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NEWS


A boom in walk-in health clinics located within large retail stores, supermarkets, and pharmacies is showing signs of slowing. CVS Caremark Corporation, the giant pharmacy chain that pioneered walk-in facilities called MinuteClinics in 2000, and which now has 500 such centres, has reduced its expansion plans for this year from 200 to 100 new clinics. It also plans to close some MinuteClinics that are not in CVS pharmacies. Merchant Medicine LLC, an industry consultant, said that the number of walk-in clinics was still growing during March but at a greatly reduced rate. The number of walk-in clinics nationwide was 948 at the end of March, but had only increased by 15, to 963, by the end of April. Twenty-six new clinics had been opened by three chains: MinuteClinics (10), TakeCare (11), and Little Clinic (five), but a chain called Wellspot closed the doors of its 11 clinics in Alabama, South . . .


As the largest ever inspection programme of NHS acute hospital trusts gets under way, the problem of healthcare associated infections has never had a higher profile—nor been more hotly debated. In April the Healthcare Commission announced an inspection, ordered by the health secretary, Alan Johnson, of all of England’s 172 acute trusts. The commission’s brief is not only to save lives but to increase the confidence of the public in the health service. Questions about the practicality of screening patients for infections and the effectiveness of deep cleaning wards are now at the top of the agenda for health trusts, together with how to implement robust handwashing policies and to control prescribing of antibiotics. Although it is widely agreed that the problem has no quick fix, some doctors believe that there are simple steps that can be taken to reduce dramatically the incidence of healthcare associated infections, particularly Clostridium difficile. . .


Creating all electronic health records—the centrepiece of the £12bn scheme to computerise the NHS in England—has been a challenge “far greater than expected,” the latest study of the world’s largest civil information technology programme reported last week. In its second study of the National Programme for IT in the NHS, the National Audit Office concluded that software procured to create detailed electronic health records in secondary care may not be available until 2015, five years behind schedule. The prediction will provide ammunition to critics calling for changes to the six year old project’s management, and the way it obtains patients’ consent for data to be shared. Chaand Nagpaul, the BMA’s GP negotiator with responsibility for information technology, said that slipping deadlines and the “premature release of systems that are not fit for purpose” has left many doctors “thoroughly disillusioned.” The audit office’s report, the text of which . . .


A scandal involving drug licences for cash has engulfed Italy’s drug regulatory agency, and leading officials have been arrested, along with people linked to major drug companies. The most senior figure to have been arrested and held by the police in his own home (“arresto al domiciliare”) is Pasqualino Rossi, vice president of the Agenzia Italiana del Farmaco (AIFA), the Italian Agency for Pharmaceuticals. Dr Rossi is also one of Italy’s most senior representatives at the European Medicines Agency (EMEA). Six drug company lobbyists have also been held. As the BMJ went to press, four people were in custody and three were under house arrest. Another individual wanted by the police was not in Italy. Arrest warrants were issued after a Turin investigating judge, Sandra Recchione, saw a 700 page police report concerning alleged falsification, in return for cash payments, of clinical data needed for drug licences. At the centre . . .


Scientists will be allowed to create “admixed” human and animal embryos for research in the United Kingdom after MPs voted overwhelmingly in favour of the move this week. MPs voted 336 to 176 against an amendment to the Human Fertilisation and Embryology Bill that would have banned the creation of such embryos. A second amendment, to outlaw the use of so-called true hybrids, which could contain as much as 50% animal matter, was defeated by 286 votes to 223. Scientists want to be able to use admixed embryos because of the shortage of human eggs for research. The embryos will have to be destroyed after 14 days, but scientists hope the stem cells that can be harvested could lead to advances in the treatment of a range of illnesses, including Parkinson’s, Alzheimer’s, and motor neurone diseases. The matter is one of three controversial provisions in the bill, introduced to . . .


