abstract of
British Medical Journal

Volume 336, Number 7636 & 7637 - 19 & 26 January 2008
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Alcohol and tobacco consumption in Great Britain is on a downward trend, according to two new reports from the Office for National Statistics. The General Household Survey report, Smoking and Drinking Among Adults 2006, shows that managers are drinking more heavily than their workforces, the English are out-drinking the Scots and the Welsh, and smoking is on a slow but steady decline. Men and women in “routine and manual” households drank an average of 11.6 units of alcohol a week and were the lowest consumers. The greatest consumers were people in “managerial and professional” households, who drank an average of 14 units a week. Average consumption of alcohol in England in 2006 was 13.7 units a week compared to 13.5 units in Wales and a mere 11.6 units in Scotland. The Office for National Statistics statistician Eileen Goddard said that because of a change of methodology, as a response . . .


Black women in Britain develop breast cancer up to 21 years earlier than white women. They are seen at a median age of 46—four years before routine NHS screening for the disease starts—compared with 67 for white women, according to the first published data on breast cancer presentation in black women (British Journal of Cancer; doi: 10.1038/sj.bjc.6604174). Among women with smaller tumours (less than 2 cm), black women were nearly three times as likely to die of their disease (hazard ratio 2.90, 95% CI 0.98 to 8.60, P=0.05). “Our findings could have major implications for the biology of breast cancer and the detection and treatment of the disease in black women,” say the authors. “It is crucial to target this group of women to raise their awareness regarding the risks of breast cancer, the likelihood of early age at presentation, and the importance of self-examination.” The authors, from . . .


Eight out of 10 people in some parts of Eastern Europe are obese or pre-obese. The highest rates are in rural Slovakia, where 83% of women are obese or overweight, according to a new report (Economics and Human Biology 2007;5:392-408). “Obesity is no longer a phenomenon confined to wealthier parts of the world such as Western Europe but is increasingly found in the transition countries of the European Region,” say the authors. “Estimates of the costs to the health services and to economic productivity indicate that some countries may find it hard to cope with the burden of obesity.” Adoption of Western diet and lifestyles are implicated, and the authors cite a growing Western influence. In the study, the authors say that, until recently, overweight (body mass index 25 or more) and obesity (BMI 30 or more) were considered conditions of affluence. They analysed data on overweight and obesity . . .


Iraq’s health system is still crippled, nearly five years after the US led invasion of 2003, partly as a result of a disorganised and often incompetent reconstruction effort, concludes a new report from campaigning organisation Medact. The report describes Iraq as “a failing state with a complex health emergency,” with as few as 9000 doctors and 15 000 nurses serving a population of 28 million people. Around half of Iraq’s doctors have fled the country, while many more are counted among the 2.2 million internal refugees. The report follows the publication last week in the New England Journal of Medicine (doi: 10.1056/NEJMsa0707782) of the largest household survey to date, measuring mortality in Iraq after the invasion . The Iraq family health survey, led by the World Health Organization, found sharp rises in all cause mortality as well as a heavy death toll from violence. It estimates that 151 000 . . .


This picture of Molly McIntyre, taken by her mother, Lesley McIntyre, is part of an exhibition celebrating the work of the Muscular Dystrophy Campaign, which was set up almost 50 years ago, in 1959. Molly, who died in 1999 at the age of 14, had a muscle disease that was never identified. Her mother, whose photographs of Molly make up a series entitled A Time of Her Life, was supported during her daughter’s illness by one of the charity’s regional care advisers. The exhibition also includes portraits by artist Jonathan Yeo of three of the charity’s longest serving supporters: Lord Walton of Detchant and Lord Richard Attenborough, both of whom are honorary life presidents, and Prince Philip, who has been the charity’s patron since 1966. Jonathan Yeo’s portrait of former prime minister Tony Blair was unveiled last week.


