NEWS

Drug industry weakens US bill about disclosure of gifts.
Burton, B.

Government pledges extra £34m to tackle health inequalities in England.
Cohen, D.

UK health secretary accuses BMA of distorting government proposals for polyclinics.
Cohen, D.

Obstetricians seek recognition for Chinese pioneers of safe abortion.
Coombes, R.

IT contractor leaves NHS programme on electronic patient records.
Cross, M.

Government must get tough on alcohol misuse, public health experts warn.
Dobson, R.

Low nicotine and nicotine-free cigarettes no less harmful to smokers, research finds.
Dobson, R.

NHS faces legal action over copayment for private drugs while receiving NHS care.
Dyer, C.

Ombudsman finds health board guilty of maladministration for not providing free continuing care.
Dobson, R.

Focus on potential benefits of integrated care in polyclinics, GPs told.
Finch, R.

More money needed for accurate data on doctors’ performance.
Hitchen, L.

Doctors should report knife wounds even if it breaches patient confidentiality, say police.
Hurley, R.

Financial future of the NHS still not healthy despite surplus, say MPs.
Kmietowicz, Z.

New buildings not needed for polyclinics, says King’s Fund.

Kmietowicz, Z.

NHS reforms have produced “only limited benefits so far”.
Kmietowicz, Z.

Review launched after Harvard psychiatrist failed to disclose industry funding.
Lenzer, J.

Brazil adopts stronger pictures on cigarette packs in antismoking campaign.
Morales

Ban on cluster bombs a “victory for humanity,” say campaigners.
Moszynski, P.

Coinfection of tuberculosis and HIV poses global threat.
Moszynski, P.

Agencies denounce Zimbabwe’s ban on aid workers.
Moszynski, P.

Independent drug watchdog in Canada under funding threat.
Moynihan, R.

Doctors often overlook heart failure guidelines, study shows.
Pountney, D.

Canadian academics call for asbestos report to be published.
Spurgeon, D.

Fewer than one in five joint replacement patients receives anticoagulants after discharge.
Spurgeon, D.

Fall in hormone replacement therapy associated with fall in breast cancer.
Sweet, M.

US branded drug makers pay to prevent generic competition.
Tanne, J.H.

International conference calls for better prevention to contain spread of AIDS.
Wasswa, H.

Multidrug resistance responsible for half of deaths from healthcare associated infections in Europe.
Watson, R.
Mortality rates from malaria in children under 5 fall sharply in 10 countries.
Watson, R.

Success of coronary artery bypass grafts let down by poor organization.
White, C.

**RESEARCH**

Befriending carers of people with dementia: randomised controlled trial.
Charlesworth, G., Lee Shepstone, Edward Wilson, Shirley Reynolds, Miranda Mugford, David Price, Ian Harvey, and Fiona Poland.

Parenteral dexamethasone for acute severe migraine headache: meta-analysis of randomised controlled trials for preventing recurrence.
Colman, I., Benjamin W Friedman, Michael D Brown, Grant D Innes, Eric Graffstein, Ted E Roberts, and Brian H Rowe.

Doctors’ versus patients’ global assessments of treatment effectiveness: empirical survey of diverse treatments in clinical trials.
Evangelou, E., Georgios Tsianos, and John P A Ioannidis.

Patients’ attitudes to the summary care record and HealthSpace: qualitative study.


Determination of pH or lactate in fetal scalp blood in management of intrapartum fetal distress: randomised controlled multicentre trial.

**CLINICAL REVIEW**

Preventing malaria in travelers.
Lalloo, D.G., and David R Hill.

Diagnosis and management of hypocalcaemia.
Mark S Cooper, and Neil J L Gittoes.

**NEWS**


The US drug industry has persuaded key Congressional legislators to water down proposed legislation that would require detailed public disclosure of payments and gifts to doctors. In September 2007 the senators Chuck Grassley and Herb Kohl introduced the Physician Payments Sunshine Act 2007 to counter an estimated $19bn spent a year courting doctors. At the time Mr Grassley told the Senate that “the best disinfectant” to payments to doctors was “sunshine,” which means openness. Benefits provided to doctors, he said, “can be a simple dinner after work, or they can add up to tens of thousands and even hundreds of thousands of dollars each year . . . It is really pretty shocking.” The bill initially proposed that drug companies and medical device manufacturers with a turnover of more than $100m must file a report each quarter that details all individual payments of more than $25 made directly . . .


