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Records of presidential candidates show McCain has had melanoma and Obama is using nicotine replacement therapy.
Charatan, F.

Self referral to allied health professionals will prevent medical "merry-go-round".
Cole, A.

Death rates from cancer in the UK are predicted to fall further.
Coombes, R.

Israel denies access to doctors planning to attend conference in Gaza.
Eaton, L.

All myocardial infarction patients in England are to be offered angioplasty.
Eaton, L.

Osteoporosis experts launch guidance to fill gaps left by NICE.
Mayor, S.

Growth of drug resistant HIV in China is “worrying,” says AIDS institute.
Parry, J.

Children’s vitamin D intake should be doubled, US paediatricians say.
Roehr, B.

European drugs agency withdraws antiobesity drug.
Sayburn, A.

Babies born to Ethiopian immigrant mothers in Israel have been needlessly infected with HIV.
Siegel-Itzkovich, J.

US university sets up conflict of interest office after investigation into drug company payments.
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US university sets up conflict of interest office after investigation into drug company payments.
Tanne, J.H.

Doctors in US and Europe think work conditions are deteriorating.
Watson, R.

NICE to confer on taking greater account of patients’ views.
White, C.

Poor medical facilities in Afghanistan mean patients turn to hospitals in Pakistan.
Yusufzai, A.

Three quarters of deaths in developing world will be caused by heart and lung diseases by 2030.
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Minimally invasive treatments for benign prostatic enlargement: systematic review of randomised controlled trials.
Lourenco, T., Robert Pickard, Luke Vale, Adrian Grant, Cynthia Fraser, Graeme MacLennan, James N’Dow, and the Benign Prostatic Enlargement team.

Long term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study.
Dillner, J., Matejka Rebolj, Philippe Birembaut, Karl-Ulrich Petry, Anne Szarewski, Christian Munk, Silvia de Sanjose, Pontus Naucler, Belen Lloveras, Susanne Kjaer, Jack Cuzick, Marjolein van Ballegooijen, Christine Clavel, and Thomas Iftner.

Long term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study.
Dillner, J., Matejka Rebolj, Philippe Birembaut, Karl-Ulrich Petry, Anne Szarewski, Christian Munk, Silvia de Sanjose, Pontus Naucler, Belen Lloveras, Susanne Kjaer, Jack Cuzick, Marjolein van Ballegooijen, Christine Clavel, and Thomas Iftner.

Ganzini, L., Elizabeth R Goy, Steven K Dobscha.

Keown, P., Gavin Mercer, and Jan Scott.

Foot orthoses and physiotherapy in the treatment of patellofemoral pain syndrome: randomised clinical trial.
Collins, N., Kay Crossley, Elaine Beller, Ross Darnell, Thomas McPoil, and Bill Vicenzino.

Abdominal aortic aneurysm events in the women’s health initiative: cohort study.

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Introduction of shared electronic records: multi-site case study using diffusion of innovation theory.
Greenhalgh, T., Katja Stramer, Tanja Bratan, Emma Byrne, Yara Mohammad, Jill Russell.

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CLINICAL REVIEW

Preservation of fertility in adults and children diagnosed with cancer.
Hart, R.

Kipping, R.R., Russell Jago, and Debbie A Lawlor.
NEWS


The US presidential candidates have released details of their medical condition, in accordance with recent practice of politicians standing for high political office. Ever since it was revealed after his death that John F Kennedy had Addison’s disease, the health of presidential candidates has been considered a matter for public disclosure. The Republican candidate, John McCain, aged 72, gave permission for the Mayo Clinic to release 1200 pages of his medical records to the press under strict security arrangements. A group of reporters representing the major news agencies and other outlets were allowed to read them at a hotel near the clinic, for a few hours. They were not allowed to make copies or use any electronic devices. The records showed that Mr McCain has survived multiple melanomas and that he has problems with his joints after his imprisonment in North Vietnam. They detail the removal of a melanoma from . . .


