abstract of
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NEWS
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Burgermeister, J. (2007). Number of gun related suicides in Austria has fallen since tightening of gun controls. British Medical Journal, 335(7618), 471.
The number of homicides and suicides involving firearms has fallen dramatically in Austria since gun control laws were tightened in 1997, concludes a study in the British Journal of Psychiatry (2007;191:253-7). In 1997 the Austrian government tightened its legislation on firearms in line with a European Council directive on controlling the acquisition and possession of weapons. The study also found that the fall in the number of firearm related suicides was not associated with an increase in the number of suicides in which other methods were used. A total of 1392 people, or 17 in 100 000, committed suicide in Austria in 2005, the lowest number since 1986.

The present system of out of hours cover for primary care services in Scotland seems unsustainable and will need to change, a review of the service says. The report, from Scotland’s public spending watchdog, Audit Scotland, says that the country’s health service has coped with the major challenge in 2004 of 95% of its GPs opting out of providing out of hours cover. But the number of GPs willing to continue providing this cover in return for payment has fallen from 1696 in 2004-5 to 1440 in 2006-7, it says, putting out of hours services under increasing pressure. More commitment to developing extended roles for nurses and paramedics is needed, says the report, as well as more salaried GPs . . .

Patients’ groups have welcomed the decision by the National Institute for Health and Clinical Excellence (NICE) to give the go ahead to two new drugs for arthritis and one for multiple sclerosis. NICE has approved for use in the NHS in England and Wales rituximab (MabThera) for severe active rheumatoid arthritis and adalimumab (Humira) for active and progressive psoriatic arthritis. It also recommended natalizumab (Tysabri) to treat rapidly evolving, severe relapsing-remitting multiple sclerosis. Rituximab in combination with methotrexate will be available to NHS patients who have failed to respond to other antirheumatoid drugs, including at least one tumour necrosis factor (TNF) inhibitor.
But NICE says that the treatment should continue only if there is an “adequate” response to the new drugs.

The United Kingdom will be the first country in the European Union to use graphic warnings on tobacco products. The announcement coincides with figures released by the Department of Health that show England has 97% compliance with the ban on smoking in enclosed public places, which was introduced on 1 July. More than 88,000 inspections took place in the first two weeks of the smoking ban, including inspections of 1090 hotels, 6783 restaurants, and 9568 licensed premises. The local authority enforcement officers found that 97% of premises complied with banning smoking in enclosed spaces, and 79% displayed the correct signs. These figures are comparable to those for the first month of the smoking bans in Scotland and Ireland.

The incidence of leukaemia in children in England and Wales rose by 20% between the early 1970s and the end of the century, new research shows, an increase of 4% every five years. The incidence of childhood leukaemia rose from 38.3 per million person years in 1971-5 to 46.1 in 1996-2000, found the study, in the British Journal of Cancer (doi: 10.1038/sj.bjc.6603946). The results also show that throughout the 20th century the incidence of the disease and mortality were at least 15% higher in boys than in girls. The authors, from the London School of Hygiene and Tropical Medicine, say that the increase cannot readily be explained by a number of theories, including changes in cancer registration.

Parents are being urged to have their children fully immunised with the combined vaccine against measles, mumps, and rubella (MMR) before school starts this month, after warnings that cases of measles are rising. The latest figures from the Health Protection Agency show 480 confirmed cases of measles in the United Kingdom so far this year, compared with a provisional total of 756 cases for the whole of last year, which was the highest number recorded for at least 20 years. Most of the cases reported this year have been in England, with 10 in Wales and five in Scotland. No cases have been reported in Northern Ireland. In England, London had the largest number of cases, with 155; followed by the east of England, with 134; the south east, with 69; and Yorkshire and Humberside, with 49.

