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EDITORIALS

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With prevalences of 10-15 per 10 000 and 20 per 10 000 live births, neural tube defects and oral clefts are among the most common congenital malformations. Good evidence shows that periconceptional supplementation with folic acid reduces the risk of neural tube defects.12 What is less clear is the effect of folic acid supplementation on other birth defects, such as cleft lip, with or without cleft palate. In this week’s BMJ, Wilcox and colleagues3 report a population based case-control study from Norway, which shows that supplementation with folic acid in the periconceptional period reduces the risk of cleft lip, with or without cleft palate, in newborns...


In 2005, the BMJ published a paper suggesting that subfertile couples were more likely than fertile couples to have boys.1 This observation was offered as support of the hypothesis that sperm bearing Y chromosomes swim faster through viscous cervical mucus. In the flurry of letters that followed, other researchers reported that their data did not support the sex ratio finding.2 Furthermore, the sperm swimming hypothesis was exposed as a persistent myth.3 In this week’s BMJ, Joffe and colleagues4 pool data from several large fecundity studies, further confirming the lack of association between secondary sex ratio (boys to girls at birth) and time to pregnancy. On this point, we are confident the authors are correct...


On 21 February 2007, the government published its white paper Trust, assurance and safety—the regulation of health professionals in the 21st century,1 which sets a framework to assure the safety of patients and quality of care. The paper considers the English chief medical officer Sir Liam Donaldson’s review of medical regulation, Good Doctors, Safer Patients2; the Department of Health’s report, Regulation of the Non-medical Healthcare Professions3; and subsequent consultations with professionals and lay people. The main areas covered by the white paper are how to assure the safety of patients in situations where a doctor’s performance or conduct pose a risk, the introduction of an effective system of revalidation, and modifications to the role and function of the General Medical Council (GMC)...


Early last week, the Office of Fair Trading (OFT) published its report on the Pharmaceutical Price Regulation Scheme,1 a uniquely British mechanism for determining the prices the National Health Service pays for brand name drugs. For 18 months the enquiry team had analysed the scheme, heard evidence, looked at arrangements in other countries, and modelled alternatives in an NHS context. Early on Tuesday 20 February it delivered its verdict: the scheme was no longer fit for purpose and needed to change. The Pharmaceutical Price Regulation Scheme (formerly the Voluntary Price Regulation Scheme) has been running since 1956. It is a voluntary arrangement between the Department of Health and individual drug companies, which determines the prices companies can charge the NHS for their drugs.2 The scheme has helped keep drug companies based in the United Kingdom in good stead since...


Germline mutation may account for up to 10% of breast cancers.1 Known mutations in the BRCA1 and BRCA2 genes are responsible for about 45% of breast cancer susceptibility syndromes (genetic abnormalities that put patients at high risk of developing breast cancer), which are inherited in an autosomal dominant pattern.1 Variants of the BRCA genes increase the overall risk of developing breast cancer and are also associated with a high risk of early onset breast cancer. Once BRCA1 or BRCA2 mutation has been confirmed, preventative strategies include bilateral prophylactic mastectomy and intensive screening with possible hormonal manipulation. Although prevention of primary breast cancer with mastectomy reduces the risk of breast cancer by 89.5-100%, understandably it is unacceptable to many women.23.


Recently, the World Health Organization updated its recommendations of 20001 on infant feeding in the context of HIV.2 At that time, data had just been published quantifying the risk of infection through breast feeding so avoiding breast feeding was acknowledged as the only effective way of avoiding transmission.3 WHO had also just published a meta-analysis of the mortality risks of not breast feeding, but in non-HIV infected populations.4 Considerations of these data resulted in the statement that “When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended.” Since the 2000 recommendations, the main emphasis of most national programmes aimed at preventing mother to child transmission of HIV has been to avert transmission of HIV in young infants...


The benefits of exercise in people with cardiovascular disease are well documented,1 but its effect in people with cancer is less well studied. This is largely because research into the effects of exercise in preventing and recovering from heart attacks and strokes has been studied for much longer. In this week’s BMJ, a randomised controlled trial by Mutrie and colleagues assesses the functional and psychological effects of a 12 week exercise programme in women with early stage breast cancer.2 It found
no significant difference in the primary outcome of quality of life at 12 weeks as measured by the functional assessment of cancer therapy (FACT-G) questionnaire. However, it did find significant improvements at 12 weeks in secondary outcomes such as the number of metres walked in 12 minutes, the amount of exercise of moderate intensity taken in one week, mobility of the shoulder, and breast cancer specific . . .