Inequalities in health persist and, in some cases, have widened, a government report launched this week has said. This is despite record spending in the NHS in England, which will further increase from just over £90bn in 2007-8 to £100bn in 2010-11. The report, Health inequalities: progress and next steps, sets out the government’s plans to tackle health inequalities and help the most deprived communities. The report renewed the government’s pledge to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth by 2010. Speaking at the launch health secretary, Alan Johnson, said the government’s strategy for tackling health inequality “involves action on three fronts”—acting on the wider social determinants of health, promoting healthy lifestyles, and improving access to services. He also pledged an extra £34m for the coming year to fund programmes that improve life expectancy, reduce infant . . .


Alan Johnson this week attacked the BMA for its “ludicrous misrepresentation” of UK government proposals for polyclinics, in a speech at the launch of a government report about health inequalities. At the event, organised by the Institute for Public Policy Research, he described the opposition by the BMA and the Conservative party to the government plans as “a faint echo of their infamous double act 60 years ago, when they opposed the creation of the NHS itself.”
speech followed a week of growing tension between the Department of Health and the BMA about polyclinics, including an article in the Observer newspaper by Alan Johnson accusing the BMA of speaking in "furid and inaccurate terms" (8 June, p 19). Mr Johnson said that he didn’t want to “pick a fight with the BMA" but accused it of putting its own interests first. “Those who oppose longer opening hours and additional . . .


Chinese, Australian, and UK obstetricians have organised the translation of a pioneering research paper on abortion by vacuum aspiration, in an attempt to get recognition for its authors 50 years after it was first published. The research ultimately led to the technique becoming the world’s commonest and safest obstetric procedure. As a result it has probably been responsible for saving thousands of women’s lives. The first English translation of the classic paper is published online this week in the news section on bmj.com, in the hope of gaining recognition for the researchers, two Shanghai obstetricians called Yuantai Wu and Xianzhen Wu. “There can be few, if any, surgical procedures that have alleviated more human suffering, morbidity, and mortality than vacuum aspiration abortion,” said Roger Short, who, with Chinese colleagues, translated the 1958 paper, originally published in the Chinese Journal of Obstetrics and Gynaecology. Although there is some dispute over . . .


A £900m contract with an IT services firm is the latest part of the £13bn programme that started five years ago to computerise the NHS in England to go awry. NHS Connecting for Health, the agency that runs the programme, has said that it will issue a termination notice to Fujitsu, “the local service provider” responsible for installing and running electronic patient record systems in southern England, from Cornwall to Kent but excluding London. The decision has followed months of renegotiations of a 2004 contract. The agency would not say who would replace Fujitsu. “Work has started immediately on planning the necessary arrangements.” It has already taken steps to allow NHS organisations more choice in their IT systems, which would make the local service provider’s role obsolete. Fujitsu was one of four providers chosen in the programme’s initial phase to supply standard systems in five geographical regions . . .


UK public health specialists are calling for opportunistic screening for alcohol misuse in primary care and in hospitals among a raft of measures designed to curb the rising tide of alcohol related problems. The alcohol position statement launched by the Faculty of Public Health and Association of Directors of Public Health at their annual conference in Cardiff this week says that government strategies need to be applied much more robustly and backed up with legislation and regulation where voluntary codes are failing. It recommends increased duty on alcohol, greater enforcement of drink-drive laws through random breath testing, and a reduction in the legal blood alcohol limit for driving from 80 mg/100 ml to 50 mg/100 ml. “Every week we seem to be hit with yet another shocking statistic about the damage done by alcohol misuse to individuals and society,” said faculty president Professor Alan Maryon Davis. “All of us, especially . . .


