NEWS

Singaporean medical team reports back from Burma.
Brill, D.

One in four NHS trusts in England fail hygiene standards.
Coombes, R.

NHS might have to attract more private money if it is to improve standards.
Coombes, R.

Health department and BMA may reach compromise on records system.
Cross, M.

British woman is given go ahead to clarify law on assisted suicide.
Dyer, C.

Neonatal service reorganisation fails to iron out regional variation in death rates
Dyer, O.

Psychiatrist admits plagiarism but denies dishonesty.
Dyer, O.

NHS will reduce its greenhouse gas emissions by 60% by 2050, minister says.
Dyer, O.

Psychiatrist is suspended for three months for plagiarism.
Dyer, O.

Zimbabwean doctors see big rise in cases of trauma in wake of political violence.
Dyer, O.

Europe’s drug companies are better than those in US in making drugs accessible to poor countries.
Jack, A.

Agency finds it harder to monitor infections after surgery as length of hospital stay falls.
Hitchen, L.

Number of patients receiving angioplasty is rising, heart attack audit shows.
Hitchen, L.

Government and industry reach new pricing deal to cut NHS drugs bill.
Jack, A.

Government insists on second public consultation before regulating complementary medicine.
Kmietowicz, Z.

Opportunity was missed in choice of cervical cancer vaccine, health campaigners say.
Kmietowicz, Z.

Number of UK patients offered participation in clinical trials will be boosted.
Kmietowicz, Z.

Olympic Games will bring health gains to the non-sporting public, says Princess Anne.
Macauley, D.

Survival of women treated for early breast cancer detected by screening is same as in general population, audit shows.
Mayor, S.

More than 100 000 children in Ethiopia need therapeutic feeding.
Moszynski, P.

High prices drive down flow of food aid.
Moszynski, P.

Global health goals depend not just on more aid but better delivery.
Moszynski, P.

Government announces review of co-payments in the NHS.
O’Dowd, A.

Professionals should be given more freedom to innovate, says King’s Fund.
O’Dowd, A.

Conservatives say they will drop internal NHS targets and focus on outcomes.
O’Dowd, A.

Dutch doctors publish guide to “careful suicide”.
Sheldon, T.

Mobile phones do not pose health risk, German survey shows.
Tuffs, A.

EU launches plan to tackle mental illness and reduce number of suicides.
Watson, R.
RESEARCH

Effect of 50 000 IU vitamin A given with BCG vaccine on mortality in infants in Guinea-Bissau: randomised placebo controlled trial.
Benn, SB., Birgitte Rode Diness, Adam Roth, Ernesto Nante, Ane Bærent Fisker, Ida Maria Lisse, Maria Yazdanbakhsh, Hilton Whittle, Amabelia Rodrigues, and Peter Aaby.

Case-control study of self reported genitourinary infections and risk of gastroschisis: findings from the national birth defects prevention study, 1997-2003.
Feldkamp, ML., Jennita Reefhuis, James Kucik, Sergey Krikov, Andy Wilson, Cynthia A Moore, John C Carey, and Lorenzo D Botto.

Frank, PL., Julie A Morris, Michelle L Hazell, Mary F Linehan, Timothy L Frank.

Predicting cardiovascular risk in England and Wales: prospective derivation and validation of QRISK2.
Hippisley-Cox, J., Carol Coupland, Yana Vinogradova, John Robson, Rubin Minhas, Aziz Sheikh, and Peter Brindle.

Fifty years of violent war deaths from Vietnam to Bosnia: analysis of data from the world health survey programme.
Obermeyer, Z., Christopher J L Murray, and Emmanuela Gakidou.

Seroprotection against serogroup C meningococcal disease in adolescents in the United Kingdom: observational study.

CLINICAL REVIEW

Recent changes in the management of community acquired pneumonia in adults.
Durrington, HJ., and Charlotte Summers.

Refeeding syndrome: what it is, and how to prevent and treat it.
Hisham M Mehanna, Jamil Moledina, Jane Travis, and Macmillan.

