abstract of
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NEWS

(Since these articles has no abstract, we just provided an extract of the first 150 words of the full text and any section headings)


The drug industry will carry out fewer trials in the United Kingdom unless electronic patient records can be deployed quickly throughout the NHS, warned Richard Barker, director general of the Association of the British Pharmaceutical Industry. Dr Barker was speaking last week at a meeting organised by the UK Clinical Research Consortium on the use of electronic patient records for research and to improve health. Dr Barker said that other countries are now able to host good quality trials at a much lower cost than is possible in the UK, and he believes that an NHS-wide electronic patient record system could be hugely attractive to the drug industry, as it would allow drug companies to easily identify patients fitting a trial’s inclusion and exclusion criteria. . .


In an apparent U turn the UK government has signalled its support for controversial research involving hybrid human-animal embryos. Leading medical scientists were furious when in December last year a Department of Health white paper proposed a ban on such experiments (*BMJ* 2007;334:12 doi: 10.1136/bmj.39080.500648.DB). The researchers said a ban would seriously impede the search for breakthroughs in treatments for illnesses such as Alzheimer’s disease and cystic fibrosis. Now, after intense lobbying by scientists, MPs, and patients’ groups, the minister for public health, Caroline Flint, last week announced the draft Human Tissue and Embryos Bill, which calls for an all party parliamentary committee to revise the proposed restrictions. As it stands the draft bill still outlaws the formation of embryos with hybrid human-animal genomes . . .


Ten years after the former US president Bill Clinton predicted the arrival of a vaccine for AIDS within a decade, one of the world’s leading HIV researchers has admitted he is pessimistic about the prospects of achieving an effective vaccine in the near future. At a briefing in London last week of the International AIDS Vaccine Initiative, Robin Weiss of University College London said that the enormous variation among HIV viruses was continuing to prove a huge
stumbling block. “I’m the pessimistic person on the panel,” Professor Weiss said, noting that there were as many or more genetic variants of HIV in the body of one infected person as there were different types of flu virus in the whole world. “I think that we will get there in the end, but not because there is a vaccine A, B, or C in the background that we have in mind,” he . . .


The professional futures of thousands of junior doctors throughout England could hinge on the result of a judicial review of the government’s web based medical training application service, known as MTAS. The MTAS website has been closed since April, and was last week abandoned by health secretary Patricia Hewitt. Its flawed software failed to select the best applicants for jobs and permitted serious security breaches. In some cases doctors were able to read each other’s personal data and applications. Although the decision to abandon MTAS was widely welcomed, no agreement has been reached on what to do with the thousands of applications that have already led to interviews. An MTAS review group appointed by the government, in which the BMA participated, hammered out a compromise solution in April, in which every junior doctor is guaranteed one interview for their preferred post, and an overhaul of the system is planned for . . .


The junior doctors’ group Remedy UK has lost its court case to strike down changes made to the flawed NHS medical training application service (MTAS). But the judge had harsh words for the government’s handling of the affair and left the door open for appeals by individual doctors. Remedy UK, a group formed in November 2006 in opposition to the proposed web based system for job applications, applied for judicial review of changes made to MTAS by a review group in April. The review group, which included representatives of the BMA, was set up after it became apparent that the system was failing to match qualified doctors with suitable posts. But Mr Justice Goldring rejected Remedy UK’s argument that the review group’s proposals were “so conspicuously unfair as to amount to an abuse of power.”


One of the United Kingdom’s foremost experts on gender identity disorder has been found guilty of serious professional misconduct by the General Medical Council. The GMC’s fitness to practise committee found that consultant psychiatrist Russell Reid had hurried patients into sex change operations, but he avoided being struck off. Dr Reid, 63, who is currently retired, will instead have strict conditions placed on his work should he take up practice again. He must regularly inform the GMC of any patients he is treating and may not provide hormone treatment to any patient on a first appointment. He may not prescribe hormones to any patient who lacks a firm diagnosis that is backed by physical and psychiatric assessments, and he must always inform the patient’s GP of any treatment. The complaints against Dr Reid were lodged by a former patient and by four psychiatrists from the Charing Cross gender clinic, where . . .