Perceptions that low nicotine and nicotine-free cigarettes are less harmful than conventional cigarettes are not supported by research. Smokers might have reduced exposure to some toxicants, but exposure to others is greater, say researchers in Toxicology (2008 May 24 doi: 10.1016/j.tox.2008.05.009). “This situation would likely be exacerbated by the users compensating for the lower nicotine yield and inhaling more, thereby further altering the smoke chemistry,” say the authors, whose tests showed that condensates of smoke from the nicotine-free and low nicotine cigarettes had a similar mutagenic potency to a reference cigarette. The researchers, from the Lombardi Comprehensive Cancer Center, Georgetown University, Washington, DC, investigated the low nicotine and nicotine-free cigarettes produced by Vector Tobacco, under the tradename Quest. New products from the tobacco industry need scientific evidence to show whether they have health benefits. the researchers say, adding that cigarette smoke contains more than 4000 different compounds, of which . . .


The NHS is likely to face a High Court action soon about cancer patients’ right to top up their care with drugs paid for privately while they continue to receive the rest of their treatment free. At least two patients have lodged claims that challenge the Department of Health’s guidance A Code of Conduct for Private Practice, issued in April 2003, which tells trusts not to permit patients to pay for additional drugs. Dozens of patients have consulted lawyers, who hope to get a test case to court before the end of July. Melissa Worth of the Manchester law firm Halliwells, which is taking cases free of charge, has been consulted by about 20 patients. So far trusts
have backed down and generally agreed to treat patients as exceptional cases after receiving solicitors’ letters, she said.


A health board has been found guilty of maladministration after it decided that an elderly woman with a history of Parkinson’s disease who had had two strokes, was partially sighted, had insulin dependent diabetes, high blood pressure, and thyroid abnormalities, was not eligible for NHS funded continuing care in a residential home. The public services ombudsman for Wales, Peter Tyndall, described the decision by Cardiff Local Health Board as seriously flawed. “The board’s own assessment has recognised that she needs registered nursing care to meet a variety of circumstances and this is described in the multidisciplinary team assessment as unpredictable, unstable, complex, and presenting risk of harm,” he says. “On the face of it, its approach to the decision not to award NHS funded continuing care appears to have been seriously flawed.” Lawyers acting for the brother in law of the 73 year old woman in the Cardiff case, whose . . .


Doctors should ignore the “distraction” of polyclinics and concentrate on the potential benefits of integrated care that they could bring, healthcare analysts argued at a debate in London last week. Leading GPs reiterated their concerns about the drive to introduce polyclinics in every region of England at the debate, organised by the rightwing think tank Civitas, at the Royal College of Surgeons of England. The move, championed by the health minister Ara Darzi as part of his review of the NHS, could scupper plans to get primary and secondary care working together in integrated systems or managed care pathways, they claim. Steve Field, chairman of the Royal College of General Practitioners, and an adviser to Lord Darzi on NHS workforce matters, said that the college was concerned about the way in which polyclinics were being introduced in the United Kingdom. “I don’t oppose polyclinics per se, just the way they . . .


Doctors have called for substantial investment in data on their performance to ensure that the public gets an accurate picture of results. The call has come after news that the government will soon publish the death rates of patients having surgery in NHS hospitals in England. The first data will cover procedures such as hip and knee replacements, oesophageal surgery, and correction of aortic aneurysms. Bruce Keogh, NHS medical director, told the Guardian that this was likely to happen “within weeks or months” and would be put on the NHS Choices website this summer (www.nhs.uk). Initially, data will be published on hospital units’ performance; information about individual clinicians will follow. Results from other specialties would follow in the next two to three years as developed, he said. Since the recommendations of the Bristol inquiry in 2001, the NHS had not made much progress on measuring outcomes, said Professor . . .


Staff at UK hospitals should tell police when patients present with serious knife wounds even if this is against the patient’s wishes, says a senior police officer. Alfred Hitchcock, the acting assistant commissioner for London’s Metropolitan Police and the Association of Chief Police Officers’ national lead officer for knife related crime, made the request on the Channel 4 News programme. His call came after a fresh spate of violence in England among teenagers and young adults over the late May bank holiday weekend, which included several knife attacks and the fatal stabbing of an 18 year old man. “If there are knife wounds that are clearly inflicted as a result of a serious incident then it should be notified to us,” Mr Hitchcock later told the BMJ. “In the way we get gunshot wounds reported to us by hospitals, it seems sensible that hospitals could report knife wounds to . . .