Only a tenth of professors in academic medicine in the United Kingdom are women, a new study has found. The review of workforce data for 2004-5 found that the proportion of professors who were women was never more than a third in any medical school and that five schools had no women professors at all (Medical Education 2007:41;909-14). Of 1364 professors in the UK in 2005 only 133 were women. The proportion varied across specialties, with three of 110 professorships in surgery held by women, whereas in general practice it was 14 out of 62. Bhupinder Sandhu, past president of the Medical Women’s Federation and a consultant and honorary professor of paediatric gastroenterology at the Royal Hospital for Children, Bristol, led the study. She said, “As the percentage of female medical students exceeds 50%, for the future wellbeing . . .

A GP whose expert report to a court highlighting the risks of immunisation of children was criticised as “junk science” by a senior judge has been cleared of serious professional misconduct by the General Medical Council. Jayne Donegan, of Herne Hill, London, was accused of contravening her duty as a court witness by giving misleading impressions of the research she cited, quoting selectively, and failing to be objective, independent, and unbiased. Dr Donegan wrote two reports for a case heard in 2002 in the family division of the High Court relating to two families who were unconnected but whose cases became linked in the courts. In each
case the father had sought to have his daughter immunised against the normal range of childhood diseases.


The pathologist for the prosecution in the Sally Clark murder case, who failed to disclose results of microbiological tests on her second baby, has won an appeal against his removal from the UK Home Office register of forensic pathologists. An appeal panel of three people, headed by a retired appeal court judge, Sir Paul Kennedy, held that the ruling by a home office disciplinary tribunal in 2005 removing Alan Williams from the register was “unreasonable” (BMJ 2005;331:1355 doi: 10.1136/bmj.331.7529.1355-a). He was “a competent pathologist who made one serious error which he is unlikely to repeat,” said the panel, which substituted an 18 month suspension. Because the suspension period has now expired, Dr Williams’s accreditation is now restored.

**Eaton, L. (2007). Web tool indicates the most effective health measures in deprived areas. *British Medical Journal, 335*(7617), 419.**

Primary care trusts in some of England’s poorest areas have a new web based management tool to assess how they can improve mortality in their local population. The programme, devised by the London Health Observatory and the Yorkshire and Humber Public Health Observatory for the Department of Health, allows trusts in deprived areas to see what measures would help save the most lives. It looks at four specific interventions known to have a major effect on mortality: smoking cessation; reducing infant mortality; prescribing antihypertensives; and providing statins for people with cardiovascular disease. The site also breaks down life expectancy data in each area by disease, for men and for women, and indicates how many people in the population have undiagnosed cardiovascular disease.


Two patients died in an oncology ward at Birmingham Heartlands Hospital in July after being treated with the wrong formulation of injectable amphotericin—a drug to treat fungal infections. This National Patient Safety Agency (NPSA) has issued a warning over the use of the drug, but without disclosing where the two deaths referred to in its announcement had taken place. When questioned, the NPSA and the hospital confirmed that the deaths had taken place within hours of each other on 20 July (BMJ 2007;335:274 doi: 10.1136/bmj.39300.394005.DB). Balgit Singh Sunner, aged 36, and Paul Richards, aged 35, were given the wrong dose of the drug. Amphotericin is available under several names and in different formulations—lipid and non-lipid—.

**Kermode-Scott, B. (2007). Canada’s health system needs overhaul, say nation’s doctors. *British Medical Journal, 335*(7617), 419.**

Canada’s public health system, created in the 1960s, needs to be modernised to expand access and improve patient care, according to Canada’s doctors. The system primarily funds services provided by hospitals and doctors; it pays for 98.7% of doctors’ services but only 45.6% of the cost of prescription drugs, according to the Canadian Medical Association. Canadian residents, or their insurance plans, are responsible for paying for other health services, such as crutches for someone who has broken a leg, an ambulance for someone who has had a heart attack, and even painkillers. Currently a large but unknown number of poor people have no insurance and cannot afford to pay for these items. “The needs of Canadians are changing and our system needs to be changed and updated . . .