In an unexpected move, the BMA’s chairman, Jim Johnson, has resigned after protests at a letter he wrote to the Times newspaper published on 17 May (www.timesonline.co.uk/tol/comment/debate/letters/article1800798.ece). His letter supported the government’s reforms of medical education and stated that continuing to use the flawed medical training application service (MTAS) system for appointing round 1 candidates was the “best available solution.” His letter, written with Carol Black, chairwoman of the Academy of Medical Royal Colleges, upset BMA members over last weekend and led to Mr Johnson’s decision to resign last Sunday. Jonathan Fielden, chairman of the BMA’s Central Consultants and Specialists Committee, was one of the council members who called for Mr Johnson’s resignation. “The history of this goes back to the last annual representative meeting,” he said. “There was a considerable amount of concern that Jim was not expressing the views of membership. In his acceptance speech . . .


Wiltshire police investigating unspecified allegations against a paediatrician at Southampton General Hospital are seeking expert medical evidence outside the UK. The case concerns a paediatrician who was involved in the care of a child whose mother was later charged with murder. Marianne Williams, then 22, was charged in 2004 with the murder of her 15 month old son, Joshua Taylor, whom she was alleged to have poisoned with salt. She was found not guilty in October last year after a six week trial at Winchester Crown Court. Wiltshire police officers are also under investigation for their role in the case. The Independent Police Complaints Commission [IPCC] said that it was
“midway through” an investigation into a complaint about the conduct of the criminal investigation. Six officers had been served with official notice of the inquiry, although “this in no way implies guilt or wrongdoing on the part of any officer.”

A minor tussle over language broke out at this year’s meeting of the World Health Assembly, the annual forum through which the World Health Organization is governed by its member states. After the much debated adoption in 2004 of WHO’s global strategy on diet, physical activity, and health, this year’s assembly turned to the question of implementation. This was to be carried out under the global strategy on non-communicable diseases. Norway introduced a resolution calling for the development of a “code” that would promote responsible marketing to children of foods and non-alcoholic beverages that are high in saturated fat, trans fat, sugar, and salt content. But the United States objected to the word “code,” and ensuing discussions resulted in a revised text that substituted the phrase “a set of recommendations.”

Tension between developed and developing countries over access to any vaccine for bird flu was much in evidence at the World Health Organization’s World Health Assembly in Geneva last week. Indonesia had stopping sharing virus samples in December 2006, alleging that a WHO collaborating centre had violated an agreement by turning over samples to third parties. Battle lines were drawn between rich and poor countries during discussions at the assembly of preferential pricing, access to technology, and distribution on the basis of need. Some developing countries contend that viruses can be patented, a position with broad implications for the drug industry, which says that it must have access to reference strains to be able to proceed with research and development. WHO’s director general, Margaret Chan, referred to countries that hesitate to share samples of the highly unpredictable bird flu virus: “It is mutating at a pace we cannot keep up . . .

The English public loves the idea of a national health service but is less enchanted by the way it delivers health care, a new report into the independence of the NHS has concluded. A greater distance between ministers and day to day decisions in the service could improve staff morale, boost patients’ confidence in doctors, and encourage young people to take up a career in medicine, says the report from the independent health policy and research charity the Nuffield Trust. “If the political process becomes tainted, this will rub off to some extent on the organisations that are being managed by the process,” said Brian Edwards of the University of Sheffield, who wrote the report with the help of Patricia Day of Bath University and Scott Greer of the University of Michigan. The report makes it clear that the NHS can be depoliticised in many ways but that politics has . . .

