibiotics, H2 antagonists or antacids) which would compromise the 13C UBT. Secondly and most plausibly, the use of non-steroidal anti-inflammatory drugs (NSAIDs) could be playing a major role in this puzzle. There is indiscriminate use of NSAIDs in the local urban population as these are easily available over the counter and often over-prescribed by general practitioners.5 It is postulated that many of the patients could have dyspeptic symptoms due to the use of NSAIDs and not because of H. pylori infection. However, these results warrant further larger studies involving symptomatic and asymptomatic subjects from the same population to determine possible reasons for this phenomenon.

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