Patients are to be allowed to bypass their GP and refer themselves directly to a physiotherapist or other therapist after a successful pilot programme for people with musculoskeletal problems. The move, announced this week by the health secretary, Alan Johnson, was welcomed by Phil Gray, chief executive of the Chartered Society of Physiotherapy, who said it would end the current “merry-go-round” between GP, consultant, and physiotherapists endured by many patients. The economic argument for managing the problem at source was “irrefutable,” he said. But the BMA questioned whether self referral would work without extra investment. A rise in demand in already overstretched areas could mean that patients who go through the normal referral routes may have trouble accessing services, warned Laurence Buckman, chairman of the BMA’s General Practitioners Committee. Speaking at the conference of the Chief Health Professi


The risk of dying from cancer before the age of 84 in the United Kingdom will continue to fall for most types of the disease for the next two decades, a new study predicts. Researchers from the charity Cancer Research UK looked at data on the numbers of people dying from 21 of the commonest cancers and have predicted a 17% fall in the death rate in men and 16% in that in women from 2003 to 2023 (British Journal of Cancer, doi:10.1038/sj.bjc.6604710). They used trends in mortality from 1970 to 2005 to project what cancer death rates are likely to be in the next 20 years. In men the largest projected fall in the risk of dying was for stomach cancer (a 43% drop over the next 20 years). In women the risk of death from cervical cancer is predicted to fall by 57% over . . .


Attempts to organise an international annual conference on mental health in Gaza later this month have been stymied by the Israeli authorities, which, the organisers say, have stopped delegates from overseas entering the territory. Mahmoud Abu Aisha, who is organising the conference, the fifth such, said that the Israeli authorities had initially “promised to study this issue positively,” although they hadn’t actually given the go ahead. On 17 October the official decision came to deny the participants permission to attend. The conference, entitled “Siege and Mental Health ...Walls vs Bridges” and which is partnered by the World Health Organization, was due to begin on 27 October to discuss the effects of siege situations on mental health and human rights. A total of 120 delegates from universities around the world were to attend the conference, 25 of whom were scheduled to present papers and original research. The conference’s aim was to . . .


Angioplasty is to become the treatment of choice in England for people who have a myocardial infarction, the Department of Health has announced, with 97% of patients expected to be having the procedure in specialist heart attack centres by 2011. Results of a three year study involving 2400 patients treated in 10 hospitals across England show that primary angioplasty is feasible and cost effective. Provided that the procedure is carried out within two hours of a heart attack, death rates are lower than with thrombolysis, the current standard treatment, and hospital stays are shorter, says a report of the study. Roger Boyle, England’s clinical director for heart disease and stroke, said that the 30 day mortality rate for thrombolysis is 7%, but this reduces to 5% for angioplasty if it is given within two hours. In some parts of the country, such as London, regional death rates have been reduced . . .


A group of UK osteoporosis specialists have published national guidelines for the diagnosis and management of osteoporosis to provide evidence based
recommendations on issues not dealt with by current guidance from the National Institute for Health and Clinical Excellence (NICE). The National Osteoporosis Guideline Group has updated previous guidelines from the Royal College of Physicians after taking account of advances in the management of osteoporosis over the past few years, including new techniques for measuring bone mineral density, better methods for assessing the risk of fracture, and new treatments that reduce the risk of osteoporotic fractures. The resulting guidance is supported by professional and patients’ organisations in the field, including the Royal College of Physicians, the National Osteoporosis Society, and the British Society of Rheumatology. Juliet Compston, professor of bone medicine at the University of Cambridge School of Clinical Medicine and Addenbrooke’s Hospital, said, “Essentially we see the national osteoporosis . . .


Resistance of HIV to drugs is increasing in China, Zhiwei Chen, director of the University of Hong Kong’s AIDS Institute, has said. Only seven of the more than 20 antiretroviral drugs on the market are available in China. “The drug resistant mutations are not unique to Chinese people and therefore are consistent with those found in other countries,” he said. “However, the frequency of drug resistance after two years of treatment is high. The unique feature is that a significant portion of treated patients have developed AIDS due to the drug resistant mutations and the lack of second line drugs.” At the same time, he said, the profile of China’s epidemic was changing as infections are spreading beyond historically high risk groups and into the general population, including vertical transmission from mother to child. Research published in Nature (doi:10.1038/455609a) by Professor Chen and colleagues from China and the . . .


The American Academy of Pediatrics has recommended that children under the age of 18 consume 400 IU of vitamin D a day, double the amount previously recommended. The guidance, published in Pediatrics (doi:10.1542/peds.2008-1862) and also available on the academy’s website (www.aap.org/new/VitaminD repropt.pdf), says that infants who consume at least a litre a day of formula milk fortified with vitamin D do not need supplementation. However, infants who are fully breast fed or who have mixed feeding and receive less than a litre of fortified milk a day should begin supplementation with 400 IU a day of vitamin D in the first few days after birth. Children and adolescents can get the new recommended amounts of vitamin D by drinking four glasses of milk fortified with the vitamin each day and by eating eggs, oily fish such as salmon, and fortified cereals, but growing numbers of young people . . .