NEWS

Although some humanitarian organisations are still encountering obstacles in providing aid to the survivors of the cyclone that hit Burma in May, a team of doctors and nurses from Singapore has been able to treat some 5000 patients. The team of 23, now back home, was based for two weeks at a hospital in the township of Twan Te, roughly an hour’s drive south west of Rangoon. Dispatched under three separate banners—the Ministry of Health, the Singapore Red Cross, and a non-governmental humanitarian charity called Mercy Relief—they united on arrival to share expertise and resources. Some international aid had reached the people of Twan Te, many of whom are living in tented refugee camps with access to water filtration systems donated from overseas. Other residents had taken shelter in the town’s monasteries. Rebuilding of damaged houses has already begun, the Singaporean team says. Many homes had lost their roofs and . . .

More than a quarter of NHS trusts in England have failed to meet one or more hygiene standards set by the Healthcare Commission. Of the 103 trusts (26% of the total of 391 trusts) that failed on at least one of three core hygiene standards in 2007-8, 40 had slipped back from better performance the previous year. The area where the greatest number of trusts struggled was in the decontamination of reusable medical devices. Seventy trusts failed to meet this standard. Thirty five trusts could not say that they had complied with standards on infection control, and 21 had not met targets on clean buildings. Part of the reason for poor performance was that regulation had been clarified and toughened, said the Healthcare Commission. For example, some hospitals were still using benchtop sterilisers to clean equipment, even though this practice was no longer recommended. Trusts must reverse their poor performance . . .

Coombes, R. (2008). NHS might have to attract more private money if it is to improve standards. British Medical Journal, 336 (7659), 1457.
The United Kingdom has little choice but to pull more private funds into the NHS, by such methods as allowing patients to top up care by paying out of their own pocket, if it is to maintain and improve healthcare standards in the future, a leading academic said this week. Chris Ham, professor of health policy and management at Birmingham University, who was giving the first BMJ lecture, pointed out that the UK relied far less on private funding than other Organisation for Economic Cooperation and Development (OECD) countries. In the UK, 87% of health spending comes from the public purse.
compared with 72-73% in the average OECD country. “If we look at our funding levels in the UK compared to OECD countries, we are now at one end of the spectrum. If we are going to fund new technologies, how far are we willing to move in the direction . . .


The prospect of an end to the long conflict between the BMA and the NHS in England over the ethics of electronic health records surfaced this week when a Department of Health official gave evidence to a parliamentary committee. Gillian Brauold, clinical director of the programme to create electronic summary records, told the House of Commons Public Accounts Committee that a decision to move to a compromise model of patient consent endorsed by the BMA could be made by the end of July. The model, known as consent to view, would end the current impasse between professional bodies and the NHS over whether patients can be presumed to have given permission for their electronic records to be shared unless they specifically opt out. At the hearing Dr Brauold defended presumed consent as a safeguard for vulnerable patients. However, she said that the NHS’s IT agency, Connecting for Health, is studying . . .


A British woman with multiple sclerosis is to go to the High Court in October to seek assurance that her husband will not be prosecuted if he helps her travel to Switzerland to end her life. Debbie Purdy, 45, was given the go ahead last week to apply for a judicial review of the refusal by the director of public prosecutions, Ken Macdonald, to spell out any official policy on prosecuting relatives and friends who assist a loved one who commits suicide in Switzerland. Assisted suicide is legal there, and some 92 terminally ill British people have been helped to die by the Swiss organisation Dignitas. In Britain, helping someone to commit suicide is a crime punishable by up to 14 years in prison. Some friends and relatives who have gone along on the journey have been questioned by police, but so far none have been prosecuted.

Ms Purdy, from . . .


One of Britain’s best known psychiatrists, Raj Persaud, this week admitted several allegations of plagiarism before a General Medical Council panel in Manchester. Dr Persaud won fame through frequent appearances on ITV’s This Morning with Richard and Judy in the 1990s. He later became a presenter on BBC Radio 4’s All in the Mind programme. He also contributed articles and book reviews to the BMJ from 1999 until 2005, when allegations of plagiarism first surfaced. Two of the allegations against Dr Persaud concern articles submitted to the BMJ. A 2005 book review of The Man Who Shocked the World: The Life and Legacy of Stanley Milgram, by Thomas Blass, a professor at the University of Maryland, contained passages copied from the book under review (BMJ 2005;331:356 doi: 10.1136/bmj.331.7512.356). The BMJ later formally retracted Dr Persaud’s review (www.bmj.com/cgi/content/full/ 331/7512/356/DC1). A further article containing passages from the . . .