Reducing the length of time that patients with cancer spend in hospital would free finance for expensive cancer drugs, says the national director for cancer services in England. Mike Richards, England’s cancer tsar, made the suggestion at the opening session of the second parliamentary inquiry into the National Institute for Health and Clinical Excellence (NICE) since the institute was set up in 1999. NICE has been criticised recently by patients and drug companies, the House of Commons health select committee reported. NICE’s refusal to provide the data that led to its decision to refuse to recommend certain drugs for Alzheimer’s disease has even prompted a judicial review, which will take place next month. Professor Richards said that advances in drug technology offered a “very exciting time” for the treatment of cancer, and more than half of the new drugs currently being developed are related to cancer. “We have a new . . .

The head of the International Committee of the Red Cross has pleaded for all parties in armed conflicts to respect international humanitarian law and protect medical missions from attack. “Unfortunately this has not been the case in some situations,” said Jakob Kellenberger, the committee’s president, referring to the fighting that broke out on 20 May in Nahr al-Bared, the Palestinian refugee camp in north Lebanon, between the militant group Fatah al-Islam and the Lebanese army. The committee made it clear to all parties involved, he said, that they had to respect medical activities in the camp. In an urgent appeal to all sides the committee said, “Medical personnel and humanitarian workers must be allowed to carry out their tasks and have unimpeded access to the wounded. Medical personnel, vehicles, and facilities must be spared the consequences of the violence.” Mr Kellenberger said that the situation in the . . .

Drugs can never be used safely to enforce the law, say doctors in a report published this week by the BMA. The report highlights the increasing interest among some governments in the use of “tactical pharmacology” or “non-lethal” drugs as weapons. Doctors need to be aware that using medical knowledge for hostile purposes puts human lives at risk and of the ethical implications of taking part in developing drugs for non-medical purposes, as well as antidotes and treatments for victims of chemical law enforcement, it says. The report concludes, “The agent whereby people could be incapacitated without risk of death in a tactical situation does not exist and is unlikely to in the foreseeable future.” The authors recount events of the Moscow theatre siege of October 2002 when 800 people were taken hostage by a group of Chechen men and women. After two and a half days Russian authorities . . .


Gordon Brown has said that patients need better cover from GPs at night time and weekends, after a report into a woman’s death was published. The report criticised new arrangements for out of hours care, which, it said, led to confusion over exactly what level of care is expected outside normal practice hours. Penny Campbell, from Islington, north London, died from septicaemia at the age of 41 at the end of the Easter bank holiday in March 2005, after she had had contact with eight doctors from Camidoc, an out of hours service provider to four boroughs in north London. Camidoc commissioned an independent investigation into Ms Campbell’s death, which has been overseen by a panel made up of representatives from Camidoc and the four primary care trusts that commissioned the service. The panel’s report found that Camidoc was ill prepared for the increase in its responsibilities that came with . . .


Half a million people in England are waiting for a hearing aid, and some have waited for more than two years, says a parliamentary report published last week. The report, Audiology Services, from the House of Commons Health Committee, a cross party group that examines health policy and administration, found long waiting times for people to be assessed and fitted for hearing aids. There was also great variation in waiting times. Some NHS trusts had no waiting list, and others had waiting times of more than two years. One MP reported that the average wait “for fitting of hearing aids” was 41 weeks for first time patients and 64 weeks for patients awaiting reassessment. Overall, the committee found a lack of data being collected on waiting times for audiology and recommended that comprehensive data be collected and published on all patients waiting for audiology services from GP referral to . . .


Some of the poorest people in the world with AIDS, whose lives might be prolonged through proper treatment, are dying because there are far too few healthcare workers, says a new study by Médecins Sans Frontières (MSF). The humanitarian aid agency has carried out a survey of healthcare conditions across countries in southern Africa where it runs programmes. It says that staff shortages are exacerbated by the fact that many employees have themselves contracted the virus and become ill and die. Furthermore, pay is extremely low and working conditions very difficult. The data were gathered in Lesotho, Malawi, Mozambique, and South Africa. Although South Africa has better resources in terms of healthcare staff, a large proportion of these work in the private sector, the survey found. The report says that the acute shortage of healthcare workers means that many people who would otherwise be able to receive life prolonging antiretroviral . . .