Too many NHS organisations achieved financial balance in 2006-7 by cutting services for patients, says a report from a cross party group of MPs. Although the Department of Health, which was under the stewardship of Patricia Hewitt at the time, is applauded for turning around the financial problems that engulfed the NHS in the previous two years, Edward Leigh, chairman of the public accounts committee, said that “the NHS is not yet travelling along the road to long term financial health.” The financial performance of different types of NHS organisations still has large variations, and one in five continues to record a deficit, says the report. The MPs examined how the department managed to turn around an increasing deficit in the NHS, which reached £512m for 2005-6, double that recorded for the previous year. It found that the £515m surplus in 2006-7 was achieved by tight financial . . .


Local NHS organisations should be given the freedom from Whitehall to implement large health centres or
“polyclinics” in the way that they think will best serve their population, the head of one of the United Kingdom’s leading organisations for research into healthcare policy has said. In particular, Niall Dickson, chief executive of the King’s Fund, said that local health bodies should not be required to erect new buildings to house polyclinics when other ways of implementing the policy will work. Mr Dickson acknowledged that advances in technology, changes in patients’ expectations, and staff working hours signal a need to review how and where care is delivered. The polyclinic approach, which has been discussed as part of the health minister Ara Darzi’s NHS review, aims to meet the government’s plans for a more patient focused and integrated health service. A report from the King’s Fund, published ahead of Lord Darzi’s final . . .


The government’s ambitious programme of reform for the NHS has delivered only limited benefits for patients, says a report from two healthcare watchdogs. Unless GPs are given the support to take forward commissioning in the community “the reform programme will not provide the necessary balance of power between primary and secondary care” to succeed, says the report from the Healthcare Commission and the Audit Commission. In 2000 the then prime minister, Tony Blair, announced a range of sweeping reforms in the NHS plan for England to deliver a more devolved health service with improved services for patients (BMJ 2000;321:317; doi: 10.1136/bmj.321.7257.317). The reforms were accompanied by the largest ever investment in the NHS, with spending for England doubling from £43.7bn in 2000-1 to £90.7bn in 2007-8. The report, which is based on work carried out between May and November 2007, examines the impact on improving . . .


Findings that a leading Harvard professor of psychiatry failed to report substantial payments that he received from drug companies has caused Harvard Medical School, one of its affiliated hospitals, and the US National Institutes of Health (NIH) to come under fire. An investigation by the US senator Charles Grassley showed that the psychiatrist, Joseph Biederman, and two of his colleagues, Thomas Spencer and Timothy Wilens, had altogether received more than $4.2m from drug companies since 2000. The financial disclosure forms filled by the three doctors, according to Mr Grassley, “were a mess” and made it seem that they had received only “a couple of hundred thousand dollars” in the past seven years (http://frwwebgate.access.gpo.gov/cgi-bin/getpage.cgi?Nbrname=2008_record&Page=S5029&Position=all).

Mr Grassley said that the failure of the researchers to report their full income could place Harvard and Massachusetts General Hospital “in jeopardy of violating NIH regulations on conflicts of interest.” Such violations . . .


Ten shocking images have been released by the Brazilian health ministry as part of its latest antismoking campaign. Cigarette packets with pictures and health warnings to deter people from lighting up have been in circulation since 2001. The country was second only to Canada in adopting images as part of a strategy to lower the prevalence of tobacco use. The adverts were chosen based on a joint study between the National Cancer Institute and five other institutions, in which 212 people aged 18-24, including smokers and non-smokers, measured the emotional impact caused by the images. The study found that the illustrations were considered more aversive compared with the previous ones. “The images are strong. They radicalise the scope that had been adopted by the health ministry but were produced meeting evidence based criteria. There is a whole evaluation to strengthen this strategy,” said José Gomes Temporão, minister of health, at . . .