The NHS in England is committed to reducing its emission of greenhouse gases by 60% before the year 2050, the junior health minister Ivan Lewis announced last week. The target is in line with the national carbon emissions target set by the government in the Climate Change Bill currently before Parliament. Mr Lewis said that England’s NHS is the largest public sector contributor in Europe to climate change, generating more than 18 million tonnes of carbon dioxide each year, almost as much as the entire province of Northern Ireland. The largest source of emissions, accounting for 60% of the total, is the procurement of goods and services—the manufacturing, transport, use, and disposal of everything consumed by the NHS. “Climate change is happening on our watch; it will be our legacy,” Mr Lewis said. “We must all work together to tackle this global problem.” The location chosen for Mr Lewis’s announcement, . . .

The psychiatrist and media figure Raj Persaud has been suspended from practice for three months after a General Medical Council disciplinary panel found that he had brought the profession into disrepute with repeated acts of plagiarism. Dr Persaud, who became famous through regular television appearances on ITV's This Morning with Richard and Judy in the 1990s and later presented BBC Radio 4's All in the Mind programme, admitted at the outset of his hearing that he had copied the words of several academics and authors in newspaper and journal articles and in his 2003 book From the Edge of the Couch. Dr Persaud denied dishonesty, however, telling the GMC panel: “At the time, given the stress I was under, given the deadlines and my other work, I thought I was adequately attributing work.” But the panel's chairman, Anthony Morgan, addressing Dr Persaud in his summing up, said “[You] must . . .


Zimbabwe's doctors have been overwhelmed by the burden of serious physical trauma in recent weeks, as thousands of opposition supporters have been systematically beaten by militiamen loyal to Robert Mugabe. The Zimbabwean Association of Doctors for Human Rights reported last week that its members had seen 1007 such patients during May, of whom 119 had fractures, in many cases multiple or compounding fractures. “There has been a gross surge in both the quantity and severity of injury. Fracture cases alone increased threefold in number from April to May,” the association reported in an email sent to supporters abroad. “It is certain that a far greater number of patients will have been attended to by other members of the health professions, especially nurses, but will never have been near a doctor.” Opposition activists and civic groups complain that Zimbabwe's public hospitals have done little or nothing to aid victims of political . . .


Drug companies in Europe do more to make drugs available and affordable to the world’s poor countries than their counterparts in the United States or Japan, concludes a new type of assessment of company policies. The Access to Medicines Index (www.atmindex.org), a Dutch foundation established by Wim Leereveld, a former marketing consultant to the drug industry, tries to strip away the public relations rhetoric to quantify and compare meaningful corporate contributions. Top ranked is GlaxoSmithKline, the UK based company that has been involved in researching a range of new treatments for diseases in the developing world. It also offers “tiered” pricing to sell drugs at large discounts to low income countries. Merck, which operates extensive drug donation programmes and is involved in researching treatments and vaccines for HIV, among other diseases, was the only US company ranked among the top seven. Mr Leereveld believes that this transatlantic divide . . .


Many infections at surgical sites are not detected, an expert from the Health Protection Agency told a conference last week. Yet they account for a substantial proportion of healthcare associated infections and lead to further disease, extended hospital stays, and increased healthcare costs, Jennie Wilson, the agency’s programme lead for surveillance of surgical site infections, said. The agency’s surgical site infection surveillance service sets benchmark rates for infection and enables participating hospitals to compare and use their own data to improve, she said. A total of 300 English hospitals are registered with the service, and since 2004 all acute trusts with orthopaedic services must supply at least three months of data on infection rates after orthopaedic surgery. Although rates submitted by hospitals taking part vary widely, rates overall have fallen since the service was set up in 1997, and the benchmark rate for orthopaedic categories has gone down significantly in . . .


