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NEWS

The Pakistan Medical Association has expressed deep concern over the bomb blast at the district headquarters hospital in Dera Ismail Khan district of the North West Frontier Province. It has called for healthcare institutions to be protected. The association’s president, Umar Ayub Khan, said that the 19 August blast, in the hospital’s emergency department, had left 32 people dead and 55 wounded. It had sent a wave of fear through the healthcare profession, he said. The blast killed three healthcare workers who were tending to patients when the alleged suicide bomber blew himself up at around 11 am. “Hospital staff are extremely concerned about their safety. They have gone on strike [as a protest] against terrorism inside hospitals,” said Dost Mohammad, medical superintendent of the hospital. “Patients have stopped visiting the hospital since the blast,” he said, adding that the hospital is the sole tertiary healthcare facility for a population . . .

More needs to be done to reduce inequalities in diabetes care among ethnic groups, say experts, after the government published a five year progress report on its national strategy for the disease. The report examines how well the NHS is performing against a range of standards set out in 2003 in the national service framework delivery strategy and pinpoints areas for improvement during the second half of the government’s 10 year strategy. Good progress has been made, it says, with more people being given a diagnosis earlier in the course of the disease. Around 2000 diagnoses have been made each week in the past five years, and patients are now receiving appropriate treatment. The Department of Health’s vascular risk programme, “Putting Prevention First,” set up last April, is also expected to prevent around 4000 patients a year from developing the disease, says the report. Rowan Hillson, national clinical director for . . .

New data show that Wales dispenses an average of 20.9 prescription items per head of population, more than elsewhere in the United Kingdom. The figure is 17.7 items in Northern Ireland, 16 in Scotland, and 15.7 in England. The data on GPs’ prescriptions, which cover the 12 months since free prescriptions were introduced in Wales on 1 April last year, show that the number of prescription items dispensed rose from 59.1 million in 2006-7 to 62 million. The net ingredient cost per head of population in Wales, £223.64 was £34.10 more than in England, £8.80 more than in Scotland, but £24.60 less than in Northern Ireland. Almost a third (20.3 million) of prescription items dispensed in Wales are for cardiovascular treatment, the equivalent of 6.6 items per head of population. A further 19% (11.5 million) are for the treatment of central nervous system disorders, equivalent to 3.7 . . .

A case of peanut allergy possibly being transferred between a donor and recipient of a lung transplant has been reported. The 12 year old donor had died from anaphylactic shock after eating peanut related food. Seven months after the transplantation the 42 year old recipient, who had no prior history of allergy, had an anaphylactic reaction after eating food containing peanuts, which she survived (Journal of Heart and Lung Transplantation doi:10.1016/j.healun.2008.07.015). “This case emphasises the importance of considering donor allergy transfer when caring for all solid organ transplant recipients in order to avoid a life threatening event,” write the authors of the case report, from Detroit, Michigan. “It is imperative that physicians take extra caution when solid-organ donors are known to have severe food allergy.” The lung recipient was a woman with sarcoidosis and pulmonary hypertension. On the fourth day after the transplantation she ate a chocolate . . .

Police officers need more and better training in how to handle people with mental illness, says a briefing paper from the Sainsbury Centre for Mental Health. And healthcare and social services could do more to help with this process, it says. The police, the centre’s report says, are often the first people to deal with a person who is experiencing a mental health crisis. They have powers under the Mental Health Act 1983 to remove a person to a place of safety and to gain enforced entry, with a warrant, to a person’s home. But the report says that the police have very little training in awareness or recognition of mental ill health, although they often deal with people who are mentally ill or very distressed. As many as 15% of the incidents the Metropolitan Police deal with daily are related to mental illness, says the report. And up to . . .
procedures carried out by the NHS in England. Patients whose knee replacement operation involves a unicompartmental prosthesis also fare worse than patients given a traditional knee prosthesis, concluded the study, which linked records from the National Joint Registry and the Department of Health’s hospital episode statistics (PLoS Medicine doi:10.1371/journal.pmed.0050179). The study tracked more than 150,000 people who underwent a hip or knee replacement between April 2003 and September 2006 in the NHS in England—more than half of all such operations in this period—to study the performance of joint replacements according to the type of prosthesis used. It found that, overall, only one in 75 patients (1.4%) needed revision of their hip . . .