It has been known for centuries that housing and health are inextricably linked. However, most of the evidence so far comprises cross sectional studies, which can only assess the relation between housing and health outcomes rather than provide convincing evidence that better housing improves health. A systematic review of intervention studies (carried out in 2001) found that housing improvement may lead to small improvements in self reported physical and mental health and reductions in some symptoms, but adverse effects on health are also possible. However, the evidence is patchy and robust study designs are rare. Of the 18 studies identified in the review, six were prospective controlled studies and only one was a randomised controlled trial.1 In this week’s BMJ, Howden-Chapman and colleagues report...


In this week’s BMJ, Walter and colleagues1 present a systematic review and meta-analysis of randomised controlled trials of the effects of antithyroid drugs on treatment with radioiodine. Radioiodine is perceived as a simple and cost effective treatment blocker, such as propranolol (total daily dose of 80-160 mg), can usually provide appreciable relief of symptoms between the initial consultation and administration of radioiodine, and for the next six to eight weeks until treatment is effective. In elderly patients and in those with severe thyrotoxicosis or cardiovascular complications, such as atrial fibrillation and heart failure, it is common practice to restore euthyroidism first with antithyroid drugs...

NEWS


The Polish government has issued a decree ordering foreigners who have contracted major infectious diseases to be expelled from the country. The decree issued by the leader of the centre right coalition, Prime Minister Jaroslaw Kaczynski, of the Law and Justice Party, came into effect in February 2007. But it is opposed by Poland’s health minister, who says that foreign patients threatened with expulsion will have the right to appeal, and that in practice none will have to leave. The decree applies to all foreigners—including EU citizens—who are given a diagnosis of infectious diseases such as tuberculosis, hepatitis, and severe acute respiratory syndrome (SARS). A Ministry of the Interior spokesman, Witold Lisicki, said the measure had been introduced to protect Polish citizens.


British GPs will not receive a pay rise this year. The decision, recommended by the Doctors’ and Dentists’ Review Body and accepted by the UK government, prompted a furious response from the British Medical Association. Hamish Meldrum, chairman of the BMA’s General Practitioners Committee, said: “This is a black day for general practice. A zero increase equates to a pay cut. A pension cap has already been announced. It would not surprise me if many GPs feel they should cut their losses and leave the NHS.” The health secretary, Patricia Hewitt, said that GPs’ profits had risen by more than 50% since the introduction of their new contract and that they were “already well rewarded.” However, below inflation rises for hospital doctors in 2007-8 mean that they, too, would effectively have their pay cut, the BMA warned.


The UK Medical Research Council (MRC) has signalled an all-out effort to cut the time it currently takes to translate findings of pure research into medical advances. The MRC’s chief executive, Colin Blakemore, announced that it planned to invent, develop, and market its own drugs—with or without industry support—to speed up advances against rare diseases and those that mainly affect developing countries. He said that the MRC was already holding talks with the Association of the British Pharmaceutical Industry on overhauling “the monolithic clinical trials structure,” which he believes is impeding progress. His comments came at the launch of the MRC’s six new translational medicine centres, which are based at the University of Bristol, the University of Cambridge, King’s College London, Imperial College London, University College London...


The heads of fetuses of women who smoke during pregnancy grow less than those of fetuses whose mothers don’t smoke, a study concludes. But mothers who give up smoking as soon as their pregnancy is confirmed have babies whose head circumference grows as much as those of women who never smoke during pregnancy, it says. With the help of ultrasound images taken during pregnancy, the researchers found that the circumference of the heads of fetuses of women who smoked throughout pregnancy grew half a millimetre less a week during late pregnancy than those of non-smokers. Femur lengths and abdominal circumferences also increased more slowly in the fetuses of smokers, says the study, which was published online on 28 February in the American Journal of Epidemiology.


The General Medical Council will lose the right to decide whether doctors’ misconduct makes them unfit to practise in the biggest shake-up of medical regulation in the United Kingdom for 100 years. The GMC will continue to set standards and investigate
allegations of serious misconduct by doctors, but the right to adjudicate will pass to a separate body, probably an independent tribunal with legal, lay, and medical members. The reform is outlined in a white paper on the regulation of doctors issued this week by the Department of Health. The paper envisages a smaller GMC, with equal numbers of lay and medical members, ending the era of professionally led regulation. Members of the GMC and the other health professions’ regulatory councils will be independently appointed by the Appointments Commission “to dispel the perception that councils are overly..