Disability campaigners and survivors of cluster bombs have welcomed the comprehensive ban on cluster munitions agreed last week in Dublin. As well as outlawing an entire class of weapons, the ban includes provisions to help victims. Thomas Nash, coordinator of the Cluster Munition Coalition, said, “We have consigned cluster bombs to the dustbin of history and stigmatised their use. With this historic agreement cluster bombs can never be used, produced, or transferred again, and this is a victory for humanity.” The agreement “raises the bar for treaties covering conventional weapons, particularly around victim assistance.” Humanitarian assistance for victims and affected communities as well as obligations towards affected countries and donors to clear contaminated land go beyond what was agreed in the Ottawa landmine treaty and build on the Convention on the Rights of Persons with Disabilities. Branislav Kapetanovic, a survivor of cluster munitions, from Serbia, said, “I lost my arms . . .


The interaction between the twin pandemics of HIV and tuberculosis could soon become a “threat to global health security,” particularly with the emergence of almost untreatable strains of tuberculosis, said experts
at this week’s HIV and tuberculosis global leaders’ forum at the United Nations. “Today, tuberculosis is one of the top 10 leading causes of death globally, causing more than 4000 deaths every day,” the UN secretary general, Ban Ki-moon, told the meeting. “This is shocking: no one should die of tuberculosis, a preventable and curable disease, in this prosperous and technology rich 21st century.” Despite the fact that HIV and tuberculosis frequently occur in the same person, we continue to deal with the two diseases separately,” Mr Ban said. “Fewer than one third of all people living with HIV and tuberculosis worldwide received appropriate treatment for both diseases in 2007.” He called for “more collaboration between sectors, better coordination . . .


Zimbabwe’s decision to suspend aid agencies from operating in rural areas, accusing them of political bias and interference, has caused international outrage and concerns that it may cause a nutritional disaster. John Holmes, the United Nations undersecretary general for humanitarian affairs, said, “This is a deplorable decision that comes at a critical humanitarian juncture for the people of Zimbabwe. “Much of the UN’s own humanitarian aid in Zimbabwe, as elsewhere, is programmed through non-governmental organisations (NGOs). If voluntary organisations and NGOs are not able to work, humanitarian aid for at least two million of the most poor and vulnerable of Zimbabwe’s people, particularly children, will be severely restricted.” He maintained, “The organisations concerned are engaged in vital humanitarian work fully respecting the principles of impartiality and neutrality, which are fundamental to all they and we do. They need unrestricted access, and guarantees for their safety and security.” Unicef’s spokesman Patrick . . .


An internationally respected drug advisory body based at the University of British Columbia is facing closure after a report to the provincial minister for health called for its “replacement.” The Therapeutics Initiative (www.ti.ubc.ca) produces evidence based reviews of drugs for doctors, policy makers, and the public, and the group has strict conflict of interest policies, which guarantee that its findings are as free of industry influence as possible. A report from a task force of nine, submitted to the health minister of British Columbia last month, claims that although the Therapeutics Initiative “has served an important role in the past, it is now widely regarded as being in need of either substantial revitalisation or replacement. The task force regards replacement as the better option.” The health minister, George Abbott, said that he would accept the task force’s recommendations, sparking a strong global reaction in support of the . . .


Evidence based guidelines for managing heart disease are often not followed by GPs and specialist doctors, a recent meta-analysis has shown (European Heart Journal 2008; doi: 10.1093/eurheartj/ehn196). Geographical differences in the care given to patients were also identified. The study group randomly surveyed doctors in nine European countries, including the United Kingdom. Of the 6887 replies received 2041 were from cardiologists, 1881 were from internists and geriatricians, and 2965 were from primary care doctors. The lead author, Willem Remme, of the Sticares Cardiovascular Research Foundation, in Rhoon, the Netherlands, described the findings as “very worrying.” “We found that despite the widespread availability of evidence based guidelines on the management of heart failure, there were significant differences between physicians and countries,” said Professor Remme. “It is very worrying because guidelines are the only source of information which gives management advice in a complete and unbiased way, based on data . . .