Attempts by the Canadian government to reduce waiting times by investing an additional $4.5bn in priority areas have achieved uneven results. This is the finding from national data from physicians in all medical disciplines across Canada. The 2007 national physician survey is Canada’s largest census survey of physicians in training. Conducted jointly by the College of Family Physicians of Canada, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada, the 2007 survey confirms that timely access to health care remains a serious challenge for Canadians. In 2004, Canada’s federal, provincial and territorial governments committed $4.5bn over six years to try to make “meaningful reductions” in waiting times in five priority clinical areas (cancer and cardiac care, diagnostic imaging, joint replacements, and sight restoration). However, the initial results from the 2007 survey show that . . .
Too many GPs are influenced by the pharmaceutical industry, which spends £850m every year on marketing its products in primary care, says a report from the Public Accounts Committee, the government's spending watchdog. And the NHS spends at least £200m more than it should on medicines because GPs do not heed official guidelines and continue to prescribe branded medicines rather than generics, says the report. The committee's comments follow a survey by the National Audit Office which found that one in five GPs said their prescribing choices were swayed more by industry marketing that by official NHS advice. “It’s hard to doubt that the blandishments of the pharmaceutical industry are having an effect,” said Edward Leigh, chairman of the Public Accounts Committee. The Department of Health should set a minimum level above which gifts and hospitality to GPs from the pharmaceutical industry should be declared to trusts.

Services for people with dementia should be accorded the same priority as services for cancer and coronary heart disease, with a national director, or tsar, to champion and deliver improvements in care for patients and better support for carers, the public health spending watchdog for England has said. Edward Leigh, chairman of the committee of public accounts, which published its report into services for people with dementia this week, painted a bleak picture of the care currently offered to the 560,000 people with dementia in England, describing the condition as “one of the last great taboo subjects.” Dementia is never formally diagnosed in as many as two thirds of cases, and carers, who save the tax payer an estimated £5bn a year, struggle to cope with little support, the report states. “We neglect dementia at our peril given that the number of cases . . .

Bisphosphonate drugs, which are used to reduce bone fractures in patients with osteoporosis, may cause severe and even “incapacitating” musculoskeletal pain, says the US Food and Drug Administration in an alert issued on 7 January. The pain can occur within days or years after starting treatment, says the agency. Severe musculoskeletal pain is mentioned in the prescribing information for all bisphosphonates, but the agency issued the alert because of “a sizable number of additional reports of severe bone, joint, and/or muscle pain in patients taking a variety of bisphosphonates” since a 2005 report on the problem. The agency cautions that “the association between bisphosphonates and severe musculoskeletal pain may be overlooked, delaying diagnosis, prolonging pain and/or impairment, and necessitating the use of analgesics.” In the 2005 report of 112 patients who developed pain described as “extreme” and “disabling,” the connection to bisphosphonates was not made as doctors attributed the . . .

The US Congress and the European Research Council (ERC) have announced mandatory open access policies that direct researchers to deposit their manuscripts with PubMed Central or other specified online medical databases that are freely available to the public. The US mandate was signed into law by the president, George Bush, on 26 December and follows nearly four years of contentious debate. The Association of American Publishers opposed the policy, saying that it “eliminates the concept of permission and effectively allows the agency to take important property interests without compensation, including the value added to the article by the publishers’ investments in the peer review process.” But consumer groups and researchers argue that the public has paid for publicly sponsored research and that it should be freely available to the public (BMJ 2007;335:906 doi: 10.1136/bmj.39384.638241.DB).

The makers of a popular cholesterol lowering drug have posted results of a study showing it was ineffective—but only after a Congressional inquiry was set up to look into why they had not published their results two years after the study was completed. Merck and Schering-Plough Pharmaceuticals, manufacturers of ezetimibe (Zetia), posted results on their websites earlier this month showing that 356 people treated with ezetimibe (10 mg) plus simvastatin (80 mg) fared no better than 360 who had received simvastatin alone (www.sch-plough.com/schering_plough/news/release.jsp?releaseID=1095943). The study, known as the ENHANCE (Effect of Combination Ezetimibe and High-Dose Simvastatin vs Simvastatin Alone on the Atherosclerotic Process in Patients with Heterozygous Familial Hypercholesterolemia) trial, measured the thickness of carotid artery intima media as its primary end point. Although ezetimibe did cause an additional lowering of cholesterol, plaque progression was worse in the ezetimibe arm. Ezetimibe, sold singly as Zetia or in combination.