A GP who ran internet consultations for patients was last week suspended for nine months by the GMC for irresponsible prescribing. Julian Eden was found to have acted irresponsibly, or not in the patient’s best interests, in the cases of three patients and two undercover journalists who applied for prescriptions to his website, e-med (http://e-med.co.uk). The most serious case, the GMC panel found, was that of a teenage boy, referred to as Patient A, who acknowledged in his online application that he was prone to self harm, smoked cannabis, entertained suicidal thoughts, and was inw the care of child psychiatric services. Despite this Dr Eden gave him repeat prescriptions of propranolol without a face to face consultation. Patient A eventually overdosed on the drug, but he survived. Dr Eden admitted irresponsible conduct in his prescribing to two other patients, who both became addicted. Patient X, a Swansea businessman, . . .


The government was defeated in the House of Lords this week over a key plank of its mental health bill for England and Wales, compulsory treatment in the community. A further defeat this week, to ensure that children are not admitted to adult psychiatric wards, brings the total of defeats that the peers have inflicted on the government over the controversial bill to six. The latest successful amendments came only a week after peers inflicted three defeats on the government, imposing new safeguards on powers to detain mental health patients. As the report stage of the bill ended in the House of Lords, ministers were facing a decision on how far they would try to reverse the defeats when the bill, which has yet to be debated by MPs, goes to the House of Commons.


New guidelines issued this week by the American Heart Association on the prevention of cardiovascular disease in women propose replacing the Framingham risk assessment method and adopting more aggressive preventive treatment of women who are currently considered at low risk. The guidelines, which were published online on 19 February in the American Heart Association’s journal Circulation (http://circ.ahajournals.org, doi: 10.1161/circulationaha.107.181546), could lead to millions of women taking up low dose aspirin treatment. For the first time, the American Heart Association recommends considering low dose aspirin treatment in all women aged over 65 years, even those not classified as being at high risk. The Framingham risk function, derived from data gathered over two generations in the Massachusetts town of that name, has been the standard method of assessing heart disease risk since 1998, but the association’s panel questioned its usefulness as a standalone tool for assessing risk in women.


Thousands turned out last weekend to protest at cuts, deficits, and increasing private sector involvement in the NHS. The “Day of Action” was organised by NHS Together, a collaboration of health service unions, NHS staff organisations, and the Trades Union Congress. A series of events took place across the country. A “Rock for the NHS” concert took the stage at Woking, while in Crawley protestors marched in nightgowns and bandages. Other rallies were held in Brighton, Maidstone, Gloucester, Preston, Belfast, London, and Sunderland, where Dr George Rae, chairman of the BMA’s northern regional council (left) took part. In Tunbridge Wells, a small crowd protested at the closure of the Homoeopathic Hospital. In Birmingham, Unison general secretary Dave Prentis said the protests were “testament to the growing number of people worried about the future of our NHS.” TUC general secretary Brendan Barber, speaking at a rally in Sheffield, warned the government . . .


Allegations against a senior clinical medical health officer at Heathrow airport’s health control unit are to be heard in private, the General Medical Council decided last week. The allegations include complaints that he alarmed passengers when he boarded an aircraft in full protective clothing to examine a patient with minor respiratory symptoms. Egidius Panis, a Dutch national, is accused of several other charges relating to his work at Heathrow, where he was employed by the Hillingdon Primary Care Trust from 1997 to 2005. But several of the charges have been withdrawn from the public record on the grounds of medical confidentiality. The GMC’s fitness to practise panel ruled that the media and public will be excluded from the hearing. Michael Whitehouse, chairing the panel, said that this was necessary “because the allegations against Dr Panis concern issues relating to both misconduct and health.” . . .


Nearly one in five falls in UK hospitals could be prevented if hospitals adopted simple precautionary measures, says a report from the National Patient Safety Agency. The report draws on data from over 205 000 incidents reported to the agency’s national reporting and learning system over a year beginning in September 2005. These incidents included at least 970 fractures, of which 530 were hip fractures. There were 26 confirmed deaths. In an average 800 bed acute hospital trust, the report estimates,
there will be around 24 falls each week and more than 1,260 falls every year. The cost to the average acute trust is estimated to be a minimum of £92,000 per year. Age is closely correlated with the risk of falling, says the report. The risk typically spikes just before noon, when patients are most active. Community hospitals see the most falls, with an average of 8.4 incidents.


A string of medical experts have lined up to criticise the decision by the University of Virginia School of Medicine to accept funding for medical research from tobacco company Philip Morris—to the tune of $20m. The American Medical Association, the American Public Health Association, and the editor of the academic journal Tobacco have all condemned the news. “A medical school taking funding from the tobacco industry is like a peace studies school taking funding from terrorists,” said Tobacco Control’s editor Simon Chapman, professor of public health at the University of Sydney. Georges Benjamin, executive director of the American Public Health Association, said he too was against the move. “There is a growing body of evidence that this kind of arrangement results in biased studies in favour of the funder”...