The chairman and another member of a panel of seven international experts engaged by Canada’s federal health department to examine risks of cancer associated with asbestos have complained to the health minister, Tony Clement, about delays in publicly releasing the panel’s report. They say that the delay is occurring at a time when “erroneous allegations” have been made about the report by those who have seen it “to suit their political objectives,” a reference to a statement in the House of Commons by Andre Bellavance, MP for Richmond-Arthabaska, Bloc Quebecois. The report looks at risks from a form of asbestos that Canada promotes worldwide. Trevor Ogden, the panel’s chairman, and his colleague Leslie Stayner, director of the epidemiology and the biostatistics division of the University of Chicago’s school of public health, say in letters to Mr Clement that Mr Bellavance’s statement “clearly implied that the report supports controlled use for . . .


Fewer than one in five elderly patients received anticoagulants after discharge from hospital after undergoing hip or knee replacement, a study has shown (CMAJ 2008;178:1545-54). Such patients are at high risk of developing venous thromboembolism. Patients who were prescribed these drugs had a lower risk of short term mortality, but the benefits of and
barriers to thromboprophylaxis after discharge in this population need further study, say the researchers. The authors of a related commentary say that the study highlights the need for greater awareness of the importance of evidence based prophylaxis in high risk surgical populations. But they note that the paper contains several limitations that reduce its impact and say that strategies are needed, such as standardised care plans, to ensure that appropriate care continues after discharge from hospital (CMAJ 2008;178:1571-2). This retrospective cohort study used summary records of hospital discharges, doctors’ billing information, reimbursement claims for . . .


A sudden fall in the use of hormone replacement therapy (HRT) in Australia has been associated with a drop in the incidence of breast cancer among older women, a study has shown (Medical Journal of Australia 2008;188:641-4). A 40% decline in HRT prescribing between 2001 and 2003 was associated with a 6.7% fall in the incidence of breast cancer standardised for age in women aged 50 and older. Women younger than 50 showed no significant change in incidence of breast cancer, the researchers found. The fall in sales of HRT followed negative publicity arising from the women’s health initiative study, published in 2002 (JAMA 2002;288:321-33). The authors of the new study, from the Cancer Council New South Wales, the Australian National University, and the University of Oxford’s cancer epidemiology unit, noted that the study did not prove a causal connection. However, they were unable to find any evidence . . .


Companies that make branded drugs make payments or beneficial agreements called “side deals” to prevent or restrict marketing of a generic form of a patented drug, the US Federal Trade Commission (FTC) reported last month. The commission reported that there were 33 final settlements in the fiscal year 2007. Fourteen included payment to the aspiring generic manufacturer and a restriction on the generic company’s ability to market the generic drug, a number similar to the previous year. The report did not name the companies involved. “Pay for delay’ settlements continue to proliferate,” said the commissioner Jon Leibowitz. “That’s good news for the pharmaceutical industry, which will make windfall profits on these deals. But it’s bad news for consumers, who will be left footing the bill. These agreements inflict special pain on the working poor and the elderly, who need effective drugs at affordable prices.” A spokesman for the commission, Mitchell . . .


Three million people in poor and middle income countries were taking drugs to treat AIDS at the end of 2007, a conference of 1700 doctors and health experts in Kampala heard last week. The 2008 HIV/AIDS Implementers’ Meeting also heard that the world population of people with HIV fell from 39.5 to 33.2 million between 2006 and 2007. The number of newly infected people in 2007 was 2.5 million, down from 3.2 million in 1998. These figures were in a report produced jointly by the World Health Organization, UNAIDS, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. But delegates at the meeting thought that these achievements could not be sustained unless more emphasis was put on programmes that concentrate on reducing the spread of AIDS. They emphasised that prevention programmes in sub-Saharan Africa needed to be reignited. AIDS in this region accounts for 68% of all adults with . . .