Mental health services in prisons in England are getting only a third of the money they need to achieve the government’s goal of providing a service equivalent to that offered in the community. This is the central finding of a report from the Sainsbury Centre for Mental Health. The report finds that none of England’s regions are offering a service adequate to meet prisoners’ men-
tal healthcare needs. Prison “inreach” teams, designed to be equivalent to community based mental health teams, are performing “very little face-to-face therapeutic activity,” and they often find it difficult to secure continuity of care for prisoners once they are released. “Many inreach teams are struggling to offer a decent service in the face of inadequate funding and very high levels of need among prisoners,” said Sean Duggan, director of prisons and criminal justice at the Sainsbury Centre and one of the report’s authors. “As a result . . .


Humanitarian agencies are alarmed by rising malnutrition across east Africa, where recent drought has further worsened the effects of displacement, environmental degradation, and conflict related food shortages. Somalia and Ethiopia have been affected by drought and rising insecurity, which makes it increasingly difficult for aid agencies to reach many of those most in need. Furthermore, recent massive rises in food prices have compromised the ability of agencies to deliver aid and have reduced people’s capacity to feed their families. Last week the Food and Agricultural Organization of the United Nations warned: “The humanitarian situation in Somalia is deteriorating quickly, due to soaring food prices, a significantly devalued Somali shilling, and worsening drought. More than 2.6 million people, or 35% of the total population, are in need of assistance—an increase of more than 40% since January of this year.” At the same time Unicef has cautioned that some 126 000 children . . .


A decision by Muslim clerics in northern Kenya to campaign against the use of condoms has caused alarm among AIDS awareness campaigners who are concerned that abstinence only messages are failing to prevent increasing HIV prevalence rates in Africa. Earlier this month the clerics held a meeting on Islam and Health in Garissa, capital of Kenya’s northeastern province, an area largely inhabited by ethnic Somalis, in which they agreed to preach against the advocacy of condoms in the fight against AIDS. “A lot of money is being wasted to poison our community . . . a huge amount of money is spent on buying condoms, buying immorality,” Sheikh Mohamad Ali, of Garissa district, told the United Nations’ news service IRIN/PlusNews. Two years ago Kenya’s first lady, Lucy Kibaki, caused outrage among campaigners when she stated: “This gadget called the condom . . . is causing the spread of AIDS in this country.” Mrs Kibaki, who . . .


The lack of adequate screening of donated blood in countries in central Asia presents a clear and present danger of transmission of HIV and other communicable diseases, says a World Bank report published this month. Patchy testing is creating a false sense of security, the report states. In some of the region’s health facilities donated blood is not tested at all, and where testing is done it misses blood contaminated with HIV, hepatitis B and C, and syphilis. The report is based on findings of a 2007 assessment—by the Central Asia Regional Office of the US Centers for Disease Control and Prevention—of blood transfusion services in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan, in which the assessors tested blood samples from 7500 blood donors at national reference laboratories. The blood samples had already been screened for markers indicating HIV, syphilis, and hepatitis B and C, but the sensitivity of the tests was . . .


Thousands of healthcare workers from across China have been deployed in Sichuan province in a bid to treat injuries and help prevent epidemics of infectious disease in survivors of the magnitude 8.0 earthquake that struck on May 12. The official death toll on Sunday May 18 was 34 073. More than 245 000 people were reported injured and 52 934 had been admitted to hospital. The Ministry of Health reported that it had dispatched 5850 medical staff to affected towns and that two 400 bed field hospitals had been set up in isolated areas. In contrast to military junta rulers in Burma (also known as Myanmar), the Chinese government has welcomed overseas assistance. Donations from overseas topped the $860m mark within a week of the earthquake, and non-governmental organisations such as the World Health Organization and the Red Cross are working closely with the Chinese authorities to coordinate . . .


Rising sea levels and not rising temperatures are the main threat from climate change for people in the UK, according to an expert. Professor Mark Maslin, director of the Environmental Institute at University College London, said that although adapting to warm wet winters and dry hot summers would not present too many difficulties to the UK population, coping with rising sea levels was another matter. Predictions indicate that sea levels will rise by 80 cm by 2080. Any time after 2030, the Thames barrier could be breached and London flooded, he told an informal debate on climate change and water held last week at Chatham

House, London (www.chathamhouse.org.uk). In this scenario, Professor Maslin predicted that 65 tube stations would flood and the ensuing catastrophic disruption to the city would be enough to prompt a global recession. Global average (near) surface temperatures have been rising steadily for the past . . .