The antiobesity drug rimonabant (sold under the brand name Acomplia) has had its marketing authorisation suspended across Europe. The European Medicines Agency (EMEA) says that the benefits no longer outweigh the risks of psychiatric disorders, particularly depression. Doctors have been advised not to issue new prescriptions for rimonabant and to review the treatment of any patients taking it. Patients taking rimonabant should see their doctor or pharmacist to discuss their treatment. There is no need for them to stop taking rimonabant immediately, the agency advises, but they can if they wish. Warnings about psychiatric side effects, in particular depression, have been included in rimonabant’s product information ever since it was first approved in Europe in June 2006. In June 2007 use of the drug was contraindicated in anyone with major depressive disorders or who was taking antidepressant drugs. In March this year the product information was updated again, to advise . . .

Siegel-Itzkovich, J. (2008). Babies born to Ethiopian immigrant mothers in Israel have been needlessly infected with HIV. British Medical Journal, 337 (7677), 2308.

A study has found that four of the babies born in the past 11 years to Ethiopian Jewish immigrants to Israel who were carrying HIV were unnecessarily infected with the virus by their mothers. This has led to demands that medical practice should change (Israel Medical Association Journal 2008;10:668). Some of the women did not know that they were HIV positive. Others knew that they were positive but did not take steps to avoid infecting their children—for example, by taking antiretroviral drugs, having caesarean sections, and bottle feeding their babies. Three refused antiretroviral treatment. The article calls on the health ministry to change its opt-in policy, in which pregnant women are tested for HIV only if they specifically ask, to an opt-out policy, in which all high risk pregnant women are routinely tested unless they refuse. Women found to be HIV positive would be offered antiretroviral treatment and caesarean . . .


Emory University in Atlanta, Georgia, said that it was setting up a new office to oversee conflict of interest issues. The US Senate Finance Committee is investigating Charles Nemeroff, chairman of the university’s department of psychiatry and behavioural sciences, for allegedly not reporting payments from drug companies. The university said that the new
central office “will help us ensure strong conflict of interest policies and procedures university-wide.” The National Institutes of Health froze a $9.3m, five year grant to Dr Nemeroff on 15 August. Dr Nemeroff temporarily stepped down as department chairman, although he remains a professor. Emory University received $411m in research funding last year, of which $251m came from the National Institutes of Health (NIH), said a university spokesman, Jeffrey Molter. The university told its researchers about new rules on financial disclosure for those working under new and pending grants from NIH. The university’s new office . . .


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Doctors in Europe and North America have a strong feeling that the conditions in which they work are deteriorating. In particular, they point to financial restrictions, administrative burdens, and interference by non-medical third parties. In contrast, their colleagues in China, India, and Australia are more positive about the direction medicine is taking. But optimists and pessimists agree that the relationship between doctor and patient is changing because of time constraints and increasing demands from patients who are better informed about their condition and possible treatment. The findings emerge from the Global Physicians’ Survey, produced by Pfizer’s medical partnership initiative. Now in its fifth year, the survey, which is financed by the drug company and conducted by independent consultants, sought the opinions of 1741 doctors in 13 countries in North America, Europe, and Asia. Bob Miglani, the senior director for external medical affairs at Pfizer, explained the thinking behind the project . . .


The National Institute for Health and Clinical Excellence (NICE) is to invite patients and health economists to comment on the factors it uses to decide which drugs to recommend for use in the NHS. But it has denied suggestions in press reports that it will be radically overhauling its processes. The move comes in the wake of research that proposes an alternative way of apportioning monetary value to drugs that is based on what patients would be prepared to pay in return for living longer (Health Economics, doi:10.1002/hec.1416). In common with other public sector healthcare bodies NICE uses the quality adjusted life year (QALY) to calculate whether an intervention offers value for money. Its maximum threshold is currently set at £30 000. But the Health Economics study, by researchers from the Institute of Health and Society at Newcastle University, found that . . .


