

REPORTS OF NOTE

Cochlear Implants in Adults and Children

The Office of Medical Applications of Research at the US National Institutes of Health recently released a report from a consensus development conference, *Cochlear Implants in Adults and Children*.

The consensus is that cochlear implants are effective in the habilitation and rehabilitation of individuals with profound hearing impairment. While confirming the success of cochlear implants, the conference panel raised five questions that shape the body of this report. Their questions include the factors that affect auditory performance of recipients, benefits and limitations of cochlear implantation, technical and safety considerations, potential candidates and directions for future research.

Cochlear implants provide direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in a deaf cochlea. The implants are more successful than hearing aids for adults, who were able to speak before the onset of deafness. Children also benefit from cochlear implants that enable them to recognize normal speech. Currently the earliest age of implantation is 24 months, but might be more successful at

a younger age. It may allow more efficient acquisition of speech and languages as well as limit the negative results of auditory deprivation.

There is no charge for this report.

NIH Consensus Program Information Service
P.O. Box 2577
Kensington, Maryland 20891
World Wide Web: <http://text.nlm.nih.gov>

Note: The NIH Office of Medical Applications of Research held a Consensus Development Conference in October on *Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia*. We will feature the final report in this section when it is complete.

Self-Treatment in Managed Care: HMO Involvement in OTC and Alternative Therapies

The terms 'self-care' or 'self-treatment' include the things people do to manage their health between doctor visits when they have no direct contact with a member of the medical community. A new report, *Self-Treatment in Managed Care: HMO Involvement in OTC and Alternative*

Therapies, compiled by Decision Resources, Inc., examines the role of self-treatment in the managed care market including, HMO (health maintenance organizations) self-treatment programs, OTC (over the counter) drugs and education and possible future recommendation of alternative therapies.

Decision Resources, Inc., conducted a survey of 146 HMOs (with responses from 29) to determine what steps HMOs are taking to educate members about self-treatment and OTC usage. The most common educational tools are newsletters, brochures, disease management classes and self-care manuals. The survey indicated that HMOs generally support the idea of educating members about the risks associated with OTC usage.

The survey results indicate that HMOs are currently not involving themselves in alternative therapies. They want clinical data to prove the effectiveness of these therapies before they recommend them.

This report is \$3,000 for the first copy and \$500 for each subsequent copy.

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ERRATA

Effects of the MYC oncogene antagonist, MAD, on proliferation, cell cycling and the malignant phenotype of human brain tumour cells

J. CHEN, T. WILLINGHAM, L.R. MARGRAF, N. SCHREIBER-AGUS, R.A. DEPINHO & P.D. NISEN

Nature Medicine 1, 638–643 (1995).

The references were incorrectly renumbered, so that the order of the references in the text is not accurately reflected in the reference list. If the references in the reference list are changed as follows, the citations will be restored to the correct order.

21 → 27 26 → 21
22 → 28 27 → 22
23 → 29 28 → 23
24 → 30 29 → 24
25 → 31 30 → 25
 31 → 26

An editor of *Nuclear Wastelands: A Global Guide to Nuclear Weapons Production and Its Health and Environmental Effects* (reviewed in the November issue of *Nature Medicine*, 1995) was incorrectly spelled in the Table of Contents. The correct spelling is Katherine Yih.

The names of some of the authors of the letter "Finnish mutations in Swedish HNPCC families" in the November issue of *Nature Medicine* (p. 1104) were omitted. The editors regret the oversight. The full list of names and affiliations follows.

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