Multidrug resistant bacteria are responsible for about half of the 37 000 deaths a year in the 27 member states of the European Union that are caused by infections associated with health care, show the preliminary results of research from the European Centre for Disease Prevention and Control, in Stockholm. The official findings, which will be presented later this summer, coincide with growing political and medical pressure for a reduction in the use of antibiotics in a bid to curb increases in drug resistant bacteria. Dominique Monnet, the centre’s senior expert in its scientific advice unit, who presented the initial conclusions of the study at a seminar for journalists last week, insisted that the detrimental effects of antibiotics could even be greater. “This is an underestimate since we are considering only the seven most common multidrug resistant bacteria and the four main types of healthcare associated infections—bloodstream infection, pneumonia, skin . . .


Latest figures from the Global Fund to Fight AIDS, Tuberculosis, and Malaria show that considerable advances are being made in tackling all three diseases. Released this week to coincide with the United Nations’ general assembly high level meeting on HIV/AIDS in New York, the figures show that the fund has delivered 59 million bed nets impregnated with insecticide to families at risk of catching malaria, almost double the number that were issued a year ago. Michel Kazatchkine, the fund’s executive director, said there was now clear evidence that mortality rates from the
disease among children younger than 5 years of age had fallen sharply in 10 sub-Saharan countries, and, in Zanzibar, malaria had been almost eradicated as a public health problem. The fund also announced that 1.75 million people with HIV were benefiting from antiretroviral treatment through programmes supported by the fund—a 59% rise on figures a year ago. Currently . . .


Poor organisation, communication, and teamwork are letting down patients who need heart surgery, a UK audit of outcomes and death rates after coronary artery bypass grafting has shown. The investigation, which lasted three years, involved 39 NHS hospitals and 19 independent sector facilities in the United Kingdom. Ian Martin, lead clinical coordinator of the National Confidential Enquiry into Patient Outcomes and Death, said that he was not surprised by the findings. “This is not atypical of other areas of medicine we have looked at. Not having the proper systems in place is not unique to cardiac surgery,” he said. “But it should not be happening in this day and age. This is not about major resources.” But the success of the procedure had allowed some complacency to creep in, he said. “Clinical operations are still largely well done,” he added. “And there is an element of complacency about . . .

RESEARCH


The intention to treat analysis showed no benefit for the intervention “access to a befriender facilitator” on the primary outcome measure or on any of the secondary outcome measures. In common with many carers’ services, befriending schemes are not taken up by all carers, and providing access to a befriending scheme is not effective in improving wellbeing.


From 666 potentially relevant abstracts, seven studies met the inclusion criteria. All included trials used standard abortive therapy and subsequently compared single dose parenteral dexamethasone with placebo, examining pain relief and recurrence of headache within 72 hours. Dexamethasone and placebo provided similar acute pain reduction (weighted mean difference 0.37, 95% confidence interval –0.20 to 0.94). Dexamethasone was, however, more effective than placebo in reducing recurrence rates (relative risk 0.74, 95% confidence interval 0.60 to 0.90). Side effect profiles between dexamethasone and placebo groups were similar. When added to standard abortive therapy for migraine headache, single dose parenteral dexamethasone is associated with a 26% relative reduction in headache recurrence (number needed to treat=9) within 72 hours.


Relative odds ratio (ratio of odds ratios of global improvement with the experimental intervention versus control according to doctors compared with patients), and improvement rates according to doctors and patients. Doctors’ global assessments were compared with patients’ global assessments for 63 different treatment comparisons (240 trials) in 18 conditions. The summary relative odds ratio across the comparisons was not significant (0.98, 95% confidence interval 0.88 to 1.08; I2=0%, 95% confidence interval 0% to 30%). In 62 of the 63 comparisons the effects of treatment rated by patients and by doctors did not differ beyond chance, but for single comparisons the confidence intervals were large. Rates of improvement on average did not differ between doctors’ assessments and patients’ assessments (summary relative odds ratio 0.98, 0.88 to 1.06; I2=0%, 0% to 24%). Doctors’ global assessments of the effects of treatments are on average similar to those of patients.


