Encouraging combing instead of using lotions seems to be paying off.

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Nit combs: naturally the best?

Handicape have been on the increase again in Swindon schools. Fears that some lotions may be pre-carcinogenic, and the discovery that others are losing their effectiveness against resistant louse strains, are adding to our health professionals’ ‘headache’. We found ourselves under pressure from schools and parents to find a solution, which seemed to lie in the trusty nit comb.

In September 1995 I set up a working party representing school nurses, medical officers, the pharmaceutical services, and general practitioners, and the outcome was to recommend the Bug Busting method — in other words, regular combing, using lotions as a last resort.

A national campaign has been organised by school nurses in conjunction with Community Hygiene Concern (developers of the Bug Bust'ing pack). Guidelines were prepared and sent to all schools and NHS general practices, as well as some GP fundholders and pharmacies, in the Swindon area; school nurses informed the parents at every opportunity, and the schools were encouraged to take part in Bug Bust'ing Day on 31 October. In order to measure the effectiveness of the scheme, questionnaires were sent to all the recipients at the end of the school year, and some of the results are presented below.

General practices

These results refer to the 70% of practice managers (28 out of 40) that returned a completed questionnaire. In some cases, questions were unanswered. All of them reported having given out guidelines to parents.

Were they favourably received?
- Yes 68%
- No 32%

In the practice still prescribing pediculicides?
- Occasionally 71%
- No 29%

How has the number of lotion prescriptions changed?
- Decreased 62%
- No change 14%

How has the number of cases dealt with changed?
- Decreased 50%
- No change 39%
- Increased 4%

Does the practice support the physical (‘natural’) method?
- Yes 75%
- No 25%

This certainly looks like ‘success’. It is interesting that the respondents altered the ‘yes’ in the second question to ‘occasionally’. They pointed out that they were trying to encourage parents to use a comb, but occasionally had to prescribe lotions when the infestation would not clear up.

In some practices, lice were prescribing lotions freely. There was tremendous pressure for lotions from parents, and it was sometimes...
Bad news is news

Very recently we published a report called Cash and Carry, based principally upon responses from more than 5,000 boys and girls aged 14-15, living in 65 different communities within Cornwall, Cumbria, Devon, Essex, Lancashire, West Midlands, and Tees. The data are extremely up-to-date, having been collected between May 1994 and February 1996.

The study took place in response to requests for information for a television documentary. Since that time, the heightened concern about aggressive weapons has encouraged further media interest, and I have gradually assembled a collection of 'edited highlights' from which I can select appropriate answers to questions. For example . . .

28.6% of the boys and 6.7% of the girls reported that they carried a POTENTIALLY OFFENSIVE WEAPON on occasion. This is equivalent to 1 in 4 BOYS.

2.4% of the boys and 1.2% of the girls carried that they carried a POTENTIALLY OFFENSIVE WEAPON on occasion TO SCHOOL. This is equivalent to 1 in 40 BOYS.

22.1% of the boys reported carrying A BLADE on occasion. This is equivalent to 1 in 5 BOYS.

40.5% of the boys and 14.4% of the girls reported that they have FRIENDS that carry POTENTIALLY OFFENSIVE WEAPONS. This is equivalent to 2 in 5 BOYS.

I can also point to positive links between carrying weapons, or having friends that carry one, and . . .

ENVIRONMENT: Fear of physical attack.

SOCIAL BEHAVIOUR: Smoking and drinking.

THE HOME SCENE: Parents: lack of knowledge of home drinking, and not doing homework.

THE ANXIETY DIMENSION: Worrying about school, money, and drinking.

THE MONEY CONNECTION: Higher income, hence the report's title Cash and Carry.

But why not read the full story for yourself? Just telephone our secretary, Sally Forster, and she will send you a copy of Cash and Carry with invoice. The price is £10.00, and you can read all the news — not just the bad bits.

— John Balding

With respect to distributing the guidelines:
- Q 76% had sent a copy of the guidelines to ALL PARENTS.
- Q 15% sent them to parents linked to an 'INFECTED' CASE.
- Q The remainder informed parents of the NEW INTAKE ONLY, or put up POSTERS.

What about the parents' reactions?
- Q 41% of the parents were reported to have been POSITIVE.
- Q 59% were NEGATIVE.
- Q 20% of responses were UNCLEAR.

How did instances of reported headlice change?
- Q Increased 17%
- Q Unchanged 56%
- Q Decreased 27%

The schools were asked if they supported the 'natural' method.
- Q Yes 94%
- Q No 6%

Ironically, the reaction of the schools to this initiative is less encouraging than that of the 'dispensers'. They report that the same proportion of parents (46%) are against the guidelines, but with further details, it is impossible to know where this disaffection lies — or how the schools managed to find out what their parents thought.

In retrospect

Overall, this audit shows that lotion prescriptions and sales have fallen, and so have the number of infestations reported by surgeries and schools. Putting these two facts together suggests that the 'natural' combing method has made an impact. However, there are other things we would like to know. For example: Can the Swindon figures be compared with any regional or national trend, to see if the Swindon recorded level of infestation could be part of a general pattern that is independent of the method employed? Is the pattern of infestation within the 25% of schools that did not distribute the guidelines to parents different from that in the 75% that did? [In other words, can they be made to act as a control group?]

I'm Sutherland may be contacted through the School Health Services, Wrexham Health Centre, Barratt Way, Wrexham, Clwyd. SN4 9LW (01933 815127). She says: "I should be delighted to hear from other groups that have been faced with similar concerns to ours."

THE BUG BUSTING METHOD

1. Wash hair with normal shampoo, and rinse.
2. Use ordinary conditioner, conditioner hair. This makes the hair too slippery for the lice to hold on.
3. Don't rinse yet! With the conditioner still on the hair, first use a wide-toothed comb to sort out tangles. Then apply the fine-toothed Bug Busting comb, lock by lock, carefully and slowly, making sure that the teeth of the comb slide into the hair at the roots with every stroke.
4. Clear the comb of lice between each stroke. Finally, rinse hair as usual.
5. If lice are present, repeat this routine every 3 days for at least 3 treatments.

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