A meta-analysis of 42 trials of the type 2 diabetes drug rosiglitazone (Avandia) has shown a significantly raised risk of myocardial infarction and an increase in cardiovascular deaths that did not quite reach statistical significance (New England Journal of Medicine 2007 May 21 doi: 10.1056/NEJMo072761). The analysis by Steven Nissen and Kathy Wolski, of the Cleveland Clinic, Cleveland, Ohio, included 15 560 patients randomly assigned to regimens that included rosiglitazone, and 12 283 patients assigned to regimens that did not. The mean age of patients was 56 years, and the mean baseline glycated haemoglobin concentration was about 8.2%. Patients receiving rosiglitazone had an odds ratio for myocardial infarction of 1.43 (95% confidence interval 1.03 to 1.98, P=0.03). The odds ratio for death from cardiovascular causes was 1.64 (0.98 to 2.74, P=0.06). An editorial (doi: 10.1056/NEJMe078099) criticised the Food and Drug Administration for approving the drug on the . . .


Three times in a row the US health system has come last in the US Commonwealth Fund’s survey of health systems in six industrialised nations. The United Kingdom was ranked first overall, scoring highest on quality, efficiency, and equity. In terms of “healthy lives”—measured by numbers of preventable deaths and life expectancy—Australia ranked highest. The US and the UK had poor scores on indicators of healthy lives, the report said. Both countries had high mortality (in 1998) from treatable conditions. Mortality was 25% to 50% higher in the US and the UK than in Canada and Australia. The US ranked last on the five dimensions of a high performance health system: quality, access, patients’ safety, efficiency, equity, and healthy lives. The analysis drew results data from three international surveys of patients and primary care doctors. The US performed best of all the countries in preventive care, “an area that has . . .


Five years after it was legalised, euthanasia in the Netherlands seems to be declining in favour of palliative sedation, whereby terminally ill patients are kept in a coma while decisions that may shorten their lives are made, such as withdrawal of fluids. Now the euthanasia lobby and MPs are warning that palliative sedation, which does not involve the same reporting obligations as euthanasia does, must never become a convenient “short cut” to ending the life of someone who is dying. New government sponsored research that evaluated the effect of the 2002 euthanasia law shows that the number of cases of euthanasia fell from 3500 (2.6% of deaths) in 2001 to 2325 (1.7%) in 2005. By contrast the number of cases of palliative sedation rose from 8500 (5.6%) to 9700 (7.1%). The number of requests for euthanasia and assisted suicide fell from 9700 to 8400. Dutch law requires doctors to report . . .


One of the largest firms of undertakers in the Netherlands is offering a reduction in the cost of funerals to the relatives of dead people who have had an organ removed for donation. The initiative follows a call from the Dutch Kidney Foundation for new ideas to boost donation. The foundation recently commissioned a study by the Dutch Institute for Health Services Research (Nivel), which found attitudes to donation changing, with more people against it (www.nivel.nl). Since 1998 the Netherlands has had a voluntary national register on which people can record their wish for or against donation. But only five million out of 12 million adults have done so. And the Nivel study indicates that the proportion of people who have not registered but who would refuse to donate if asked has almost doubled in three years to 29%. At the same time the percentage of relatives who . . .


The number of people with HIV or AIDS has risen in every region of the world, although many countries have increased their efforts to prevent infections and provide treatment, said the United Nations secretary general, Ban Ki-moon, last week. “Today 40 million people are living with HIV,” Mr Ban said. Almost half of them are women. More women—including married women—are living with HIV than ever before. Without adequate treatment all those infected will die. “Some 8000 people die of AIDS related illnesses every day. At the same time, another 12 000 become infected with HIV. For every person who starts antiretroviral treatment, six more become infected.” He was speaking at a session of the UN general assembly that was reviewing implementation of the 2001 declaration of commitment on HIV and AIDS and the goal set at last year’s high level meeting on AIDS to ensure universal access to HIV prevention . . .
The European Commission has begun to work more closely with developing countries to establish high ethical standards for research worldwide. It is examining ways to involve such countries more in drawing up, disseminating, and implementing ethical guidelines that are adapted to their specific circumstances. Impetus for the initiative came at a two day conference in Brussels last week on ethics, research, and globalisation that brought together 150 delegates from international organisations, governments, research bodies, and academia. Janez Potočnik, the European Union's commissioner for science and research, told participants: “Globalisation of research requires better implementation of international ethical guidelines. This is particularly true in areas like health research. But new areas, such as nanomedicine and bio-piracy, also call for new or adapted standards.” The conference learnt that of the 100,000 clinical trials carried out around the world each year, some 10% occur in developing countries, where patients are readily available, ....