The Human Fertilisation and Embryology Authority, the United Kingdom’s fertility watchdog, will decide this week whether to approve in principle the use of hybrid animal-human embryos for research. Results of a public consultation on the matter, which were released before the authority’s decisive meeting that was due to be held on Wednesday 5 September, indicate a widespread lack of understanding among the public on the need and worth of creating hybrid embryos. This is undermining public support for the matter. However, support for hybrid research increases as people appreciate the science involved and its possible applications. Scientists are keen to develop hybrid embryos and a potential assured source of stem cells for research because the supply . . .


The UN refugee agency is warning that the “incessant violence across much of Iraq” is presenting the international community with “a humanitarian crisis even larger than the upheaval aid agencies had planned for during the 2003 war.” The United Nations High Commission for Refugees (UNHCR) estimates that more than 4.2 million
Iraqis have now left their homes. Of these, some 2.2 million Iraqis are displaced internally, and more than two million people have fled to neighbouring states, particularly Syria and Jordan. Many were displaced before 2003, but an increasing number are fleeing current unrest. In 2006 Iraqis became the foremost nationality seeking asylum in Europe.


Infectious diseases are spreading around the world faster than ever, says the World Health Organization, and new diseases are emerging at the unprecedented rate of one a year. WHO has appealed in its annual world health report for international cooperation to tackle infectious diseases, which it says are a serious threat to public health worldwide. The disease situation is “anything but stable,” the report says. Several factors have helped accelerate the spread of diseases around the world: the increasing ease of international travel (each year airlines carry more than two billion passengers), population growth, resistance to drugs, under-resourced healthcare systems, intensive farming practices, and degradation of the environment.


Clinicians and patients are paying the price for a predicted surplus in the NHS, it has been claimed. The Department of Health in its latest quarterly report says that the NHS in England will have achieved a surplus of almost £1bn by the end of this financial year. The department said that most NHS trusts would be in balance by April of next year, with an overall forecasted surplus of £983m. This compares with an end of year surplus of £510m in 2006-7 and a deficit of £547m in 2005-6. A small number of trusts will finish the year with a deficit, however. Hinchingbrooke Health Care NHS Trust is expected to have the largest deficit, of £17.5m, 24% of turnover. There has been a cost to achieving the healthy financial position, however, said Hamish Meldrum, chairman of the BMA, who paid tribute to the staff who had . . .


Doctors die less often from alcohol related causes than the general population, a report in the Office for National Statistics’ Health Statistics Quarterly has shown. The proportion of such deaths among male medical practitioners aged 20-64 in England and Wales in 2001-5 was 0.58 (95% confidence interval 0.37 to 0.85). In the 1960s, ’70s, and ’80s the proportion of deaths among male medical practitioners in England and Wales caused by alcohol was much higher than the proportion in the overall population. The report’s authors say that the change may be because of a shift in drinking culture in the medical profession in recent years.


Babies born at 37 weeks’ gestation are three times more likely to die in their first year than those born at 40 weeks, show government data for England and Wales in 2005 that link infant mortality to gestational age. However, infant mortality in this gestation range was still low, at 4.1 deaths per 1000 live births among babies born at 37 weeks and 1.3 per 1000 among those born at 40 weeks, says the report, published by the Office for National Statistics in Health Statistics Quarterly (2007;35:13-27). The data covered all 645 887 live births in England and Wales in 2005. Overall mortality in the first year of life was five deaths per 1000 live births. Babies born before 37 weeks made up 7.6% of live births but two thirds of the deaths in the first year of life. “It has never been possible before to produce data on gestation . . .


It’s been a tough few years for the US Food and Drug Administration, as it grapples with the problem of partial funding from the drug industry, which may compromise its impartiality; potential conflicts of interest on advisory committees; and the increasing difficulties in assessing risks and benefits of drugs. Congress is expected to pass a law to cover the FDA soon after it returns from its summer break. Meanwhile the FDA commissioner, Andrew von Eschenbach, a surgeon and friend of the Bush family, says he sees the controversies as part of a more fundamental shift. He thinks medicine is rapidly changing from the observation of symptoms of late stage disease to a molecular understanding of the mechanisms of earlier stages of disease, with interventions becoming increasingly early and pre-emptive.