More than one in five patients in England and Wales who have acute myocardial infarction are receiving angioplasty as their first line of treatment (primary angioplasty), the latest figures from the myocardial ischaemia national audit project show. But “effective communication” between referring hospitals, ambulance services, hospitals doing the angioplasty, and primary care is needed for further improvement to be made, its authors say. The audit, now in its seventh year, measures how quickly hospitals and ambulance services have carried out primary angioplasty or thrombolytic treatment in patients who have had a heart attack. A call in 2006 by Roger Boyle, the national clinical director for heart disease and stroke, to prioritise angioplasty has led to more trusts using it, particularly in some areas, such as London and Birmingham and the Black Country, the audit shows. In England, the results for 2007-8 show that 54 hospitals carried out angioplasty instead of . . .
In the next two years 1.8 million doses of vaccine will be given the vaccine in the first year of the programme to protect against human papillomavirus types 16 and 18, which are responsible for about 70% of cervical cancers. In England, 300 000 girls aged 12 to 13 will be immunised against human papillomavirus by the government, which is making the vaccine available to all 12 to 13-year-old girls in the United Kingdom. The announcement follows a year of intense and tough negotiations after the Department of Health said it was unilaterally cancelling the current pharmaceutical price regulation scheme (PPRS) halfway through its planned duration (BMJ 2007;335:273 doi: 10.1136/bmj.39300.405822.DB) The PPRS, which normally runs for five years, allows companies to set drug prices freely but caps their overall profits. The current scheme began in 2005, with a 7% price cut, and was supposed to end in 2010. Under pressure to cut costs at a time when the growth in the NHS budget is slowing, the government sought a . . .


The Department of Health has insisted that it will consult the public a second time before it gives the final go ahead to the statutory regulation of practitioners of acupuncture, traditional Chinese medicine, and some other alternative therapies. This is despite there being what a health department committee says is “an urgent need” to protect the public from unsafe practices. Mike Pittilo, chairman of the health department’s steering group on the statutory regulation of traditional medicine practitioners, which is urging prompt action, said, “The time for regulation is long overdue. The current incoherent state of affairs is simply not sustainable. “Without statutory regulation I believe that vulnerable members of the public will be at continuing risk and that the efforts of responsible and well trained practitioners to follow high standards will be undermined.” He said that a consultation by the department in February 2005 had already shown widespread support for . . .


Girls throughout the United Kingdom will receive the human papillomavirus vaccine Cervarix in the national immunisation programme after it launches in September, the Department of Health has said. Cervarix, which is made by GlaxoSmithKline, offers protection against human papillomavirus types 16 and 18, which are responsible for about 70% of cervical cancers. In England, 300 000 girls aged 12 to 13 will be given the vaccine in the first year of the programme. In the next two years 1.8 million doses of vaccine will be dispensed for routine and catch-up vaccinations for girls aged 14 to 18. Dawn Primarolo, the health minister, described the vaccine as “an exciting opportunity” that could save the lives of 400 women a year. However, sexual health charities have expressed disappointment at the decision not to offer Sanofi Pasteur’s Gardasil in the national programme. Gardasil protects against four types of human papillomavirus (types 6, 11, 16, 18).


More patients in the United Kingdom will be offered the chance to take part in research trials and contribute to the improvement of medicine, under new plans announced this week by the government. Researchers will be able to use electronic patient records to make patients aware of research trials that may be relevant to them, said the health secretary, Alan Johnson, at a research summit to commemorate 60 years of NHS research. Patients will be able to take part if they meet the entry criteria. “I want every patient in the NHS to have the right to take part in approved medical research that is appropriate to them, if they choose to. And to underline the paramount importance of research we will set out in the forthcoming NHS constitution the core role that it plays at the heart of the NHS,” said Mr Johnson. Gordon Brown, the prime minister, hosted . . .


The 2012 Olympic Games in London should lead to a rise in the number of sports medicine specialists in the United Kingdom, said the Princess Royal last week at a BMA conference on exercise and health. She said that the focus on sports medicine brought about by the Olympics had a benefit even for the non-sporting public. She saw a great opportunity to promote physical activity and to create a culture of activity among young people. The conference followed on from the princess’s challenge to the BMA last year, when she became its president, to make the Olympic Games an opportunity to improve people’s understanding of “how exercise and activity can help the young and tackle the problem of obesity.” The conference heard that it was tempting to blame fat people for their condition. However, said Ken Fox, professor of exercise and health science at Bristol University, obese people may . . .