A Croatian government committee that is investigating a senior academic and obstetrician has ruled unanimously that allegations of plagiarism in his published work are well founded. In an opinion issued on 15 May the Committee for Ethics in Science and Higher Education declared that Asim Kurjak of Zagreb University Medical School was guilty of “violation of the [committee’s] ethics code . . . and of common norms in biomedical publishing.” The allegations were originally made in the BMJ by Iain Chalmers of the James Lind Library in Oxford (BMJ 2006;333:594-7 doi: 10.1136/bmj.38968.611296.F7). The saga began in the late 1980s when Dr Chalmers was preparing a systematic review of epidural anaesthesia. He noticed that much of the text and data in a 1974 paper co-authored by Professor Kurjak were identical to those in a paper from a different group of authors published three years previously. He reported his observations ...

It is time to stop leaving the development of new drugs entirely to the marketplace, say two London academics. Universities should not only retain control over their intellectual property but use it for long term social goals rather than short term revenue, they say. The physician Sunil Shaunak, of Imperial College London, and the chemist Steve Brocchini, of the School of Pharmacy, London, were speaking last week at a meeting of the House of Commons all-party pharmacy group. Most drugs begin their life at high prices and under patent. In due course they come off patent, and their price falls. “It’s time for a paradigm shift,” said Professor Shaunak. “We need to think about medicines that are affordable from day one.” Although the two academics’ principal concern is for developing countries, they point out that even in rich countries some drugs are becoming unaffordable. At present, they say, drugs devised ...

ANALYSIS

Women’s concerns about their appearance, fuelled by commercial pressure for surgical fixes, now include the genitalia. A share of this consumer demand is being absorbed by National Health Service specialists. This article was prompted by the increased numbers of women asking for labial reduction and the concerns of clinicians about the rising number of referrals for cosmetic genital surgery. More and more women are said to be troubled by the shape, size, or proportions of their vulvas, so that elective genitoplasty is apparently a “booming business.” Advertisements for cosmetic genitoplasty are common, often including before and after images and life changing narratives. Google produced around 490,000 results when we entered “labial reduction”. Forty seven of the first 50 results were advertisements from clinics in the United Kingdom and United States offering cosmetic genital surgery. Television programmes and articles in women’s magazines on “designer vaginas” may also fuel desire for ...

In 2006, an estimated 2.3 million children under 15 years were living with HIV and about half a million babies became infected with HIV before birth, during delivery, or through breast feeding. Prevention of mother to child transmission of HIV is therefore a priority for agencies fighting the global HIV epidemic, but many questions remain about the effectiveness of the current programmes. We use the President’s Emergency Plan for AIDS
Relief as an example to examine how programmes to prevent mother to child transmission are monitored and evaluated and to highlight the problems. Estimates of the efficacy of antiretroviral prophylaxis suggest that at least half of the world’s children who are at risk of HIV infection might be protected if a mother receives antenatal care, is offered HIV counselling and testing, and, if infected, she and her baby receive prophylaxis. Prophylaxis is the mainstay of the strategy to prevent mother to child transmission. Several antiretroviral regimens are recommended in resource constrained settings, although nevirapine (either alone or with other drugs) is usually favoured because it is cheap, easy to administer, rapidly absorbed, and has a long half life. Depending on the regimen and the mother’s choice of infant feeding, the risk of HIV transmission can be reduced to <2%. Whenever feasible, programmes should strive to provide highly active antiretroviral therapy to pregnant women. Although formula feeding can reduce HIV infection rates among infants, it is often not acceptable, feasible, affordable, sustainable, or safe in resource limited settings. Programmes should provide counselling and support on various feeding options (including exclusive breastfeeding), highlighting the potential benefits and risks of each. Other activities include promotion of optimal obstetrical practices; improvement of antenatal, postnatal, and child health services; and treatment of maternal diseases. Community based activities are also often implemented to improve community knowledge of HIV and AIDS and counter negative attitudes to people with HIV.