FIGURE. Andrew von Eschenbach, 66, trained as a surgeon. President George Bush chose him to take over at the FDA in 2005.

It’s quicker to arrange an appointment with a dermatologist for a cosmetic injection of botulinum toxin than for one to check potentially malignant changes in a skin mole, US research has shown. Two studies reported a year apart in the Journal of American Academy Dermatology have shown differences in waiting times for dermatology appointments. In the latest study researchers posing as patients telephoned 898 dermatologists in 12 metropolitan areas to ask for a botulinum toxin injection (2007 Aug 27 doi: 10.1016/j.jaad.2007.07.020). Half offered appointments within a median of eight days. In comparison, a study a year earlier showed waiting times of 26 days for mole evaluation (2006;55:54-8).


Elias Zerhouni, director of the US National Institutes of Health (NIH), has announced “a comprehensive review of the management and leadership” of one of its 27 institutes, the National Institute of Environmental Health Sciences, and the related national toxicology programme. “Congress and others have raised important questions and concerns over the past few months, and we will be fully responsive,” he said. The NIH will convene a panel of management consultants and senior NIH officials who are not associated with the environmental institute or the toxicology programme. “The panel will review the specific issues raised to date but also include an evaluation of administrative areas such as governance, internal controls, human resources, contracts, grants, and financial management as well as the administration of the ethics programme,” the NIH said. The review will take several months.


The number of Americans who have no health insurance rose by 2.2 million last year to 47 million, up from 44.8 million in 2005, according to the US Census Bureau’s annual update. Now 15.8% of the population is uninsured. More than 80% of them are employed but almost two thirds have low paid jobs. The Census Bureau’s report comes as Congress is about to discuss expanded health insurance coverage for children in the State Children’s Health Insurance Program. Both houses of Congress passed bills to cover more uninsured children, who number almost nine million, but they need to reconcile differences in the bills. The president, George Bush, has proposed rules that would make it difficult for states to expand coverage.


The BMA is renewing its calls for an outright ban on boxing, including mixed martial arts, ahead of a combat sport tournament to be held on Saturday 8 September in London’s East End. The BMA’s Board of Science, which has issued a new report on the latest evidence of the damaging effects of boxing, says that the relatively new mixed martial arts format is just as dangerous. Mixed martial arts involves various fighting techniques, in which a combination of wrestling, boxing, and martial arts is used to strike and grapple with opponents. The sport was forced underground in the United States after sustained political pressure but has re-emerged there and is currently enjoying a surge in popularity, says the report. London was set to host the Ultimate Fighting Championship, featuring the combat sport this weekend. For the championship, which first started in 1993, contestants fight inside a metal cage.

A leading cancer epidemiologist has heavily criticised the funding and science of a report that compares different rates of cancer survival in 25 countries. The report linked cancer survival with access to new and innovative drugs. The Karolinska 2 report, published earlier this year in the Annals of Oncology, concluded that access to cancer drugs affected survival and that the licensing process should be speeded up, with equitable access for all (2007;18(suppl 3):iii2-7). But the epidemiologist Michel Coleman, who heads the cancer survival group of Cancer Research UK, has in the latest issue of the same journal questioned the credibility of the figures and methods used to arrive at these conclusions (2007;18:1433-5). He says that estimates rather than actual survival rates were used.


The growing number of civilians holding firearms is fuelling gun crime worldwide and is putting healthcare systems, especially in poor countries, under stress, an expert report says. Gun crime kills about 250 000 people a year and injures many more. “The proliferation of civilian gun arsenals is not likely to slow anytime in the foreseeable future,” says the report. The study was conducted under the auspices of the Graduate Institute of International Studies, Geneva, and was funded by European governments; the United States; Canada; and United Nations agencies, including the World Health Organization. It highlights that “civilians are acquiring greater numbers of increasingly powerful guns.” The researchers estimate that civilians own about 650 million firearms, from handguns to assault rifles, worldwide—about 75% of the world’s 875 million known total. US citizens account for 270 million or 90 guns for every 100 citizens.