Women who are treated for early breast cancer that is detected through the UK national screening programme have as good a survival rate as the general population.
the latest available figures show. Audit data from the Association of Breast Surgery and the NHS’s breast screening programme show that women with small, early stage breast cancers that were detected in 1990-1 and who were categorised as having a good or excellent prognosis had the same five year survival rate as the general public. This type of breast cancer accounts for nearly two thirds (61%) of those detected through the screening programme. Survival rates were similar among women whose cancer was detected by screening in 2000-1. The overall five year relative survival for women with breast cancer detected by screening rose from 93.6% in 1990-1 to 96.4% in 2000-1. This rise was due to an improvement in survival among women with more . . .


Millions of people in Ethiopia need help urgently to prevent widespread famine, the Ethiopian government and United Nations agencies said last week as they announced a joint appeal for funds. The new appeal comes after the failure of the spring harvest, which has left some 4.6 million people in need of emergency food aid—almost double the figure of 2.4 million for whom an appeal was made last month. This is in addition to eight million people who are already receiving regular food aid from the national safety net programme. Thus the total number in need of help—though not necessarily at risk of famine—is nearly 13 million, says the UN Office for Coordination of Humanitarian Affairs. The latest Unicef figures report that “126 000 children are in urgent need of therapeutic feeding.” Last month the Ethiopian government accused Unicef of exaggerating the problem when it warned that “up to six million . . .


Deliveries of food aid around the world have sunk to their lowest level in nearly 50 years, because of rising prices of food, says the latest report from the International Food Aid Information System (Interfais). Deliveries fell by 15% in 2007 from the previous year, dropping to 5.9 million tonnes—the lowest amount since records began in 1961. The report says that from 2000 to 2007 the price of wheat rose by 122% and that of maize by 86%, meaning that only “smaller amounts of these food commodities could be purchased within fixed budgets.” The World Food Programme of the United Nations has drawn up a new strategic plan to respond to the crisis. The plan will rely on buying the bulk of goods and services in developing nations rather than recycling the now vanishing surpluses from rich countries. The plan was decided after this month’s high level conference on world . . .


Funders of aid need to increase the amount they donate for health care and do more to ensure that the aid is delivered effectively, says a new report by Action for Global Health, a network of European non-governmental organisations. To assess the impact of global aid on the health of people in the developing world, the report looks at the amount of aid allocated to health and how it was delivered. Using case studies from six developing countries, it recommends how the UK government and the European Commission can ensure progress in achieving international health goals, particularly in maternal and child health, HIV and AIDS, tuberculosis, and malaria. A spokeswoman for the alliance, Elaine Ireland, said that the UK is currently Europe’s leading donor in the field of health care and has been doing considerably better than most of its European Union partners in overall expenditure on aid. The alliance . . .


The government is to review a longstanding rule that forbids NHS patients in England from topping up their treatment by buying drugs that are not available on the NHS. The Department of Health is signalling that it may consider changing the rule on such copayments. Currently anyone who buys their own drugs has to become a private patient and thus pay for the whole of their care themselves. Pressure has been building for a change after cases in which patients in the final stages of cancer wanted to pay for drugs that were new and had not yet been approved for use in the NHS by the National Institute for Health and Clinical Excellence or had been rejected for reasons of cost or effectiveness. In one case Linda O’Boyle, from Essex, was refused further NHS treatment for bowel cancer after she paid £11 000 for . . .


The future success of the NHS lies in greater freedom for health professionals and managers, an expert working group has concluded. In the run up to the imminent publication of junior health minister Ara Darzi’s review of the NHS, a report from the healthcare think tank the King’s Fund says that clinicians and managers should have greater power to innovate and to develop services. The report, which contains 33 proposals, is based on the findings of an expert working group made up of leaders from the NHS and the private sector. It is time for the Department of Health to take a back seat in the day to day running of the NHS, focusing instead on responsibility for overall standard setting and funding allocations, says the report.

The Conservative party claims that, if it forms the next British government, performance of NHS organisations and not targets will be the focus of the NHS. The Conservative party has published a green paper promising to drop internal NHS targets in favour of focusing on health outcomes in areas such as cancer, heart disease, stroke, after care, and patient satisfaction. Party leader David Cameron and his health spokesperson Andrew Lansley were outlining their green paper called Delivering some of the best health in Europe. This new policy approach could save tens of thousands of lives, said Mr Cameron in a speech to an audience at the Royal College of Surgeons in London. The planned shift in focus would lead to an “information revolution,” he said, with patients able to compare and contrast different care providers on what mattered to them—results. “No more pointless reorganisations—just building and improving,” said Mr . . .