In British primary care, where 80% of National Health Service consultations take place, policy decisions often depend more on optimistic theory than on evidence. Conducting research has generally been a low priority for primary care clinicians in the United Kingdom. The ethos of independent small business in general practice tends more towards innovation than research, and scarce academic training opportunities are associated with a culture where research is not much expected, valued, or rewarded. Yet with leadership, resource, and good relationships between researchers and service providers, primary care research can underpin effective and efficient practice in ways that specialist perspectives alone cannot. Moreover, the UK has developed primary care research infrastructures that have been enabling and influential internationally.

Most recently, the new national health research strategy aims to “re-engineer the environment in which clinical research is conducted” through the UK Clinical Research Network (UKCRN), which involves primary

**RESEARCH**


Guidance from the National Institute for Health and Clinical Excellence recommends trauma focused cognitive behaviour therapy and eye movement desensitisation and reprocessing therapy as the leading evidence based treatments for post-traumatic stress disorder. These recommendations are largely based on randomised controlled trials that focus on non-terrorism related traumatic events, such as road traffic crashes and rape. Little is known about how to successfully treat trauma resulting from events such as the bombings in London in 2005, the attack on the World Trade Center in New York, and the train bombings in Madrid. The only published evaluation of treatment after a terrorist bomb is an open trial of cognitive therapy for post-traumatic stress disorder (a form of cognitive behaviour therapy) with survivors of the car bomb that exploded in Omagh, Northern Ireland, in 1998. In this uncontrolled study cognitive therapy delivered three months to two years after the bombing was associated with improvements in post-traumatic stress disorder as large as those normally observed with cognitive therapy in randomised controlled trials of non-terrorism related post-traumatic stress disorder. In response to these results the Victims Liaison Unit of the Northern Ireland Office established a new treatment centre (the Northern Ireland Centre for Trauma and Transformation) with a Northern Ireland wide remit that would offer trauma focused cognitive therapy to people affected by terrorism and other civil conflict over the past four decades. We evaluated the effectiveness of cognitive therapy provided by the centre.


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to journals, case reports, and case series studies prompted rugby administrators to act during the 1980s and 1990s to decrease the risks of spinal cord injuries, especially those related to the scrum. Measures to prevent injury have included changes to laws on scrum procedures, stricter application of existing laws, and educational initiatives. Further case series studies have appeared recently. Legal actions by injured players against referees, other players, and administrators have also contributed to raising the awareness of the importance of minimising the risks of rugby players sustaining permanently disabling injuries. A review of papers published up to 2001 reported that 40% of spinal injuries occurring in rugby were the result of the scrum, 36% were from the tackle, 18% from the ruck/maul, and the remainder were from either other or unknown causes. The definition of injury used in the studies reviewed, however, varied from admissions to spinal units (of which a proportion of players made full recoveries) through to tetraplegia. Ascertainment of numbers of spinal injuries occurring in rugby and the risks faced by players both in the scrum and in other facets of the game has been hampered by the relative rarity of the events and a lack of standardised procedures for collecting data. In some countries, registers of spinal cord injuries exist on a national basis; in others, only regional data are available. A further impediment to evaluating the risks of spinal injuries in rugby has been a lack of reliable “denominator” data—the number and exposure of participants from which the cases result over a specified period. A recent call by a consultant general surgeon in the United Kingdom to ban the rugby scrum, which was based on his personal experiences as a rugby medical officer, generated a flurry of correspondence in the electronic pages of the BMJ.