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An exhibition exploring the world of conjoined twins, Joint Account, is to open at the Old Operating Theatre museum in Southwark, London, later this month. The sculptor Shelley Wilson aims to show the psychological effects of being a conjoined twin and the trauma that such twins suffer in wanting both to be separated from their twin and to remain as one. She emphasises that she is not actually sculpting historical or living conjoined twins but using such twins as a metaphor for life. The main exhibit of wax sculptures is being held in the Old Operating Theatre, next to Guy’s Hospital, which is Britain’s oldest operating theatre and which was hidden for almost a century in the garret of St Thomas’s Church. It was rediscovered in 1956 and has subsequently been used as a museum, along with the adjoining herb garret, where medicinal herbs were processed.


This figure is a memento mori (“remember that you must die”) figure from 1800, used for spiritual contemplation. It is just one of the million objects from across the globe collected by Sir Henry Wellcome, the pharmacist, entrepreneur, and philanthropist who founded the Wellcome Trust. It will be on show at a public event in London on Thursday, to publicise and celebrate the opening later this year of the Wellcome Collection, a new £30m public venue for the Wellcome Trust. The event, which includes the showing of a specially commissioned short film, and the sampling of life affirming food and drink, such as chilli chocolate and tequila, will explore the fine line between life and death.


A new antimalarial combination treatment to be taken as a fixed dose once a day has been developed by a non-profit organisation for use in developing countries. The combination of artesunate and amodiaquine will be known by the brand name Coarsucam in private sector sales. The non-patented drug is the first result of the drugs for neglected diseases initiative (DNDi), a non-profit product development organisation, and was produced in partnership with one of the world’s largest drug companies, Sanofi-Aventis. Two other major sources of funding were Médecins Sans Frontières and the European Commission. “Tens of millions of people could benefit from this treatment each year,” said Bernard Pécout, executive director of the initiative, in a statement...


Between 2000 and 2004 the increase in spending on health in the United Kingdom as a percentage of gross domestic product (GDP) was bigger than the increases in France, Germany, and Italy, says a new report from the Office of Health Economics (OHE). This means that the gap between the UK and other European countries such as Germany and France in total spending on health as a percentage of GDP has narrowed. Total spending on health care in the UK rose to an estimated £120bn in 2006, representing 9.4% of GDP, up from 7.1% in 2001. Referring to Tony Blair’s promise in 2000 to bring NHS funding up to European levels, Jon Sussex, the office’s deputy director, said, “The spending side of the promise seems to have been kept.”


The law that requires drug companies to pay “user fees” to the US Food and Drug Administration for every drug they submit for approval should not be renewed when it comes before Congress later this year, says a former editor of the New England
Concerns about the safety of a class of drugs used to treat anaemia have triggered a federal alert in the United States. The alert comes after recent studies reported a higher incidence of fatal cancers and cardiovascular events among patients who were treated with drugs known as erythropoiesis stimulating agents when the drugs were used to raise haemoglobin concentrations to more than 120 g/l. The US Food and Drug Administration issued the alert on 16 February, urging doctors “not to [give doses] to exceed haemoglobin levels of 12 g/dl” when treating patients with anaemia resulting from chronic renal failure, cancer or cancer chemotherapy, or HIV or AIDS. The agency has scheduled an advisory committee meeting for 10 May to assess the risks of the drugs, which include epoetin alfa (made by Ortho Biotech and sold in the US under the brand name Procrit and also by Amgen under the brand . . .


Cyclo-oxygenase-2 (COX 2) inhibitors should be used only as the last choice after other types of non-steroidal anti-inflammatory drugs (NSAIDs) to relieve chronic pain in people with heart disease or at high risk of it, the American Heart Association has recommended. Its statement, which will be published this month in Circulation (http://circ.ahajournals.org), was designed to end any remaining confusion about the cardiovascular risk of these agents. The association has recommended a stepped approach to treatment. The first step should be non-pharmacological approaches, such as physical therapy and weight loss, for patients with known cardiovascular disease or with risk factors for ischaemic heart disease. Drug treatment should start with agents with the lowest reported risk of cardiovascular events, before other agents are prescribed, and at each step account should be taken of the risk-benefit balance...