A group of Dutch doctors and researchers has made its detailed advice on suicide available to the general public. The Foundation for Scientific Research into Careful Suicide argues that “a requirement exists within society for responsible information about an independent and dignified ending of life.” The book, entitled *Informatie over Zorgvuldige Levensbeëindiging* (Information about the Careful Ending of Life), gives advice on refusing food and fluids and taking a combination of drugs to induce coma and death. It can only be ordered from the foundation’s website (www.wozz.nl). The Dutch Medical Association says that the book offers a balance to the large amount of unreliable information available on the internet. It recognises that doctors may refer patients to the book as part of their obligation to provide information. Research by the foundation indicates that despite Dutch euthanasia laws that permit doctors, acting within specific legal limits, to . . .


Mobile phones, cordless phones, and cordless base stations next to beds are safe, pose no risk of cancer to adult users, and do not cause headaches or sleeping problems. These are the findings of a decade long German programme of studies. In some cases genetic activity in human cells was found to change under the influence of radiation from mobile and cordless phones, but this did not alter the programme’s overall conclusion that the phones were safe. The results were presented this month by the German environment minister, Sigmar Gabriel, and representatives of the Bundesamt für Strahlenschutz, the Federal Office for Protection from Radiation, in Berlin. However, the experts cautioned that the study results could not say whether exposure for more than 10 years posed any risks to health. Furthermore, no data were yet available on the effects of electromagnetic radiation on children. The Bund für Umwelt und Naturschutz Deutschland . . .


The European Union has launched a five point plan to tackle mental illnesses, which it says currently affect one in 10 people in Europe. The strategy, which has the support of the World Health Organization’s regional office for Europe, is set out in the new European pact for mental health and wellbeing. This was signed at a conference in Brussels on 13 June by the European Commission, WHO, and the Slovenian government as current holder of the EU presidency. The decision to give greater political priority to mental health issues reflects the fact that around 50 million Europeans experience some form of mental disorder. At some point in their lives 17% of women and 9% of men have major depression, says a paper prepared for the commission and presented at the conference. This can lead to the suicide of many of the people affected. In 2006 45 000 men and . . .

**RESEARCH**


174 children died during follow-up (mortality=47/1000 person-years). Vitamin A supplementation was not significantly associated with mortality; the mortality rate ratio was 1.07 (95% confidence interval 0.79 to 1.44). The effect was 1.00 (0.65 to 1.56) during the first four months and 1.13 (0.75 to 1.68) from 4 to 12 months of age. The mortality rate ratio in boys was 0.84 (0.55 to 1.27) compared with 1.39 (0.90 to 2.14) in girls (P for interaction=0.10). An explorative analysis revealed a strong interaction between vitamin A and season of administration. Vitamin A supplementation given with BCG vaccine at birth had no significant benefit in this African setting. Although little doubt exists that vitamin A supplementation reduces mortality in older children, a global recommendation of supplementation for all newborn infants may not contribute to better survival.
The validation statistics indicated that QRISK2 had improved discrimination and calibration compared with the modified Framingham score. The QRISK2 algorithm explained 43% of the variation in women and 38% in men compared with 39% and 35%, respectively, by the modified Framingham score. Of the 112 156 patients (risk over 10 years) by the modified Framingham score, 46 094 (41.1%) would be reclassified at low risk with QRISK2. The 10 year observed risk among these reclassified patients was 16.6% (95% confidence interval 16.1% to 17.0%)—that is, below the 20% treatment threshold. Of the 78 024 patients classified at high risk on QRISK2, 11 962 (15.3%) would be reclassified at low risk by the modified Framingham score. The 10 year observed risk among these patients was 23.3% (22.2% to 24.4%)—that is, above the 20% threshold. In the validation cohort, the annual incidence rate of cardiovascular events among those 30.6 per 1000 person years (29.8 to 31.5) for women and 32.5 per 1000 person years (31.9 to 33.1) for men. The corresponding figures for the modified Framingham equation were 25.7 per 1000 person years (25.0 to 26.3) for women and 26.4 (26.0 to 26.8) for men. At the 20% threshold, the population identified by QRISK2 was at higher risk of a CV event than the population identified by the Framingham score. Incorporating ethnicity, deprivation, and other clinical conditions into the QRISK2 algorithm for risk of cardiovascular disease improves the accuracy of identification of those at high risk in a nationally representative population. At the 20% threshold, QRISK2 is likely to be a more efficient and equitable tool for treatment decisions for the primary prevention of cardiovascular disease. As the validation was performed in a similar population to the population from which the algorithm was derived, it potentially has a “home advantage.” Further validation in other populations is therefore advised.