A shake-up in the way research is organised in the NHS has led to a massive increase in the numbers of patients taking part in clinical trials, according to a report published this week. The National Institute for Health Research, set up in 2006 to oversee NHS research in England, says that setting up research networks has been central to achieving its first goal—to establish the NHS as an internationally recognised centre of research excellence. The networks are providing the framework needed to support clinical trials across the country, the report says. The new networks include a primary care research network, six topic specific clinical research networks—for cancer, dementias and neurodegenerative diseases, diabetes, medicines for children, mental health, and stroke—and a comprehensive clinical research network that covers all other topics.
They are modelled on the National Cancer Research Network set up in 2001, which more than doubled the number of...


Postmenopausal women taking combined oestrogen and progesterin hormone replacement therapy for three years or longer run four times the risk of developing lobular breast cancer, finds US research. This is shorter than the time associated with an increased risk of other types of breast cancer (Cancer Epidemiology, Biomarkers & Prevention 2008;17:43-50). The study included 1044 women between the ages of 55 and 74 who had been diagnosed as having invasive breast cancer between 2000 and 2004 and entered into the cancer surveillance system in Washington state. They were compared with 469 age matched controls without cancer. A third of the women with breast cancer had lobular cancers, which occur in the chambers of the breast that contain milk producing glands and account for about 15% of all invasive breast cancers. Lobular cancers are hormonally sensitive, so are more treatable than the more common ductal cancers, but they are more...


The Human Fertilisation and Embryology Authority (HFEA), the independent regulator for in vitro fertilisation (IVF) treatment and embryo research in the United Kingdom, has approved two applications for research using human-animal cytoplasmic hybrid embryos, but it has required donors of human cells to be clear about how their cells will be used. The authority’s licensing committee considered that the two applications, from Kings College, London, and Newcastle University, satisfied all the requirements of the law and had offered one year research licences to the two applicants. The committee said that it had granted permission after a public consultation showed that the public was “at ease” with the research technique. The aim of the two projects is to create hybrid embryos from animal oocytes and human cell nuclei using somatic cell nuclear transfer—taking the nucleus from a human cell and inserting...


English MPs have challenged the government to explain why it has taken money from the Medical Research Council (MRC) that was expected to go towards funding a new medical research centre. The MPs raised the matter during a recent meeting of the House of Commons Innovation, Universities, and Skills Committee to review plans for the UK Centre for Medical Research and Innovation, which will be located in central London. The centre, announced in December 2007, will bring together research teams from the MRC’s National Institute for Medical Research, the Cancer Research UK London Research Institute, and University College London. The Wellcome Trust will also fund scientists working at the centre, which is planned to open in 2013. The MPs found that the Treasury had recently invoked previously unused rules “to claw back” £92m in savings that the MRC had built up in its commercial fund, money...


Lack of adequate sanitation is a global crisis that is undermining all development efforts—and particularly efforts to reduce the number of children who die before their fifth birthday. That is the message from the BMA, which has dubbed sanitation “the silent emergency.” It was described as “the last taboo of international development” and “the missing link in international health” at a briefing held this week. BMA chairman Hamish Meldrum said: “In developing countries, thousands of children are dying every day due to lack of adequate sanitation and basic hygiene. Governments must take action now on this vital area of international development.” The United Nations has declared 2008 as the International Year of Sanitation to accelerate progress for 2.6 billion people worldwide who lack access to proper sanitary facilities. “Access to sanitation is deeply connected to virtually all the millennium development goals, in particular those involving...


Hundreds of hospitals and other health facilities are destroyed or damaged every year by natural disasters such as earthquakes, hurricanes, and floods. Consequently, millions of people are left without emergency care during and after disasters when such facilities are unable to function. A two year global campaign to make hospitals and clinics safe from disasters was launched at this week’s world economic forum in Davos, Switzerland, by the secretariat of the International Strategy for Disaster Reduction and the World Health Organization, with support from the World Bank. The secretariat warns, “Damage to primary healthcare centres during disasters can deal serious blows to public health infrastructure and national health systems, sometimes leaving entire populations without adequate access to crucial primary health care or health facilities months after the tragedy. “This could mean disruption of essential health interventions such as routine immunisation or maternal and child health care, as well as...