**ANALYSIS**


Summary box

Prevention of coronary heart disease is most effective if targeted at people with high overall risk. First degree relatives of patients with premature myocardial infarction have double the risk of the condition. In the UK, about 20% of all admissions for myocardial infarction occur in patients with premature myocardial infarction.

More than a third of admissions for premature myocardial infarction could be prevented by screening and treating first degree relatives.

First degree relatives of patients with premature coronary heart disease are at increased risk of the disease. Compared with the general population, siblings have at least double the risk, because of shared lifestyle risk factors and genetic predisposition. Offspring and partners are also at increased risk. Relatives have an increased prevalence of modifiable risk factors including hypertension, dyslipidaemia, and smoking. Some guidelines recommend screening of relatives, but surveys indicate that this does not occur in practice.


Summary points

Modernising Medical Careers began as an attempt to address longstanding problems with the senior house officer grade.

It has since expanded in scope to reform all levels of postgraduate medical training and bears little resemblance to the proposals that were approved during consultations.

There is now a real danger that it will deliver a generation of highly specialised doctors who lack the breadth of experience and flexibility that will enable them to manage unusual clinical problems or change as medicine advances.

This cannot be good for patients, NHS employers or the government, indicating that MMC may not be fit for purpose.

The Medical Training Applications Service (MTAS) has caused huge upset within the medical profession. Not only has it failed to allocate trainees in a fair and transparent way, but it has failed to ensure all allocations have been completed . . .

**RESEARCH**


Objective To assess the effect of community prescribing of an antibiotic for acute respiratory infection on the prevalence of antibiotic resistant bacteria in an individual child.

Study design Observational cohort study with follow-up at two and 12 weeks.
Main antibiotic resistance was assessed by the geometric mean minimum inhibitory concentration (MIC) for ampicillin and presence of the ICEHin1056 resistance element in up to four isolates of Haemophilus species recovered from throat swabs at recruitment, two weeks, and 12 weeks. Results Prescribing amoxicillin to a child in general practice more than triples the mean minimum inhibitory concentration for ampicillin (9.2 µg/ml v 2.7 µg/ml, P=0.005) and doubles the risk of isolation of Haemophilus isolates possessing homologues of ICEHin1056 (67% v 36%; relative risk 1.9, 95% confidence interval 1.2 to 2.9) two weeks later. Although this increase is transient (by 12 weeks ampicillin resistance had fallen close to baseline), it is in the context of recovery of the element from 35% of children with Haemophilus isolates at recruitment and from 83% (76% to 89%) at some point in the study. Conclusion The short term effect of amoxicillin prescribed in primary care is transitory in the individual child but sufficient to sustain a high level of antibiotic resistance in the population.


Objective To compare cardiovascular risk among women with high normal blood pressure (130-9/85-9 mm Hg) against those with normal blood pressure (120-9/75-84 mm Hg) and those with baseline hypertension. Setting Women’s health study, United States. Participants 39 322 initially healthy women classified into four categories according to self reported baseline blood pressure and followed for a median of 10.2 years. Main outcome measures Time to cardiovascular death, myocardial infarction, or stroke (major cardiovascular event—primary end point); progression to hypertension. Results 982 (2.5%) women developed a major cardiovascular event, and 8686 (30.1%) women without baseline hypertension progressed to hypertension. The age adjusted event rate for the primary end point was 1.6/1000 person years among women with normal blood pressure, 2.9/1000 person years among those with high normal blood pressure, and 4.3/1000 person years among those with baseline hypertension. Compared with women with high normal blood pressure (reference group), those with normal blood pressure had a lower risk of a major cardiovascular event (adjusted hazard ratio 0.61, 95% confidence interval 0.48 to 0.76) and of incident hypertension (0.42, 0.40 to 0.44). The hazard ratio for a major cardiovascular event in women with baseline hypertension was 1.30 (1.08 to 1.57). Women who progressed to hypertension (reference group) during the first 48 months of the study had a higher cardiovascular risk than those who remained normotensive (adjusted hazard ratio 0.64, 0.50 to 0.81). Women with high normal blood pressure at baseline who progressed to hypertension (reference group) had similar outcome rates to women with baseline hypertension (adjusted hazard ratio 1.17, 0.88 to 1.55). Conclusion The cardiovascular risk of women with high normal blood pressure is higher than that of women with normal blood pressure. The cardiovascular risk of women who progress to hypertension is increased shortly after a diagnosis of hypertension has been made.