A brief, low cost intervention followed by contact reduces the number of deaths from suicide among people who have attempted suicide in low and middle income countries, an international study shows. From January 2002 to October 2005 the study followed up 1867 people who had attempted suicide identified by medical staff in the emergency units of eight collaborating hospitals in five culturally different sites: Campinas, Brazil; Chennai, India; Colombo, Sri Lanka; Karaj, Iran; and Yuncheng, China. The participants were randomised to receive either treatment as usual or to the standard treatment together with a one hour, individual information session as close as possible to the time of discharge from hospital and nine follow-up contacts, by phone or in the form of visits from a person with clinical experience (Bulletin of the World Health Organization 2008;86:703-9, doi:10.2471/BLT.07.046995). Whenever an interviewer realised that a patient needed more intensive treatment . . .


Almost 2000 men died from drug poisoning last year in England and Wales, the highest number for five years, the latest statistics from the Office for National Statistics (ONS) show. Deaths linked to heroin and morphine accounted for the largest amount of the total number of 2640 deaths from drug poisoning in men and women in 2007, but one of the sharpest rises in deaths involved methadone. The figures showed that 1914 deaths of men were related to drug poisoning, the highest recorded number since 1993. The number of drug poisoning deaths among women fell by 8%, from 788 deaths in 2006 to 726 in 2007. The database covers accidents and suicides involving drug poisoning as well as . . .


Three surveys show that the worsening economy in the United States is resulting in more people lacking health insurance, cutting back on drugs and visits to doctors, or having trouble paying medical bills. The Commonwealth Fund, a non-profit organisation that works to improve US health care, used data from its 2001, 2003, 2005, and 2007 surveys to examine the status of healthcare insurance of US adults aged under 65 years and its implications for family finances and access to care. Its study found that in 2007 fewer people than previously had health insurance and that 79 million people—72 million under the age of 65 and seven million older people—had problems paying their medical bills or had medical debts. Nine million people had lost their health insurance since 2000. “In 2007, nearly two-thirds of US adults, or an estimated 116 million people, struggled to pay medical bills, went without needed care . . .


Health insurance companies in Germany have been forced to agree to a 10% pay rise for community based doctors, averting the threat of strike action. The £2.2bn; $3.9bn settlement is the minimum that the country’s 150,000 family doctors and community based specialists were prepared to accept without going on strike. The profession had originally demanded 4.5bn. The Ministry of Health is yet to formally agree the deal but has signalled its consent. Andreas Köhler, head of the National Association of Statutory Health Insurance Physicians, which negotiated on the profession’s behalf, said that the pay rise was a first step towards nationwide guaranteed care of patients outside hospitals. But the health insurance companies, which had been forced to settle after the intervention of an external mediator, said that they might now have to put up their membership fees by 15%. “This massive pay rise will unfortunately be felt in everybody’s . . .