The latest battleground between doctors and the government is the issue of extended opening hours in general practices—and the battle seems no closer to an end, despite talks last week. Tempers on both sides are frayed. The government has launched a consultation on a second, tougher proposal to change the GP contract from April if most GPs vote against the original negotiated offer. This has prompted the BMA to accuse the Department of Health of putting a “gun to our head.” The government’s approach, called “antagonistic” by some, has, in combination with the BMA’s refusal to budge, resulted in a very public dispute—one that is potentially damaging to the reputation of GPs, not least because of the way it is playing out in the media. Neither of the two options on the table (see box) is acceptable to the BMA, whose main objection is what it calls the government’s bullying.

The royal colleges are partly to blame for some of the chaos faced by UK junior doctors in securing a training place last year, MPs have been told. College representatives admitted that they could have done more to resist the Modernising Medical Careers (MMC) system for recruitment to training posts that was “imposed” on junior doctors in the NHS and that, if they had worked together, the colleges might have had a greater influence. Witnesses appeared before MPs on the parliamentary health select committee last week as part of its inquiry into MMC and the implementation of the system through the medical training application service (MTAS). Bernard Ribeiro, president of the Royal College of Surgeons of England, told the committee that the royal colleges had been supportive of the changes in the way junior doctors were recruited, as set out in chief medical officer Liam Donaldson’s 2003 report Unfinished Business.


A large majority of Americans say that a presidential candidate’s views on healthcare reform will be a very important or somewhat important factor in how they cast their vote, according to a survey by the Commonwealth Fund that was released on 15 January. It was accompanied by an analysis of the positions of presidential candidates on health reform. Health expenditures surged to 16% of the US gross domestic product in 2006 and are projected to reach an unsustainable 20% within a decade said the fund’s president, Karen Davis. But the United States ranked last for preventable deaths in a recent study of 19 industrialised nations, most of whom spend about half as much as the US on health care. She said the American people have begun to realise that “the case for health reform is overwhelming.” Among Democrats, 77% said that health care was very important and 17% said it was important.


Claims in an influential scientific journal of a link between a leap in suicides among young people in the Netherlands and a fall in prescriptions for selective serotonin reuptake inhibitors (SSRIs) has been condemned in the Netherlands as “astonishing” and “misleading.” Researchers led by Robert Gibbons, of Illinois University in Chicago, have reported that, following warnings from regulatory authorities, SSRI prescriptions for Dutch youths decreased between 2003 and 2005 by approximately 22% (American Journal of Psychiatry 2007;164:1356-63; reported in BMJ 2007;335:531). During the same period, Dutch youth suicide rates increased by 49%. The findings are “preliminary” and show “no definitive causal relationship” but, the researchers claim, the increased suicide rate shows “a significant inverse association with SSRI prescriptions.” Last month’s Geneesmiddelenbulletin (Dutch Drug Bulletin) pointed out that the absolute figures used—34 suicides in 2003, increasing to 51 in 2005—were so small that they were not statistically significant. Its editor.


Men without children have a moderately reduced risk of developing prostate cancer compared with fathers, yet paradoxically, the more children a father has, the lower his risk of getting the disease. The study, which appeared online on 7 January (doi: 10.1002/cncr.23230) will appear in the 15 February issue of the journal Cancer. Previous evidence had suggested that childless men might be at lower risk of prostate cancer than men with children and that men who father sons might be at lower risk than men with only daughters. To examine this, researchers led by Kristian Jørgensen of the Statens Serum Institut in Copenhagen, Denmark, studied a cohort of all men born in that country between 1935 and 1988. Among these, 3400 developed prostate cancer during a total of 51.6 million person years of follow-up between 1968 and 2003. The researchers found that childless men were at a 16% lower risk of prostate cancer than those with children.