Use of illegal drugs should be managed primarily as a social issue rather than as a criminal offence, with a new legislative framework setting drugs in the wider context of substance abuse, recommends a UK report published this week. The main aim of public policy should be to reduce the harm that drugs cause, the report recommended. To achieve this, the concept of drugs should be extended to include alcohol, tobacco, solvents, and over the counter and prescription drugs that can be misused. The report argues that all psychoactive substances—not just illegal drugs—can, and do, cause harm. The report was developed by the Royal Society for the Encouragement of Arts, Manufactures and Commerce’s Commission on Illegal Drugs, Communities and Public Policy, an independent multidisciplinary body. After reviewing available research, holding public hearings, and consulting with a wide range of experts in the drugs field, it recommended that the current legislation, . . .


Women should be asked about their mental health as much as their physical health as part of antenatal and postnatal care, new guidance for the NHS in England recommends. The guidance, developed by the National Institute for Health and Clinical Excellence (NICE), the body that advises on the use of treatments by the NHS, recommends that healthcare professionals should ask women in antenatal and postnatal care about their mental health on a regular basis to detect ongoing and new mental health disorders. Recent estimates indicate that as many as one in seven women experience a mental health disorder in the antenatal or postnatal period. David Tomson, a GP and consultant in patient centred primary care at North Shields and chairman of the guideline development group, said, “This guideline really puts antenatal and postnatal mental health on the map and says to healthcare professionals and women that it is time to . . .


Women in the United Kingdom can donate their eggs for research, provided that they are properly informed of the risks associated with donation and are protected from coercion, the Human Fertilisation and Embryology Authority (HFEA) ruled last week. They will be able to do so even if they are not undergoing fertility treatment. The independent regulator of in-vitro fertilisation (IVF) treatment and embryo research in the UK said in a statement, “Having considered all the information on donating eggs for research, including the risks to women and the outcomes of a public consultation, the authority has decided that women will be allowed to donate their eggs to research, both as an altruistic donor or in conjunction with their own IVF treatment.” Women have previously been able to donate only spare eggs produced through IVF or in connection with gynaecological treatment such as sterilisation. Angela McNab, chief executive of HFEA, said . . .

Mashta, O. (2007). Number of people in UK with dementia will more than double by 2050. British Medical Journal, 334(7591), 447.

The number of people with dementia, which currently costs the United Kingdom £17bn a year, will increase from 700 000 at present to more than a million in less than 20 years and to 1.7 million by 2050, creating a potential medical and social crisis, a new report says. The report by the Alzheimer’s Society into the social and economic costs of dementia warns that urgent action is needed to plan for the rapid increase in the number of people
in the UK with the illness. It calls for better investment in dementia research and services and more efficient use of available funding. It says that planning now will save lives and money in the future. The report, from academics at the London School of Economics and King’s College London, says that the cost of providing the present level of care to people with dementia will triple...


Circumcision could increase the transmission of HIV in Africa unless it is done in hygienic conditions, says new research. The study, published in this month’s Annals of Epidemiology (2007;17:217-26), may raise questions about how to interpret the recent randomised trials of male circumcision in Kenya and Uganda, which appeared to show that circumcising men halves their risk of acquiring HIV infection (Lancet 2007;369:643-56, 617-9, 615, 708-13). The team, led by Devon Brewer, director of the Seattle based research organisation Interdisciplinary Scientific Research, examined data from national surveys of young people who had never had sexual intercourse in Kenya, Tanzania, and Lesotho. Dr Brewer said, “We found that circumcised virgins and adolescents were consistently and substantially more likely to be infected with HIV than their uncircumcised counterparts.” He said that this finding indicates that HIV is being transmitted non-sexually to a much greater degree than previously realised and that widespread...


Bangladesh, China, and India have the highest incidence in Asia of “catastrophic” payments from individuals’ own finances to cover healthcare costs—those payments that are so crippling financially that they throw a household into catastrophe. Such payments severely disrupt household living standards, a new study has said. The report, published online ahead of print publication on 21 February in Health Economics (www3.interscience.wiley.com, doi: 10.1002/hec.1209), says that patients’ own out of pocket payments account for 80% of spending on health care in India and Vietnam and more than 60% in Bangladesh and China. The World Health Organization said in a 2005 report on catastrophic health costs that any spending that was above 40% of non-subsistence income should be considered a catastrophe. The study, conducted by Eddy Van Doorslaer of the department of health policy and management at Erasmus University in the Netherlands and colleagues in Asian...


Urgent action is needed now to prepare for the slowdown of NHS funding from next year, says a report from the healthcare think tank the King’s Fund. And doctors must be better engaged with the reforms of the NHS if the slowdown is not to damage care of patients, it says. The report argues that good forward planning will help NHS organisations to cope when funding for the health service changes during the next spending cycle, stretching from 2008-9 up to 2011-12. The chancellor of the exchequer, Gordon Brown, is expected to announce real term cash increases in the next comprehensive spending review of between 3% and 3.5% per year for the NHS up to 2011-12, which is less than half the annual increase received by the service every year since 2000. The King’s Fund report says that to help the NHS cope with this reduced funding the government...