Objective To review the literature on the association between antidiabetic agents and morbidity and mortality in people with heart failure and diabetes. Design Systematic review and meta-analysis of controlled studies (randomised trials or cohort studies) evaluating antidiabetic agents and outcomes (death and admission to hospital) in patients with heart failure and diabetes. Data sources Electronic databases, manual reference search, and contact with investigators. Review methods Two reviewers independently extracted data. Risk estimates for specific treatments were abstracted and pooled estimates derived by meta-analysis where appropriate. Results Eight studies were included. Three of four studies found that insulin use was associated with increased risk for all cause mortality (odds ratio 1.25, 95% confidence interval 1.03 to 1.51; 3.42, 1.40 to 8.37 in studies that did not adjust for diet and antidiabetic drugs; hazard ratio 1.66, 1.20 to 2.31; 0.96, 0.88 to 1.05 in the studies that did). Metformin was associated with significantly reduced all cause mortality in two studies (hazard ratio 0.86, 0.78 to 0.97) compared with other antidiabetic drugs and insulin; 0.70, 0.54 to 0.91 compared with sulfonylureas); a similar trend was seen in a third. Metformin was not associated with increased hospital admission for any cause or for heart failure specifically. In four studies, use of thiazolidinediones was associated with reduced all cause mortality (pooled odds ratio 0.83, 0.71 to 0.97, I2=52%, P=0.02).
Thiazolidinediones were associated with increased risk of hospital admission for heart failure (pooled odds ratio 1.13 [1.04 to 1.22], I²=0%, P=0.004). The two studies of sulfonylureas had conflicting results, probably because of differences in comparator treatments. Important limitations were noted in all studies.

**Conclusion** Metformin was the only antidiabetic agent not associated with harm in patients with heart failure and diabetes. It was associated with reduced all cause mortality in two of the three studies.


**Objective** To quantify the psychological impact of primary care based stepwise screening for type 2 diabetes.  
**Design** Controlled trial and comparative study embedded in a randomised controlled trial.  
**Setting** 15 practices (10 screening, five control) in the ADDITION (Cambridge) trial in the east of England.  
**Participants** 7380 adults (aged 40-69) in the top fourth for risk of having undiagnosed type 2 diabetes (6416 invited for screening, 964 controls).  
**Interventions** Invited for screening for type 2 diabetes or not invited (controls), incorporating a comparative study of subgroups of screening attenders. Attendees completed questionnaires after a random blood glucose test and at 3-6 months and 12-15 months later. Controls were sent questionnaires at corresponding time points. Non-attenders were sent questionnaires at 3-6 months and 12-15 months.  
**Main outcome measures** State anxiety (Spielberger state anxiety inventory), anxiety and depression (hospital anxiety and depression scale), worry about diabetes, and self rated health.  
**Results** No significant differences were found between the screening and control participants at any time—for example, difference in means (95% confidence intervals) for state anxiety after the initial blood glucose test was −0.53, −2.60 to 1.54, at 3-6 months was 1.51 (−0.17 to 3.20), and at 12-15 months was 0.57, −1.11 to 2.24. After the initial test, compared with participants who screened negative, those who screened positive reported significantly poorer general health (difference in means −0.19, −0.25 to −0.13), higher state anxiety (0.93, −0.02 to 1.88), higher depression (0.32, 0.08 to 0.56), and higher worry about diabetes (0.25, 0.09 to 0.41), although effect sizes were small. Small but significant trends were found for self rated health across the screening subgroups at 3-6 months (P=0.047) and for worry about diabetes across the screen negative groups at 3-6 months and 12-15 months (P=0.001).  
**Conclusions** Screening for type 2 diabetes has limited psychological impact on patients. Implementing a national screening programme based on the stepwise screening procedure used in the ADDITION (Cambridge) trial is unlikely to have significant consequences for patients’ psychological health.