The head of the German Medical Association has strongly condemned plans by a retired urologist to help a terminally ill and suffering person to commit suicide to test the law in Germany. Jörg-Dietrich Hoppe warns that he would notify the legal authorities and ask for a prosecution if any such move took place. In a 14 January newspaper interview Professor Hoppe said that his association does not want “medical doctor assisted suicide to become a medical treatment, because it is not compatible with our medical ethics and because patients would be deeply unsettled” (www.rp-online.de/public/article/aktuelles/wirtschaft/news/521016). Professor Hoppe’s comments came after reports that Uwe-Christian Arnold, a retired urologist in Berlin who also co-chairs Dignitate-Deutschland, the German branch of the Swiss right to die organisation Dignitas, planned to participate in an assisted suicide to force the issue into German courts as a precedent case. In an interview with the BMJ Professor .


The cost of common medical, surgical, and dental procedures varies widely across nine countries of the European Union, according to studies published in a supplement to Health Economics (2008;17:58-103). The studies, known as HealthBASKET (Health Benefits and Service Costs in Europe), looked at the costs of hip replacement, treatment of stroke, myocardial infarction, delivery of a child, appendectomy, cataract surgery, and a single dental filling during 2005. The countries participating in the study were Denmark, England, France, Germany, Hungary, Italy, the Netherlands, Poland, and Spain. The total cost of care for each procedure was lower than the average in Hungary, Poland, and Spain. The probable reason was lower.
Tanne, J.H. (2008). FDA approves use of cloned animals for food. British Medical Journal, 336 (7637), 176. The US Food and Drug Administration has approved the use of meat and milk from cloned cattle, pigs, and goats and from the offspring of clones of any species traditionally used as food. It said that such meat and milk was “as safe to eat as food from conventionally bred animals.” The FDA said that its conclusions agreed with those of a report from the National Academy of Sciences in 2002 and had been peer reviewed by independent scientific experts in cloning and animal health. There was “insufficient information . . . to reach a conclusion on the safety of food from clones of other animal species, such as sheep,” the FDA said, and it recommended that food from clones of animals other than cattle, pigs, and goats was not introduced into the food supply. “The US Department of Agriculture will convene stakeholders to discuss efforts to provide a smooth . . .

White, C. (2008). UK government wants to increase number of donated organs. British Medical Journal, 336 (7636), 111. A single organ donation organisation for the whole of the United Kingdom should be set up to ease the shortage of donor organs, a government task force has concluded in a report published this week. More than 8000 people in the UK are currently awaiting organ transplants—primarily kidneys—and the numbers are rising by about 8% every year, according to figures from UK Transplant. Over 1000 people die every year waiting for a transplant. The report, drawn up by representatives from specialist societies, MPs, and royal colleges, among others, nominates NHS Blood and Transplant (NHSBT) as the most suitable candidate to take on the task. The move would see a doubling in the numbers (to around 200) of donor transplant coordinators, whose role is to encourage consent to organ donation and support bereaved families through the process. These coordinators would become part of a centrally coordinated network and would be employed . . .

Zarocostas, J. (2008). Cutting child mortality by half by 2015 is “still possible,” says Unicef. British Medical Journal, 336 (7637), 175. Stepping up effective interventions against specific diseases, combined with integrated health strategies and more investment in national health systems, could reduce the annual number of deaths in children under 5 years from 9.7 million in 2006 to less than five million by 2015, a Unicef report says. But the report states that the enormity of meeting this millennium development goal, MDG-4, “should not be underestimated.” Unicef says that, for the goal to be achieved, specific intervention packages and targets for coverage and delivery will be needed. Services will have to be delivered in a variety of ways and will require periodic oversight from skilled professionals. The MDG-4 target, which calls for a reduction of two thirds in the number of deaths among under 5s between 1990 and 2015, “is still possible,” Unicef says, “but the challenge is formidable.” “Meeting MDG-4 implies that during the next seven years the number of . . .

ANALYSIS

Alonso-Coello, P., Alberto López García-Franco, Gordon Guyatt, and Ray Moynihan. (2008). Drugs for pre-osteoporosis: prevention or disease mongering? British Medical Journal, 336 (7636), 126-129. Osteoporosis is a controversial condition. An informal global alliance of drug companies, doctors, and sponsored advocacy groups portray and promote osteoporosis as a silent but deadly epidemic bringing misery to tens of millions of postmenopausal women.1 For others, less entwined with the drug industry, that promotion represents a classic case of disease mongering—a risk factor has been transformed into a medical disease in order to sell tests and drugs to relatively healthy women.2 Now the size of the osteoporosis market seems set to greatly expand, as the push begins to treat women with pre-osteoporosis. These are women who are apparently at risk of being at risk, a condition known as osteopenia that is claimed to affect more than half of all white postmenopausal women in the United States.3 We examine the evidence from four post-hoc analyses of trials of osteoporosis drugs that is claimed to support this move.