Afghans are still crossing into neighbouring Pakistan to seek basic medical services despite the fall of the Taliban government three years ago and subsequent international pledges to restore the war ravaged country. “The hospitals in Afghanistan are rudimentary. They are understaffed, there are not enough drugs, and they lack specialist facilities,” said Mamoon Mahmoud, a medical doctor in Peshawar, Pakistan. Afghanistan’s healthcare services barely exist. An estimated 70% of medical programmes in the country have been implemented by aid organisations. The state’s health infrastructure could no longer function without them. Even Afghanistan’s largest hospitals lack the most basic equipment. High tech equipment is not available, and cleanliness is a luxury that few medical centres offer. “Peshawar is just 120 km from the Afghan capital, Kabul, and Afghan patients overburden the three teaching hospitals in this border city, occupying 30% of the beds,” said the health director, Javid Khan. Afghans who . . .


Deaths from heart disease and lung disease in developing countries are set to rise considerably in the next 25 years as populations age and deaths from infectious diseases decline, says a report from the World Health Organization. The Global Burden of Disease: 2004 Update says that the leading causes of death globally in 2030 are projected to be “ischaemic
heart disease, cerebrovascular disease (stroke), chronic obstructive pulmonary diseases, and lower respiratory infections (mainly pneumonia).” Non-communicable conditions will account for 75% of all deaths by 2030, up from 60% in 2004, said Colin Mathers, coordinator for epidemiology and burden of disease at WHO, and lead author of the study. In 2004 an estimated 58.8 million people died worldwide. Of the deaths more than half were among people aged 60 or over. However, one in five deaths were among children under the age of 5, and in the African region 46% of . . .

RESEARCH


3794 abstracts were identified; 22 randomised controlled trials met the inclusion criteria. These provided data on 2434 participants. The studies evaluated were of moderate to poor quality with small sample sizes. Minimally invasive interventions were less effective than transurethral resection of the prostate in terms of improvement in symptom scores and increase in urine flow rate, with most comparisons showing significance despite wide confidence intervals. Rates of reoperation were significantly higher for minimally invasive treatments. The risk profile of minimally invasive interventions was better than that of transurethral resection, with fewer adverse events. The results, however, showed significant heterogeneity. Which minimally invasive intervention is the most promising remains unclear. Their place in the management of benign prostate enlargement will continue to remain controversial until well designed and well reported randomised controlled trials following CONSORT guidelines prove they are superior and more cost effective than drug treatment, or that strategies of sequential surgical treatments are preferred by patients and are more cost effective than the more invasive but more effective tissue ablative interventions such as transurethral resection.


The cumulative incidence rate of CIN3+ after six years was considerably lower among women negative for HPV at baseline (0.27%, 95% confidence interval 0.12% to 0.45%) than among women with negative results on cytology (0.97%, 0.53% to 1.34%). By comparison, the cumulative incidence rate for women with negative cytology results at the most commonly recommended screening interval in Europe (three years) was 0.51% (0.23% to 0.77%). The cumulative incidence rate among women with negative cytology results who were positive for HPV increased continuously over time, reaching 10% at six years, whereas the rate among women with positive cytology results who were negative for HPV remained below 3%. A consistently low six year cumulative incidence rate of CIN3+ among women negative for HPV suggests that cervical screening strategies in which women are screened for HPV every six years are safe and effective.


15 study participants met “caseness” criteria for depression, and 13 met criteria for anxiety. 42 patients died by the end of the study; 18 received a prescription for a lethal drug under the Death with Dignity Act, and nine died by lethal ingestion. 15 participants who received a prescription for a lethal drug did not meet
criteria for depression; three did. All three depressed participants died by legal ingestion within two months of the research interview. Although most terminally ill Oreganians who receive aid in dying do not have depressive disorders, the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug.

Keown, P., Gavin Mercer, and Jan Scott. (2008). Retrospective analysis of hospital episode statistics, involuntary admissions under the Mental Health Act 1983, and number of psychiatric beds in England 1996-2006. British Medical Journal, 337 (7676), 1837. Admissions for mental disorders in the NHS in England peaked in 1998 and then started to fall. Reductions in admissions were confined to patients with depression, learning disabilities, or dementia. Admissions for schizophrenic and manic disorders did not change whereas those for drug and alcohol problems increased. The number of NHS psychiatric beds decreased by 29%. The total number of involuntary admissions per annum increased by 20%, with a threelfold increase in the likelihood of admission to a private facility. Patients admitted involuntarily occupied 23% of NHS psychiatric beds in 1996 but 36% in 2006. Conclusions Psychiatric inpatient care changed considerably in the decade from 1996 to 2006, with more involuntary admissions to fewer NHS beds. The case mix has shifted further towards psychotic and substance misuse disorders, which has changed the milieu of inpatient wards. Increasing proportions of involuntary patients were admitted to private facilities.