Most people were not aware of the SCR or HealthSpace and did not recall receiving information about it. They saw both benefits and drawbacks to having an SCR and described a process of weighing the former against the latter when making their personal choice. Key factors influencing this choice included the nature of any illness (especially whether it was likely to lead to emergency care needs); past and present experience of healthcare and government surveillance; the person’s level of engagement and health literacy; and their trust and confidence in the primary healthcare team and the wider NHS. Overall, people with stigmatising illness were more positive about the SCR than people who claimed to speak for “vulnerable groups.” Misconceptions about the SCR were common, especially confusion about what data it contained and who would have access to it. Most people were not interested in recording their medical data or accessing.
their SCR via HealthSpace, but some saw the potential for this new technology to support self management and lay care for those with chronic illness. Despite an extensive information programme in early adopter sites, the public remains unclear about current policy on shared electronic records, though most people view these as a positive development. The “implied consent” model for creating and accessing a person’s SCR should be revisited, perhaps in favour of “consent to view” at the point of access.


Dietary habits assessed at baseline with a validated 136 item food frequency questionnaire and scored on a nine point index. New cases of diabetes confirmed through medical reports and an additional detailed questionnaire posted to those who self reported a new diagnosis of diabetes by a doctor during follow-up. Confirmed cases of type 2 diabetes. Participants who adhered closely to a Mediterranean diet had a lower risk of diabetes. The incidence rate ratios adjusted for sex and age were 0.41 (95% confidence interval 0.19 to 0.87) for those with moderate adherence (score 3-6) and 0.17 (0.04 to 0.75) for those with the highest adherence (score 7-9) compared with those with low adherence (score <3). In the fully adjusted analyses the results were similar. A two point increase in the score was associated with a 35% relative reduction in the risk of diabetes (incidence rate ratio 0.65, 0.44 to 0.95), with a significant inverse linear trend (P=0.04) in the multivariate analysis. Adherence to a Mediterranean diet is associated with a reduced risk of diabetes.


Metabolic acidaemia occurred in 3.2% in the lactate group and in 3.6% in the pH group (relative risk 0.91, 95% confidence interval 0.61 to 1.36). pH <7.00 occurred in 1.5% in the lactate group and in 1.8% in the pH group (0.84, 0.47 to 1.50). There was no significant difference in Apgar scores <7 at 5 minutes (1.15, 0.76 to 1.75) or operative deliveries for fetal distress (1.02, 0.93 to 1.11). There were no significant differences in rate of acidaemia at birth after use of lactate analysis or pH analysis of fetal scalp blood samples to determine hypoxia during labour. Trial registration ISRCT No 1606064.

CLINICAL REVIEW


Summary points
Malaria can be prevented by avoiding bites and using appropriate chemoprophylaxis
An individual harm-benefit assessment should be made for each traveller
The possibility of malaria should be kept in mind for any traveller returning from an endemic area

Protecting travellers against malaria is increasingly important as the number travelling overseas continues to rise, with a disproportionate increase in visits to tropical areas where malaria transmission may occur. Each year about 1700 cases of malaria occur in the United Kingdom, 1300 in the United States, and 3000 in France.1 2 3 In the UK, about 75% of these cases are caused by Plasmodium falciparum, which produces the most severe form of malaria; five to 16 deaths occur annually and are nearly always in cases of falciparum malaria.1 Most infections occur in travellers resident in the UK, rather than in visitors to the UK. Malaria is a major risk for travellers if they . . .


Hypocalcaemia is a potentially life threatening biochemical abnormality that carries risks for serious errors in diagnosis and treatment. Hypocalcaemia presents in primary and secondary care; it has a prevalence of 18% in all patients in hospital and 85% in the intensive care unit.1 2 The most common cause of hypocalcaemia in primary care is vitamin D deficiency, which—depending on population demographics—may have a prevalence as high as 50%.3 Hypocalcaemia may be an asymptomatic laboratory finding or a life threatening metabolic disturbance. Acute hypocalcaemia can result in severe symptoms that require rapid admission to hospital and correction. In contrast, when hypocalcaemia develops slowly patients can be surprisingly free of symptoms. This review will help clinicians to optimise the diagnosis and management of patients with hypocalcaemia. Because hypocalcaemia often presents as an emergency and symptoms are rapidly reversed by giving calcium, the evidence base for managing acute hypocalcaemia is mostly based on . . .