Rugby union is a type of full contact football most commonly played between two teams of 15 players. The sport has an international following—the International Rugby Board, which is the sport’s governing body, lists 95 countries in its online world rankings, although rugby is a major sport in fewer than 20. Box 1 gives a glossary of rugby related terms. Spinal cord injuries, although rare on the basis of exposure per player, are a major cause of serious morbidity and mortality in rugby. During the 1970s and 1980s an increase in the reported frequency of catastrophic spinal injuries associated with rugby was documented in medical journals from several countries in which rugby is a popular sport. The attention generated by letters to journals, case reports, and case series studies prompted rugby administrators to act during the 1980s and 1990s to decrease the risks of spinal cord injuries, especially those related to the scrum. Measures to prevent injury have included changes to laws on scrum procedures, stricter application of existing laws, and educational initiatives. Further case series studies have appeared recently. Legal actions by injured players against referees, other players, and administrators have also contributed to raising the awareness of the importance of minimising the risks of rugby players sustaining permanently disabling injuries. A review of papers published up to 2001 reported that 40% of spinal injuries occurring in rugby were the result of the scrum, 36% were from the tackle, 18% from the ruck/maul, and the remainder were from either other or unknown causes. The definition of injury used in the studies reviewed, however, varied from admissions to spinal units (of which a proportion of players made full recoveries) through to tetraplegia. Ascertainment of numbers of spinal injuries occurring in rugby and the risks faced by players both in the scrum and in other facets of the game has been hampered by the relative rarity of the events and a lack of standardised procedures for collecting data. In some countries, registers of spinal cord injuries exist on a national basis; in others, only regional data are available. A further impediment to evaluating the risks of spinal injuries in rugby has been a lack of reliable “denominator” data—the number and exposure of participants from which the cases result over a specified period. A recent call by a consultant general surgeon in the United Kingdom to ban the rugby scrum, which was based on his personal experiences as a rugby medical officer, generated a flurry of correspondence in the electronic pages of the BMJ.


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PRACTICE


Dysfunctional uterine bleeding is a diagnosis of exclusion: other conditions such as uterine fibroids, endometrial polyps, and systemic diseases must be excluded by appropriate investigations. Tranexamic acid and mefenamic acid are among the most effective first line drugs for treating menorrhagia. Women needing contraception have a choice of combined oral contraceptive, levonorgestrel releasing intrauterine system, or long acting progestogens. Only 2% of endometrial carcinomas occur before age 40. Nulliparity, diabetes, obesity, and polycystic ovary syndrome are risk factors. Postmenstrual scans are often useful; the endometrium should be at its thinnest then, and polyps and cystic areas are more noticeable . . .


Although premature mortality from coronary heart disease in the United Kingdom has fallen since the 1970s, it remains higher than in most other Western countries. After an acute myocardial infarction, many eligible patients are prescribed aspirin, blockers, angiotensin converting enzyme inhibitors, and statins. Not everyone, however, is offered the most effective secondary prevention that is, all four of these drugs or other effective drugs—nor does everyone receive lifestyle advice and cardiac rehabilitation. This article summarises the most recent recommendations from the National Institute for Health and Clinical Excellence (NICE) on effective secondary prevention in patients after myocardial infarction. The detailed consideration of the evidence is available in the full guideline NICE recommendations are based on systematic reviews of best available evidence. For the guidance on secondary prevention for patients after a myocardial infarction, in cases where minimal evidence was available, the guideline development group developed the recommendations . . .

CLINICAL REVIEW


Sexual violence is a global problem. The lifetime risk of attempted or completed rape is up to 20% for women, but men and children are also often sexually violated.1 Sequelae include unwanted pregnancies; sexually transmitted infections, including HIV; depression; and post-traumatic stress disorder. Most of the literature on rape and sexual assault is retrospective, but we aim to provide an evidence based review of their management . . .