The UK government looks increasingly likely to change its mind and approve plans for scientists to create part human, part animal embryos for research purposes. The health minister Caroline Flint told MPs last week it was possible that the government might withdraw the ban on such work when it was agreeing its draft bill that will form the basis of new laws on fertility treatment and embryo research. Ms Flint was giving evidence to MPs on the House of Commons Select Committee on Science and Technology, which is holding an inquiry into the matter. Two teams of scientists, at Newcastle University and King’s College London, have submitted applications to the Human Fertilisation and Embryology Authority to create hybrid animal-human embryos known as “cybrids” for stem cell research (BMJ 2007;334:112, 20 Jan doi: 10.1136/bmj.39097.380313.DB). The word “cybrid” was suggested at an earlier session of the committee, at which witnesses...


Non-invasive assessment of coronary artery anatomy and physiology may soon become a reality, says a new paper published online ahead of print publication in the Journal of the American College of Cardiology (www.sciencedirect.com, doi: 10.1016/j.jacc.2006.10.069). A research team at the Israeli Rambam Medical Centre, Haifa, has shown that a prototype hybrid device that combines computed tomography coronary angiography (CTCA) with single photon emission computed tomography (SPECT) is an accurate way of evaluating coronary artery anatomy and blood flow within cardiac muscle. It is hoped that the technique may lead to fewer invasive investigations and interventions such as angioplasties and stenting. The Israeli team used GE Healthcare’s combined CTCA and SPECT imaging device on 130 patients. An accompanying editorial by William Wijns, of the Aalst Cardiovascular Centre at which witnesses...


NHS trusts in England are struggling to meet the standards of services for children in hospitals laid down by the national service framework for children. This is the conclusion of a review of
hospitals’ services for children by the Healthcare Commission, England’s health watchdog. The review, which the commission carried out in 2006, looked at 157 NHS hospital trusts, two primary care trusts, and one partnership trust. Overall 75% of trusts were rated “fair” or “weak” for the services they provide to children. Just 21% were rated as “good” and 4% as “excellent.” The six service types assessed in the review were emergency care, day case care, outpatients’ services, inpatients’ care, emergency surgery, and planned surgery. The review found that many hospitals are not systematically providing training in the needs of children in several key areas.


Lester Crawford, former commissioner of the US Food and Drug Administration, was last week fined $89 377 sentenced to three years of supervised probation, and required to do 50 hours of community service by Judge Deborah Robinson of the US District Court for the District of Columbia. Last October Dr Crawford pleaded guilty to two charges: failing to report that he and his wife owned shares in companies regulated by the agency and filing false financial reports. The reports are required by US law. The companies included Pepsico, Kimberly-Clark, and Sysco. Each charge carried a possible one year prison term and a $100 000 fine. The judge increased the fine from the $50 000 that Dr Crawford and his lawyer had negotiated in a plea agreement, . . .


A group of leading health policy experts has said that the United States needs a centre to compare the value of health treatments, similar to the United Kingdom’s National Institute for Health and Clinical Excellence (NICE). The group was brought together last month in Washington, DC, by the Health Industry Forum, which is based at Brandeis University and aims to develop solutions to problems in health care; Kaiser Permanente; and the industry group America’s Health Insurance Plans. It comprised Stuart Altman, dean of Brandeis University; Gail Wilensky, former administrator of the US Healthcare Financing Administration; Kathy Buto, vice president for health policy government affairs at Johnson & Johnson; and Jack Rowe, a gerontologist who retired as chief executive officer of the health insurance firm Aetna and was previously president and chief executive officer.


The way public service messages in the United States are communicated to the public has evolved without much planning and might benefit from the UK model, said Vicky Rideout, vice president and director of the programme for the study of entertainment media and health at the non-profit Kaiser Family Foundation. She was speaking late last month at a conference in Washington, DC, that compared public service advertising in the UK and the US. The US system is “part paid, part donated, part run through other agencies, [and] part run through the government.” Ms Rideout said. “Until very recently I had absolutely no idea that in Great Britain public service advertising is overseen by a 600 person government agency with a mandate to coordinate, implement, and oversee all of the government’s public education efforts,” she said..