Järvinen, T.L.N., Harri Sievänen, Karim M Khan, and Ari Heinonen, Pekka Kannus. (2008). Shifting the focus in fracture prevention from osteoporosis to falls. British Medical Journal, 336 (7636), 124-126. Fractures are a rapidly growing problem among older people. Hip fractures alone cost over $20bn in the United States in 1997.1 Any intervention that may reduce the risk of fracture at either the individual or population level therefore warrants critical appraisal. The mainstay of current strategies to prevent fractures is to screen for osteoporosis by bone densitometry and then treat people with low bone density with antiresorptive or other bone-specific drugs.234 However, the strongest single risk factor for fracture is falling and not osteoporosis.5 6 Despite this fact, few general practitioners will have assessed the risk of falling among their elderly patients or even know how to do it.7 Risk of falling is also completely overlooked in many important publications on preventing fractures.4 We argue that a change of approach is needed.

McMichael, A.J., S Friel, A Nyong, and C Corvalan. (2008). Global environmental change and health: impacts, inequalities, and the health sector. British Medical Journal, 336 (7637), 191-194. Human actions are changing many of the world’s natural environmental systems, including the climate system. These systems are intrinsic to life processes and fundamental to human health, and their disruption and depletion make it more difficult to tackle health inequalities. Indeed, we will not achieve the UN millennium development health goals if environmental destruction continues.1 Health professionals have a vital contributory role in preventing and reducing the health effects of global environmental change. In 2000 the United Nations set out eight development goals to improve the lives of the world’s disadvantaged populations. The goals seek reductions in poverty, illiteracy, sex inequality, malnutrition, child deaths, maternal
mortality, and major infections as well creation of environmental stability and a global partnership for development.2 One problem of this itemisation of goals is that it separates environmental considerations from health considerations. Poverty cannot be eliminated while environmental degradation exacerbates malnutrition, disease, and injury. Food . . .

RESEARCH


To explore the factors that influence older people’s decision making regarding use of topical or oral ibuprofen for their knee pain. Qualitative interview study nested within a randomised controlled trial and a patient preference study that compared advice to use oral or topical non-steroidal anti-inflammatory drugs (NSAIDs) for knee pain in older people. Participants’ decision making was influenced by their perceptions of the associated risk of adverse effects, presence of other illness, nature of their pain, advice received, and practicality. Although participants’ understanding of how the medications worked was sometimes poor their decision making about the use of NSAIDs seemed logical and appropriate. Participants’ model for treatment was to use topical NSAIDs for mild, local, and transient pain and oral NSAIDs for moderate to severe, generalised, and constant pain (in the absence of other more serious illness or risk of adverse effects). Participants showed marked tolerance and normalisation of adverse effects. Participants had clear ideas about the appropriate use of oral and topical NSAIDs. Taking such views into account when prescribing may improve adherence, judgment of efficacy, and the doctor-patient relationship. Tolerance and normalisation of adverse effects in these patients indicate that closer monitoring of older people who use NSAIDs might be needed.


The primary outcome was difference between nabilone and dihydrocodeine in pain, as measured by the mean visual analogue score computed over the last 2 weeks of each treatment period. Secondary outcomes were changes in mood, quality of life, sleep, and psychometric function. Side effects were measured by a questionnaire. Patients received a maximum daily dose of 240 mg dihydrocodeine or 2 mg nabilone at the end of each escalating treatment period of 6 weeks. Treatment periods were separated by a 2 week washout period. Mean baseline visual analogue score was 69.6 mm (range 29.4-95.2) on a 0-100 mm scale. 73 patients were included in the available case analysis and 64 patients in the per protocol analysis. The mean score was 6.0 mm longer for nabilone than for dihydrocodeine (95% confidence interval 1.4 to 10.5) in the available case analysis and 5.6 mm (10.3 to 0.8) in the per protocol analysis. Side effects were more frequent with nabilone. Dihydrocodeine provided better pain relief than the synthetic cannabinoid nabilone and had slightly fewer side effects, although no major adverse events occurred for either drug.