Two doses of varicella vaccine protect better than one, confirms a US report on the national vaccination programme published this week. The United States introduced vaccination of children against chickenpox in 1995. One dose was recommended for children aged 12 months to 12 years and two doses for susceptible adolescents and adults. The vaccine policy was changed in 2006 to recommend a second vaccination for all. The review by researchers at the Centers for Disease Control and Prevention (CDC) and Tufts University Medical School in Boston found that the vaccination programme had resulted in “a dramatic decline in disease” (Pediatrics 2008;122:744-51, doi:10.1542/peds.2007-3135).
by birth cohorts should be considered to study obesity at fixed ages but also growth curves for wide age ranges in adulthood. Not only secular trends in body mass index does not necessarily continue to be overweight in young birth cohorts. An overweight birth cohort in childhood in body mass index in young adults were similar in all recent cohorts than in older cohorts. The decrements in body mass index in early childhood were larger in cohorts. More recent cohorts were more overweight as females. However, the curves differed among birth cohorts. More recent cohorts were more overweight as children but thinner as young women. The increments in body mass index in early childhood were larger in more recent cohorts than in older cohorts. However, the increments in body mass index in adolescents were smaller and the decrease in body mass index in young adults started earlier, with lower peak values in more recent cohorts than in older cohorts. The decrements in body mass index in young adults were similar in all birth cohorts. An overweight birth cohort in childhood does not necessarily continue to be overweight in young adulthood. Not only secular trends in body mass index at fixed ages but also growth curves for wide age ranges by birth cohorts should be considered to study obesity and thinness. Growth curves by birth cohorts were produced by a repeated cross sectional annual survey over nearly six decades.

**RESEARCH**


All recordings were transcribed completely, anonymised, and electronically coded with ATLAS.ti. Constant comparison was used to identify themes and patterns. The framework method of data management, in which data were charted, was used to aid transparency of interpretation. During the consultations, information given to patients about survival benefit included numerical data ("about four weeks"), an idea of timescales ("a few months extra"), vague references ("buy you some time"), or no mention at all. In most consultations (26/37) discussion of survival benefit was vague or non-existent. Most patients were not given clear information about the survival gain of palliative chemotherapy. To aid decision making and informed consent, we recommend that oncologists sensitively describe the benefits and limitations of this treatment, including survival gain.


Generally, body mass index decreased in preschool children (2-5 years), increased in children (6-12 years) and adolescents (13-18 years), and slightly decreased in young adults (19-25 years) in these Japanese females. However, the curves differed among birth cohorts. More recent cohorts were more overweight as children but thinner as young women. The increments in body mass index in early childhood were larger in more recent cohorts than in older cohorts. However, the increments in body mass index in adolescents were smaller and the decrease in body mass index in young adults started earlier, with lower peak values in more recent cohorts than in older cohorts. The decrements in body mass index in young adults were similar in all birth cohorts. An overweight birth cohort in childhood does not necessarily continue to be overweight in young adulthood. Not only secular trends in body mass index at fixed ages but also growth curves for wide age ranges by birth cohorts should be considered to study obesity and thinness. Growth curves by birth cohorts were produced by a repeated cross sectional annual survey over nearly six decades.


Overall, retinopathy developed in 673 (36%) participants at any time point. In the retinopathy-free group, higher systolic blood pressure (odds ratio 1.01, 95% confidence interval 1.003 to 1.02) and diastolic blood pressure (1.01, 1.002 to 1.03) were predictors of retinopathy, after adjustment for albumin excretion rate (1.27, 1.13 to 1.42), haemoglobin A1c (1.08, 1.02 to 1.15), duration of diabetes (1.16, 1.13 to 1.19), age (1.13, 1.08 to 1.17), and height (0.98, 0.97 to 0.99). In a subgroup of 1025 patients with albumin excretion rate below 7.5 µg/min, the cumulative risk of retinopathy at 10 years’ duration of diabetes was higher for those with systolic blood pressure on or above the 90th centile compared with those below the 90th centile (58% v 35%, P=0.03). The risk was also higher for patients with diastolic blood pressure on or above the 90th. Both systolic and diastolic blood pressure are predictors of retinopathy and increase the probability of early retinopathy independently of incipient nephropathy in young patients with type 1 diabetes.