**Objectives** To provide insight into factors that contribute to the anxiety reported in a quantitative study of the psychological effect of screening for type 2 diabetes. To explore expectations of and reactions to the screening experience of patients with positive, negative, and intermediate results.  
**Design** Prospective qualitative interview study of patients attending a screening programme for type 2 diabetes.  
**Setting** Seven general practices in the ADDITION (Cambridge) trial in the east of England.  
**Participants** 23 participants (aged 50-69) attending different stages in the screening process.  
**Results** Participants’ perceptions changed as they progressed through the screening programme; the stepwise process seemed to help them adjust psychologically. The first screening test was typically considered unimportant and was attended with no thought about its implications. By the final diagnostic test, type 2 diabetes was considered a strong possibility, albeit a “mild” form. After diagnosis, people with screen detected type 2 diabetes tended to downplay its importance and talked confidently about their plans to control it. Participants with intermediate results seemed uncertain about their diagnosis, and those who screened negative were largely unaware of their remaining high risk.  
**Conclusions** This study helps in understanding the limited psychological impact of screening for type 2 diabetes quantified previously, in particular by the quantitative substudy of ADDITION (Cambridge). The findings have implications for implementing such a screening programme in terms of timing and content.

**Design** Multicentre, randomised controlled trial.  
**Setting** 37 physiotherapy centres accepting primary care patients referred from general practitioners in the Midlands, United Kingdom.  
**Participants** 352 adults aged 50 or more with a clinical diagnosis of knee osteoarthritis.  
**Interventions** Advice and exercise (n=116), advice and exercise plus true acupuncture (n=117), and advice and exercise plus non-penetrating acupuncture (n=119).  
**Main outcome measures** The primary outcome was change in scores on the Western Ontario and McMaster Universities osteoarthritis index pain subscale at six months. Secondary outcomes included function, pain intensity, and unpleasantness of pain at two weeks, six weeks, six months, and 12 months.  
**Results** Follow-up rate at six months was 94%. The mean (SD) baseline pain score was 9.2 (3.8). At six months mean reductions in pain were 2.28 (3.8) for advice and exercise, 2.32 (3.6) for advice and exercise plus true acupuncture, and 2.53 (4.2) for advice and exercise plus non-penetrating acupuncture. Mean differences in change scores between advice and exercise alone and each acupuncture group were 0.08 (95% confidence interval –1.0 to 0.9) for advice and exercise plus true acupuncture and 0.25 (–0.8 to 1.3) for advice and exercise plus non-penetrating acupuncture. Similar non-significant differences were seen at other follow-up points. Compared with advice and exercise alone there were small, statistically significant improvements in pain intensity and unpleasantness at two and six weeks for true acupuncture and at all follow-up points for non-penetrating acupuncture.  
**Conclusion** The addition of acupuncture to a course of advice and exercise for osteoarthritis of the knee delivered by physiotherapists provided no additional improvement in pain scores. Small benefits in pain intensity and unpleasantness were observed in both acupuncture groups, making it unlikely that this was due to acupuncture needling effects.