European Union countries need another two to three years of sustained effort and investment to be able to respond effectively to any flu pandemic, the Stockholm based European Centre for Disease Prevention and Control has said. In its first review of national preparedness among 25 countries of the EU (all the countries except for Romania and Bulgaria), as well as Iceland and Norway, the centre has analysed the measures that have already been taken and highlights areas where more work is needed. Zsuzsanna Jakab, the centre’s director, acknowledges that much progress has been made over the past two years, but when presenting the report last week she identified two main challenges. She said, “We must maintain the current political climate and momentum to continue and finish the work...


The misuse and trafficking of prescription drugs is growing fast worldwide and is set to become as big a problem as illicit drugs, a report by the International Narcotics Control Board warns. Governments need to step up efforts to stem the problem, it says. The diversion and misuse of narcotic drugs in the form of pharmaceutical preparations, however, also continues to be under-reported, it says. The board recommends that all governments should “promote the rational use of narcotic drugs and psychotropic substances,” in accordance with the recommendations of the World Health Organization. The report by the independent, quasi-judicial body, which monitors the implementation of UN drug control conventions, points out that in the past decade consumption of opioid analgesics increased by more than 100% in more than 50 countries...

ANALYSIS


Complex interventions are “built up from a number of components, which may act both independently and interdependently.”1 2 Many health service activities should be considered as complex. Evaluating complex interventions can pose a considerable challenge and requires a substantial investment of time. Unless the trials illuminate processes and mechanisms they often fail to provide useful information. If the result is negative, we are left wondering whether the intervention is inherently ineffective (either because the intervention was...
inadequately developed or because all similar interventions are ineffective), whether it was inadequately applied or applied in an inappropriate context, or whether the trial used an inappropriate design, comparison groups or outcomes.


Most people believe their lives will be relatively healthy, punctuated by episodes of illness that last no more than a few weeks. On the rare occasions that we think about dying, we imagine short and overwhelming illness in old age. Healthcare systems are designed as if disability and ill health were aberrations, rather than a phase that lasts months or years near the end of our lives, despite the contrary evidence all around us. Because of improvements in sanitation, lifestyle, and medical care, only a small proportion of people in developed countries now die suddenly.1 Most serious chronic illnesses cannot be catered for adequately by traditional hospital and surgical services, and substantial restructuring is needed. The numbers of people living with serious chronic conditions increase: To determine whether insulating existing houses increases indoor temperatures and improves occupants’ health and wellbeing. Community based, cluster, single blinded randomised study. Seven low income communities in New Zealand. 1350 households containing 4407 participants. Indoor temperature and relative humidity, energy consumption, self reported health, wheezing, days off school and work, visits to general practitioners, and admissions to hospital. As a result, the insulation was associated with a small increase in bedroom temperatures during the winter (0.5°C) and decreased relative humidity (−2.3%), despite energy consumption in insulated houses being 81% of that in uninsulated houses. Bedroom temperatures were below 10°C for 1.7 fewer hours each day in insulated homes than in uninsulated ones. These changes were associated with reduced odds in the insulated homes of fair or poor self rated health (adjusted odds ratio 0.50, 95% confidence interval 0.39 to 0.68), self reports of wheezing in the past three months (0.57, 0.47 to 0.70), self reports of children taking a day off school (0.49, 0.31 to 0.80), and self reports of adults taking a day off work (0.62, 0.46 to 0.83). Visits to general practitioners were less often reported by occupants of insulated homes (0.73, 0.62 to 0.87). Hospital admissions for respiratory conditions were also reduced (0.53, 0.22 to 1.29), but this reduction was not statistically significant (P=0.16). Insulating existing houses led to a significantly warmer, drier indoor environment and resulted in improved self rated health, self reported wheezing, days off school and work, and visits to general practitioners as well as a trend for fewer hospital admissions for respiratory conditions.

RESEARCH


To determine the effect of adjunctive antithyroid drugs on the risk of treatment failure, hypothyroidism, and adverse events after radioiodine treatment. There are three review methods reviewers independently assessed trial eligibility and quality. Pooled relative risks for treatment failure and hypothyroidism after radioiodine treatment with and without adjunctive antithyroid drugs were calculated with a random effects model. As a result, we identified 14 relevant randomised controlled trials with a total of 1306 participants. Adjunctive antithyroid medication was associated with an increased risk of treatment failure (relative risk 1.28, 95% confidence interval 1.07 to 1.52; P=0.006) and a reduced risk for hypothyroidism (0.68, 0.53 to 0.87; P=0.006) after radioiodine treatment. We found no difference in summary estimates for the different antithyroid drugs or for whether antithyroid drugs were given before or after radioiodine treatment. As a conclusion, antithyroid drugs potentially increase rates of failure and reduce rates of hypothyroidism if they are given in the week before or after radioiodine treatment, respectively.