Eligible studies were randomised or quasi-randomised trials that evaluated interventions to prevent falls that were based in emergency departments, primary care, or the community that assessed multiple risk factors for falling and provided or arranged for treatments to address these risk factors. Outcomes were number of fallers, fall related injuries, fall rate, death, admission to hospital, contacts with health services, move to institutional care, physical activity, and quality of life. Methodological quality assessment included allocation concealment, blinding, losses and exclusions, intention to treat analysis, and reliability of outcome measurement. 19 studies, of variable methodological quality, were included. The combined risk ratio for the number of fallers during follow-up among 18 trials was 0.91 (95% confidence interval 0.82 to 1.02) and for fall related injuries (eight trials) was 0.90 (0.68 to 1.20). No differences were found in admissions to hospital, emergency department attendance, death, or move to institutional care. Subgroup analyses found no evidence of different effects between interventions in different locations, populations selected for high risk of falls or unselected, and multidisciplinary teams including a doctor, but interventions that actively provide treatments may be more effective than those that provide only knowledge and referral.


Intervention 10 sessions of occupational therapy over five weeks, including cognitive and behavioural interventions, to train patients in the use of aids to compensate for cognitive decline and care givers in coping behaviours and supervision. Incremental cost effectiveness ratio expressed as the difference in mean total care costs per successful treatment (that is, a combined patient and care giver outcome measure of clinically relevant improvement on process, performance, and competence scales) at three months after randomisation. Bootstrap methods used to determine confidence intervals for these measures. The intervention cost (£848, $1738) (95% confidence interval (£808, $1657) to (£888, $1820)) per patient and primary care giver unit at three months. Visits to general practitioners and hospital doctors cost the same in both groups but total mean costs were (£1279, $2621) lower in the intervention group, with the main cost savings in informal care. There was a significant difference in proportions of successful treatments of 36% at three months. The number needed to treat for suc...
cessful treatment at three months was 2.8 (2.7 to 2.9). Community occupational therapy intervention for patients with dementia and their care givers is successful and cost effective, especially in terms of informal care giving.


Data source Electronic literature search without language restrictions of four databases and hand search of bibliographies for other relevant articles. Inclusion criteria included a test for platelet responsiveness and clinical outcomes. Aspirin resistance was assessed, using a variety of platelet function assays. Results 20 studies totalling 2930 patients with cardiovascular disease were identified. Most studies used aspirin regimens, ranging from 75-325 mg daily, and six studies included adjunct antiplatelet therapy. Compliance was confirmed directly in 14 studies and by telephone or interviews in three. Information was insufficient to assess compliance in three studies. Overall, 810 patients (28%) were classified as aspirin resistant. A cardiovascular related event occurred in 41% of patients (odds ratio 3.85, 95% confidence interval 3.08 to 4.80), death in 5.7% (5.99, 2.28 to 15.72), and an acute coronary syndrome in 39.4% (4.06, 2.96 to 5.56). Aspirin resistant patients did not benefit from other antiplatelet treatment. Patients who are resistant to aspirin are at a greater risk of clinically important cardiovascular morbidity long term than patients who are sensitive to aspirin.

CLINICAL REVIEW


Summary points
Lower urinary tract symptoms are bothersome yet often under-reported by older men
Symptom severity generally progresses over time but is rarely life threatening
Many clinical and lifestyle factors can cause or worsen the symptoms but can be modified by simple interventions
Asking about how bothersome the symptoms are and how they affect the patient’s quality of life is useful for considering whether to suggest additional treatment
Benign prostatic hyperplasia does not increase risk of prostate cancer but is associated with higher levels of prostate specific antigen
These levels are associated with prostate volume and may be useful when combined with symptom and health status measures for assessing potential effectiveness of treatment options
Most men can be assessed and treated by primary care clinicians on the basis of the severity of their symptoms and how bothersome they are
Additional diagnostic evaluations include diaries, uroflowmetry, bladder pressure studies, urinary tract imaging, and . . .