**Objective** To explore views of patients with type 2 diabetes about self monitoring of blood glucose over time.

**Design** Longitudinal, qualitative study.  
**Setting** Primary and secondary care settings across Lothian, Scotland.  
**Participants** 18 patients with type 2 diabetes.  
**Main outcome measures** Results from repeat in-depth interviews with patients over four years after clinical diagnosis.  
**Results** Analysis revealed three main themes—the role of health professionals, interpreting readings and managing high values, and the ongoing role of blood glucose self monitoring. Self monitoring decreased over time, and health professionals’ behaviour seemed crucial in this: participants interpreted doctors’ focus on levels of haemoglobin A1c, and lack of perceived interest in meter readings, as indicating that self monitoring was not worth continuing. Some participants saw readings as a proxy measure of good and bad behaviour—with women especially, chastising themselves when readings were high. Some participants continued to find readings difficult to interpret, with uncertainty about how to respond to high readings. Reassurance and habit were key reasons for continuing. There was little indication that participants were using self monitoring to effect and maintain behaviour change.  
**Conclusions** Clinical uncertainty about the efficacy and role of blood glucose self monitoring in patients with type 2 diabetes is mirrored in patients’ own accounts. Patients tended not to act on their self monitoring results, in part because of a lack of education about the appropriate response to readings. Health professionals should be explicit about whether and when such patients should self monitor and how they should interpret and act upon the results, especially high readings.
2-3% of the population. Parkinson’s disease is less common (prevalence 0.2%), although its prevalence increases with age (4% of those aged over 80 years). Differentiating essential tremor from Parkinson’s . . .


Perennial rhinitis can be defined clinically as an inflammatory condition of the nose characterised by nasal obstruction, sneezing, itching, or rhinorrhoea, occurring for an hour or more on most days throughout the year. Rhinitis is commonly managed by both primary and secondary care physicians. Although most cases can be diagnosed and treated in primary care, referral to secondary care is often necessary when patients do not respond to treatment or other diagnoses are suspected. A recent large scale, cross sectional study in six western European countries found that the overall prevalence of rhinitis was 23%. The study also showed that the condition is often undiagnosed, as 45% of patients with investigator confirmed allergic rhinitis had not previously received a diagnosis from their physicians. A published review of previous population based studies showed that, as with asthma, both seasonal and perennial rhinitis seem to be increasing.

PRACTICE


Data from other countries indicate that chronic fatigue syndrome (also known as myalgic encephalomyelitis or myalgic encephalopathy) (CFS/ME) is relatively common (affecting at least 0.2-0.4% of the population), although good epidemiological data for the United Kingdom are lacking. Many different potential aetiologies for CFS/ME have been investigated, including neurological, endocrine, immunological, genetic, psychiatric, and infectious, but the aetiology cannot yet be fully explained. CFS/ME can cause prolonged illness and disability and substantially affect patients and their families. Although most patients have mild or moderate symptoms, some have severe CFS/ME and are housebound or even unable to move from their bed. Uncertainties about diagnosis and management may exacerbate the impact of symptoms, and patients often encounter delays in diagnosis and difficulty accessing information, support, and potentially helpful therapies. This article summarises the most recent guidance from the National Institute for Health and Clinical Excellence (NICE) on diagnosing and managing this condition.


Asthma is one of the commonest chronic diseases worldwide and is effectively controlled in most patients with maintenance treatment. In those with moderate or severe persistent asthma, control may be achieved with an inhaled corticosteroid or a combination inhaler containing a corticosteroid agonist. The combination inhaler is more effective, but patients still require short acting agonists such as salbutamol or terbutaline to relieve symptoms. I describe a new approach for acute exacerbation—SMART (single inhaler maintenance and reliever therapy). This uses the combination inhaler, rather agonist, as the reliever. Using a formulation of budesonide plus formoterol (budesonide/formoterol) both as a reliever and as maintenance therapy once or twice daily is more effective in controlling asthma than conventional approaches using budesonide/formoterol, fluticasone/salmeterol, or high dose corticosteroids (budesonide or fluticasone) as the maintenance treatment . . .