Of 628 children included in the study, 201 (32%) had parent reported wheeze at the first observation (baseline), of whom 27% also reported the symptom on the second occasion (persistent asthma). The only important baseline predictors of persistent asthma were exercise induced wheeze (odds ratio 3.94, 95% confidence interval 1.4 to 11.6). There is a significant association between self reported urinary tract infection plus sexually transmitted infection just before conception and in early pregnancy and gastroschisis.


About 16% (n=81) of case mothers and 9% (n=425) of control mothers reported a genitourinary infection in the relevant time period; 4% (n=21) and 2% (n=98) reported a sexually transmitted infection and 13% (n=67) and 7% (n=338) reported a urinary tract infection, respectively. Case mothers aged <25 years reported higher rates of urinary tract infection alone and in combination with a sexually transmitted infection compared with control mothers. In women who reported both types of infection, there was a greater risk of gastroschisis in offspring (adjusted odds ratio 4.0, 95% confidence interval 1.4 to 11.6). There is a significant association between self reported urinary tract infection plus sexually transmitted infection just before conception and in early pregnancy and gastroschisis.


The validation statistics indicated that QRISK2 had

Five years after immunisation, 84.1% (95% confidence interval 81.6% to 86.3%) of 987 participants had a bactericidal antibody titre of at least 1:8. Geometric mean titres of bactericidal antibody were significantly lower in 11-13 year olds (147, 95% confidence interval 115 to 188) than in 14-16 year olds (300, 237 to 380) and 17-20 year olds (360, 252 to 515) (P<0.0001 for both comparisons). Within these age bands, no significant difference in geometric mean titres of bactericidal antibody between recipients of the different serogroup C meningococcal vaccines was seen. More than 70% of participants had received a vaccine from one manufacturer; in this cohort, geometric mean titres were higher in those immunised at aged 10 years or above than in those immunised before the age of 10. Higher concentrations of bactericidal antibody are seen five years after immunisation with serogroup C meningococcal vaccine at age 10 years or above than in younger age groups, possibly owing to immunological maturation. This provides support for adolescent immunisation programmes to generate sustained protection against serogroup C meningococcal disease not only for the vaccine recipients but also, through the maintenance of herd immunity, for younger children.

**CLINICAL REVIEW**


In 1901 William Osler described pneumonia as the "captain of the men of death." Mortality has altered little since penicillin became routinely available, and community acquired pneumonia remains a leading cause of mortality worldwide. Here, we review studies published in the past two years and focus on changes in the aetiology, stratification of severity, and antimicrobial management of community acquired pneumonia in adults.

Sources and selection criteria
We searched Medline with the phrase "((community acquired pneumonia [title] not (infant* or neonat* or child*))" and restricted the search to articles published in English in the previous two years. We identified 149 articles, the titles of which we reviewed to identify major themes. Where necessary we made additional searches based on the themes highlighted by the initial search. We then used this information to prepare a brief review of the . . .


Refeeding syndrome is a well described but often forgotten condition. No randomised controlled trials of treatment have been published, although there are guidelines that use best available evidence for managing the condition. In 2006 a guideline was published by the National Institute for Health and Clinical Excellence (NICE) in England and Wales. Yet because clinicians are often not aware of the problem, refeeding syndrome still occurs.1 This review aims to raise awareness of refeeding syndrome and discuss prevention and treatment. The available literature mostly comprises weaker (level 3 and 4) evidence, including cohort studies, case series, and consensus expert opinion.2 Our article also draws attention to the NICE guidelines on nutritional support in adults, with particular reference to the new recommendations for best practice in refeeding syndrome.3 These recommendations differ in parts from—and we believe improve on—previous guidelines, such as those of the Parenteral and Enteral Nutrition Group of the . . .