Patients who have confounded doctors with signs and symptoms that elude diagnosis are to be offered the expertise of hundreds of doctors in a unique programme from the US National Institutes of Health. “Physicians deal with about 6600 conditions and 6000 of them are quite rare. Even common diseases have many subtypes,” the institutes’ director Elias A Zerhouni said during a telephone news conference with reporters earlier this week. He said it was not surprising that many can go undiagnosed for years. The programme aims to combine the revolution in tools and information at the molecular level with the expertise of the 1600 doctors at the NIH Clinical Center “to assist patients around the country and their doctors.” It will add to the knowledge base by creating a phenotype atlas of disease. “We are doing this now because of the advances that have been made over the last five years . . .


The proportion of US citizens who want “radical change” in their healthcare system reached 36% Republican pollster Bill McInturff told a briefing in Washington DC last week. He has tracked the question since 1992 and has seen the response go as low as 22%. “Every time we have gotten into the mid 30s or higher we have had a huge debate about healthcare.” “Among the people who say they want radical change are small business owners [43%] and people who work at companies of less than 10 employees [48%]. That is important because much of the opposition to reform during the Clinton administration came from small business.” Mr McInturff told the meeting, which was sponsored by the journal Health Affairs, that there had been an underlying shift in attitude towards the role of government over the past 13 years. In 1995, almost two thirds of US citizens said they . . .


Tens of thousands of migrants to South Africa are in need of medical treatment, and many more have had to flee their homes in shanty towns around the country, after xenophobic attacks carried out by their South African neighbours. Public hospitals have reported being unable to cope, and international aid agencies such as Médecins Sans Frontières, the Red Cross, and Oxfam are providing emergency medical relief. The Red Cross said that it alone is caring for some 25 000 refugees. Médecins Sans Frontières reports gunshot wounds, lacerations, and head trauma and burns, while newspapers have carried gruesome pictures of a Mozambican man being burnt alive.


Google, the search engine giant, has launched Google Health, a free service for patients offering a personal electronic medical record (www.google.com/health). But the move has prompted fears over the security of health information stored in this way. President George Bush has promoted electronic health records as a means of reducing medical errors and cutting the costs of health care in the United States. But uptake has so far been slow. The new Google service will compete with similar services offered by other commercial internet health services, such as WebMD. Electronic medical histories are also stored by major health insurance companies. An individual will be able to create an account, protected by a password, and enter personal medical records, either by keying them in or by importing electronic records from hospitals, laboratories, and pharmacies that are Google Health partners. When new information is added the service will check for . . .


A specialist cardiac hospital on the outskirts of Khartoum in Sudan has become a beacon of excellence for Africa, with outcomes that at least match and sometimes better similar centres in Europe and the United States. The Salam Centre for Cardiac Surgery was set up by the Italian medical relief agency Emergency with some funding from the Sudanese government. Since it opened its doors in April 2007 more than 7500 patients from 11 African countries have been seen by the centre’s doctors, and many of them have benefited from surgery previously unavailable in the region. The principles that underpin the hospital—equality, quality, and social responsibility—are a blueprint for new health systems for Africa based on human rights and medical excellence, said Gino Strada, an Italian surgeon and head of Emergency. He was speaking at an international conference in Venice on developing health services in Africa, which was attended by representatives . . .


Patients with certain types of colon cancer do not benefit from standard chemotherapy, new research shows, and the treatment may even cut their survival time. The findings back up the findings of a 2003 study. The researchers looked at the response to chemotherapy of more than 1000 patients with colon cancer, 15% of
A tuberculosis refresher course is important to get . . . more case studies and a progressive learning pattern. We shall now be making the course more interactive, with Edward Hill, chairman of the association’s council. “We are improving a refresher course in tuberculosis treatment,” said assistant tuberculosis course for online use, plus providing physicians. This includes revising the multidrug resistance guidelines and treatment protocols for multidrug resistance tuberculosis so that they can diagnose, predict, and treat the drug resistant strains more effectively. “All healthcare is local. The intention of the programme is to get all knowledge and know-how to physicians. This includes revising the multidrug resistant tuberculosis course for online use, plus providing a refresher course in tuberculosis treatment.” said Edward Hill, chairman of the association’s council. “We shall now be making the course more interactive, with more case studies and a progressive learning pattern. A tuberculosis refresher course is important to get . . .