Tests of memory, executive function, non-verbal reasoning, mental flexibility, and information processing five years after randomisation, with scores used to create a summary cognitive score (general factor). At baseline, mean vocabulary scores (an indicator of previous cognitive ability) were similar in the aspirin (30.9, SD 4.7) and placebo (31.1, SD 4.7) groups. In the primary intention to treat analysis, there was no significant difference at follow-up between the groups in the proportion achieving over the median factor score (32.7% and 34.8% respectively, odds ratio 0.91, 95% confidence interval 0.79 to 1.05, P=0.20) or in mean scores on the individual cognitive tests. There were also no significant differences in change in cognitive ability over the five years in a subset of 504 who underwent detailed cognitive testing at baseline. Low dose aspirin does not affect cognitive function in middle aged to elderly people at increased cardiovascular risk.

Violence, including police violence, was reported as a primary concern in relation to risk. Violence was linked to unprotected sex and the reduced capacity for avoiding sexual risk. Participants reported that coerced sex was routinely provided to the police in exchange for freedom from detainment, arrest, or fine, and was enforced by the perceived threat of violence, sometimes realised. Accounts contained multiple instances of physical and sexual assault, presented as abuses of police authority, and described policing as a form of moral punishment. This was largely through non-physical means but was also enforced through physical violence, especially towards transvestite and Roma sex workers, whose experience of police violence was reported as relentless and brutal and connected with broader social forces of discrimination in this setting, especially towards Roma. Preventing violence towards sex workers, which can link with vulnerability to sexually transmitted infections, is a priority in Serbia. This requires monitoring perpetrators of violence, providing legal support to sex workers, and creating safer environments for sex work.


Postmenopausal women aged 50-69 at randomisation; 3721 women with a uterus were randomised to combined oestrogen and progestogen (n=1862) or placebo (n=1859). Data on health related quality of life at one year were available from 1043 and 1087 women, respectively. Conjugated equine oestrogen 0.625 mg plus medroxyprogesterone acetate 2.5/5.0 mg or matched placebo orally daily for one year. Health related quality of life and psychological wellbeing as measured by the women’s health questionnaire. Changes in emotional and physical menopausal symptoms as measured by a symptoms questionnaire and depression by the Centre for Epidemiological Studies depression scale (CES-D). Overall health related quality of life and overall quality of life as measured by the European quality of life instrument (EuroQol) and visual analogue scale, respectively. After one year small but significant improvements were observed in three of nine components of the women’s health questionnaire for those taking combined HRT compared with those taking placebo: vasomotor symptoms (P<0.001), sexual functioning (P<0.001), and sleep problems (P<0.001). Significantly fewer women in the combined HRT group reported hot flushes (P<0.001), aching joints and muscles (P=0.001), insomnia (P<0.001), and vaginal dryness (P<0.001) than in the placebo group, but greater proportions reported breast tenderness (P<0.001) or vaginal discharge (P<0.001). Hot flushes were experienced in the combined HRT and placebo groups by 30% and 29% at trial entry and 9% and 25% at one year, respectively. No significant differences in other menopausal symptoms, depression, or overall quality of life were observed at one year. Combined HRT started many years after the menopause can improve health related quality of life.

CLINICAL REVIEW


Summary points
Drug resistant tuberculosis is becoming more common
Traditional laboratory methods for detecting drug resistance are slow and not generally available outside specialist laboratories. Rapid molecular methods are increasingly used in well resourced settings, and simple, cheap alternatives are being developed for resource limited settings
The evidence base to guide drug treatment of resistant tuberculosis is weak, and randomised controlled trials are needed
A service advising on the management of multidrug resistant tuberculosis is available in the United Kingdom
Priorities for prevention of drug resistant tuberculosis include prompt detection of cases, effective treatment of drug sensitive and drug resistant cases, and prevention of tuberculosis transmission

Antituberculosis drug resistance is increasing both in the United Kingdom and internationally.1 2 It has come to greater public attention with the emergence of extensively drug resistant tuberculosis (box 1) in South Africa, where an outbreak proved rapidly fatal among people with advanced HIV infection.3 In this . . .