Functional assessment of cancer therapy (FACT) questionnaire, Beck depression inventory, positive and negative affect scale, body mass index, seven day recall of physical activity, 12 minute walk test, and assessment of shoulder mobility. Results Mixed effects models with adjustment for baseline values, study site, treatment at baseline, and age gave intervention effect estimates (intervention minus control) at 12 weeks of 129 (95% confidence interval 83 to 176) for metres walked in 12 minutes, 182 (75 to 289) for minutes of moderate intensity activity reported in a week, 2.6 (1.6 to 3.7) for shoulder mobility, 2.5 (1.0 to 3.9) for breast cancer specific subscale of quality of life, and 4.0 (1.8 to 6.3) for positive mood. No significant effect was seen for general quality of life (FACT-G), which was the primary outcome. At the six month follow-up, most of these effects were maintained and an intervention effect for breast cancer specific quality of life emerged. No adverse effects were noted. Supervised group exercise provided functional and psychological benefit after a 12 week intervention and six months later. Clinicians should encourage activity for their patients. Policy makers should consider the inclusion of exercise opportunities in cancer rehabilitation services.


Folic acid supplementation during early pregnancy was associated with a reduced risk of isolated cleft lip with or without cleft palate after adjustment for multivitamins, smoking, and other potential confounding factors (adjusted odds ratio 0.61, 95% confidence interval 0.39 to 0.96). Independent of supplements, diets rich in fruits, vegetables, and other high folate containing foods reduced the risk somewhat (adjusted odds ratio 0.75, 0.50 to 1.11). The lowest risk of cleft lip was among women with folate rich diets who also took folic acid supplements and multivitamins (0.36, 0.17 to 0.77). Folic acid provided no protection against cleft palate alone (1.07, 0.56 to 2.03). As a conclusions Folic acid supplements during early pregnancy seem to reduce the risk of isolated cleft lip (with or without cleft palate) by about a third...

CLINICAL REVIEW


Most patients who present with neck pain have “non-specific (simple) neck pain,” where symptoms have a postural or mechanical basis. Aetiological factors are poorly understood and are usually multifactorial, including poor posture, anxiety, depression, neck strain, and sporting or occupational activities. Neck pain after whiplash injury also fits into this category, provided no bony injury or neurological deficit is present. When mechanical factors are prominent, the condition is often referred to as “cervical spondylosis,” although the term is often applied to all non-specific neck pain. Mechanical and degenerative factors are more likely to be present in chronic neck pain. In cervical spondylosis, degenerative changes start in the intervertebral discs with osteophyte formation and involvement of adjacent soft tissue structures. Many people over 30 show similar abnormalities on plain radiographs of the cervical spine, however...


Nicole L fellow in endourology and minimally invasive surgery, physician and surgeon Methodist Hospital Institute for Kidney Stone Disease, Indiana University School of Medicine, and International Kidney Stone Institute, Indianapolis, IN 46202, USA. Urolithiasis affects 5-15% of the population worldwide. Recurrence rates are close to 50%, and the cost of urolithiasis to individuals and society is high. Acute renal colic is a common presentation in general practice, so a basic understanding of its evaluation and treatment would be useful. Most of the literature is retrospective, but we will try to provide an evidence based review of the management of urolithiasis and will cite prospective randomised controlled trials when available.

PRAcTICE


Recently I had whooping cough. This has now been confirmed by the results of a blood test. I was in little doubt about the diagnosis from the beginning. However, my experience suggests that, despite considerable literature on the prevalence of whooping cough in adults, the diagnosis is still not one that doctors readily think of when they are faced with an adult rather than an infant or child. I can well understand why the general practitioners I saw in the first couple of weeks did not diagnose whooping cough at once. I am aware that the duration of the symptoms, as well as the nature of the symptoms themselves, is important, and there were more obvious diagnoses that sprang to mind. However, when I experienced the first two or three terrifying paroxysmal coughing sessions, I knew it was a cough unlike anything I had had previously and said so. It . . .


Disorders of salt and water balance are extremely common in primary care. In many cases the cause is apparent and the result is not life threatening, but doctors should be aware of warning signs that may point to serious progressive disorders so that these can be diagnosed and managed early. Many situations involving the use and interpretation of laboratory tests are not supported by the high levels of evidence that can be achieved when interventions are assessed, but considerable consensus guidance is available on optimal use of laboratory tests. This article considers two scenarios involving salt and water balance that may be seen in primary care and discusses when further investigations may be helpful, and it gives a summary of evidence based and consensus guidance.