Consumers in the United Kingdom are to receive stronger legal safeguards against products that claim, without any identifiable scientific evidence, to provide physical and mental health benefits such as tackling obesity or depression. The protection will be provided by the consumer protection regulations that come into force on 26 May, which implement new pan-European rules on unfair commercial practices. The scope of the legislation is deliberately wide and is the biggest shake up in consumer law for decades. It targets any unfair selling to consumers by any business. It is designed to be a safety net to catch dubious commercial practices that are not already covered by specific laws. It will cover any items—such as pills, drinks, or creams—that claim to have beneficial health effects, like losing weight, which do not fall under existing national and European medicines legislation. “If a trader cannot prove scientifically that the product works, this . . .


The World Medical Association is scaling up its training courses on multidrug resistant tuberculosis and placing emphasis on reaching health professionals in nations heavily affected by the epidemic, such as South Africa, India, China, and Russia. The thrust of the association’s actions is to provide online training to help doctors to use the latest World Health Organization guidelines and treatment protocols for multidrug resistant tuberculosis so that they can diagnose, prevent, and treat the drug resistant strains more effectively. “All healthcare is local. The intention of the programme is to get all knowledge and know-how to physicians. This includes revising the multidrug resistant tuberculosis course for online use, plus providing a refresher course in tuberculosis treatment,” said Edward Hill, chairman of the association’s council. “We shall now be making the course more interactive, with more case studies and a progressive learning pattern. A tuberculosis refresher course is important to get . . .


The global community needs to present a united front in the face of the three looming crises on the horizon—food, climate change, and pandemic influenza—that have the potential to undo much hard won progress in public health, the head of the World Health Organization. Dr Margaret Chan, told ministers and senior health officials on Monday. The WHO chief said these three international crises could severely affect health, with poor people being the first and hardest to be hit. “Two are beyond the direct control of the health sector. But for all three, human health will bear the brunt,” she told the 61st Annual World Health Assembly in Geneva. On the food crisis, Chan stressed that adequate nutrition is “the absolute foundation for health,” and she warned that already the world is confronted with an estimated 3.5 million deaths from undernutrition.

RESEARCH


Primary outcome was prolonged confirmed abstinence at six months. Secondary outcomes were prolonged abstinence at 12 months, drug use, severity of side effects, nicotine withdrawal symptoms, and urges to smoke. 72 of 445 (16%) people using nortriptyline and 55 of 456 (12%) using placebo achieved prolonged abstinence at six months (relative risk 1.34, 95% confidence interval 0.97 to 1.86). At 12 months the corresponding values were 49 (11%) for nortriptyline and 40 (9%) for placebo (1.26, 0.84 to 1.87). 337 (79%) people in the nortriptyline arm and 325 (75%) in the placebo arm were taking combination treatment on quit day, median 75 mg per day in both groups. More people in the nortriptyline arm than in the placebo arm took lower doses. The nortriptyline arm had noticeably higher severity ratings for dry mouth and constipation than the placebo arm, with slightly higher ratings for sweating and feeling shaky. Both groups had similar urges to smoke, but nortriptyline reduced depression and anxiety. Overall, withdrawal symptom scores did not differ. Nortriptyline and nicotine replacement therapy are both effective for smoking cessation but the effect of the combination is less than either alone and evidence is lacking that combination treatment is more effective than either alone.
Outcome for all infants was categorised as stillbirth, death without admission to neonatal intensive care, death before discharge from neonatal intensive care, and survival to discharge home in two time periods: 1994-9 and 2000-5 inclusive. The proportion of infants dying in delivery rooms was similar in the two periods, but a significant improvement was seen in the number of infants surviving to discharge (P<0.001). Of 497 infants admitted to neonatal intensive care in 2000-5, 236 (47%) survived to discharge compared with 174/490 (36%) in 1994. These changes were attributable to substantial improvements in the survival of infants born at 24 and 25 weeks. During the 12 years of the study none of the 150 infants born at 22 weeks’ gestation survived. Of the infants born at 23 weeks who were admitted to intensive care, there was no significant improvement in survival to discharge in 2000-5 (12/65 (18%) in 2000-5 v 15/81 (19%) in 1994-9). Survival of infants born at 24 and 25 weeks of gestation has significantly increased. Although over half the cohort of infants born at 23 weeks was admitted to neonatal intensive care, there was no improvement in survival at this gestation. Care for infants born at 22 weeks remained unsuccessful.


Unadjusted and adjusted odds ratios for drug resistance and associated factors. Proportion of multidrug resistant tuberculosis cases clustered. 28 620 culture confirmed cases were available for analysis. The proportion of cases resistant to isoniazid increased from 5% to 7%, Rifampicin resistance increased from 1.0% to 1.2% and multidrug resistance from 0.8% to 0.9%. Ethambutol and pyrazinamide resistance remained stable at around 0.4% and 0.6%, respectively. Regression analyses showed a significant increase in isoniazid resistance outside London (odds ratio 1.04, 95% confidence interval 1.01 to 1.07, a year, associated with changes in age (0.98, 0.98 to 0.99, a year), place of birth (1.49, 1.16 to 1.92), and ethnicity (P<0.05). In London, the rise (1.05, 1.02 to 1.08, a year) was related mainly to an ongoing outbreak. Increases in rifampicin resistance (1.06, 1.01 to 1.11, a year) and multidrug resistance (1.06, 1.00 to 1.12, a year) were small. A fifth of patients with multidrug resistant tuberculosis in 2004-5 had indistinguishable strain types, and one case was identified as extensively drug resistant. The rise in isoniazid resistance reflects increasing numbers of patients from sub-Saharan Africa and the Indian subcontinent, who might have acquired resistance abroad, and inadequate control of transmission in London. The observed increases highlight the need for early case detection, rapid testing of susceptibility to drugs, and improved treatment completion.


Between group differences in HbA1c, psychological indices, use of oral hypoglycaemic drugs, body mass index (BMI), and reported hypoglycaemia rates. 96 patients (55 men) were randomised to monitoring and 88 (56 men) to control. There were no baseline differences in mean (SD) age (57.7 (11.0) in monitoring group v 60.9 (11.5) in control group) or HbA1c (8.8 (2.1%) v 8.6 (2.3%), respectively). Those in the monitoring group had a higher baseline BMI (34 (7) v 32 (6.2)). There were no significant differences between groups at any time point (12 months values given) in HbA1c (6.9 (0.8%) v 6.9 (1.2%), P=0.69; 95% confidence interval for difference −0.25% to 0.38%), BMI (33.1 (6.4) v 31.8 (6.0); adjusted for baseline BMI, P=0.32), use of oral hypoglycaemic drugs, or reported incidence of hypoglycaemia. Monitoring was associated with a 6% higher score on the depression subscale of the well-being questionnaire (P=0.01). In patients with newly diagnosed type 2 diabetes self monitoring of blood glucose concentration has no effect on glycaemic control but is associated with higher scores on a depression subscale.


Quality adjusted life years and healthcare costs (sterling in 2005-6 prices). The average costs of intervention were £89 for standardised usual care, £181 for less intensive self monitoring, and £173 for more intensive self monitoring, showing an additional cost per patient of £92 (95% confidence interval £80 to £103) in the less intensive group and £84 (£73 to £96) in the more intensive group. No other significant cost difference was detected between the groups. An initial negative impact of self monitoring on quality of life occurred, averaging −0.027 (95% confidence interval−0.069 to 0.015) for the less intensive self monitoring group and −0.075 (−0.119 to −0.031) for the more intensive group. Self monitoring of blood glucose with or without additional training in incorporating the results into self care was associated with higher costs and lower quality of life in patients with non-insulin treated type 2 diabetes.
diabetes. In light of this, and no clinically significant differences in other outcomes, self monitoring of blood glucose is unlikely to be cost effective in addition to standardised usual care.