Collins, N., Kay Crossley, Elaine Beller, Ross Darnell, Thomas McPoil, and Bill Vicenzino. (2008). Foot orthoses and physiotherapy in the treatment of patellofemoral pain syndrome: randomised clinical trial. British Medical Journal, 337 (7677), 1735. Global improvement, severity of usual and worst pain over the preceding week, anterior knee pain scale, and functional index questionnaire measured at 6, 12, and 52 weeks. Foot orthoses produced improvement beyond that of flat inserts in the short term, notably at six weeks (relative risk reduction 0.66, 99% confidence interval 0.05 to 1.17; NNT 4 (99% confidence interval 2 to 51)). No significant differences were found between foot orthoses and physiotherapy, or between physiotherapy and physiotherapy plus orthoses. All groups showed clinically meaningful improvements in primary outcomes over 52 weeks. While foot orthoses are superior to flat inserts according to participants’ overall perception, they are similar to physiotherapy and do not improve outcomes when added to physiotherapy in the short term management of patellofemoral pain. Given the long term improvement observed in all treatment groups, general practitioners may seek to hasten recovery by prescribing prefabricated orthoses.

Lederle, F.A., Joseph C Larson, Karen L Margolis, Matthew A Allison, Matthew S Freiberg, Barbara B Cochrane, William F Graettinger, and J David Curb. (2008). Abdominal aortic aneurysm events in the women’s health initiative: cohort study. British Medical Journal, 337 (7677), 1724. Events occurred in 184 women and were strongly associated with age and smoking. Ever smoking, current smoking, and amount smoked all contributed independent risk. Diabetes showed a negative association (odds ratio 0.29, 95% confidence interval 0.13, 0.68), as did postmenopausal hormone therapy. Positive associations were also seen for height, hypertension, cholesterol lowering treatment, and coronary and peripheral artery disease. Conclusions Our findings confirm the strong positive associations of clinically important abdominal aortic aneurysm with age and smoking in women and the negative association with diabetes previously reported in men.

Lederle, F.A., Joseph C Larson, Karen L Margolis, Matthew A Allison, Matthew S Freiberg, Barbara B Cochrane, William F Graettinger, and J David Curb. (2008). Abdominal aortic aneurysm events in the women’s health initiative: cohort study. British Medical Journal, 337 (7677), 1724. Events occurred in 184 women and were strongly associated with age and smoking. Ever smoking, current smoking, and amount smoked all contributed independent risk. Diabetes showed a negative association (odds ratio 0.29, 95% confidence interval 0.13, 0.68), as did postmenopausal hormone therapy. Positive associations were also seen for height, hypertension, cholesterol lowering treatment, and coronary and peripheral artery disease. Our findings confirm the strong positive associations of clinically important abdominal aortic aneurysm with age and smoking in women and the negative association with diabetes previously reported in men.

Greenhalgh, T., Katja Stramer, Tanja Bratan, Emma Byrne, Yara Mohammad, Jill Russell. (2008). Introduction of shared electronic records: multi-site case study using diffusion of innovation theory. British Medical Journal, 337 (7677), 1786. The mixed fortunes of the SCR programme in its first year were largely explained by eight interacting influences. The first was the SCR’s material properties (especially technical immaturity and lack of interoperability) and attributes (especially the extent to which potential adopters believed the benefits outweighed the risks). The second was adopters’ concerns (especially about workload and the ethicality of sharing “confidential” information on an implied consent model). The third influence was interpersonal influence (for example, opinion leaders, champions, facilitators), and the fourth was organisational antecedents for innovation (for example past experience with information technology projects, leadership and management capacity, effective data
capture systems, slack resources). The fifth was organisational readiness for the SCR (for example, innovation-system fit, tension for change, power balances between supporters and opponents, baseline data quality). The sixth was the implementation process (including the nature of the change model and the extent to which new routines associated with the SCR aligned with existing organisational routines). The seventh influence was the nature and quality of links between different parts of the system, and the final one was the wider environment (especially the political context of the programme).


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CLINICAL REVIEW


Summary points
Warn patients of the possible effects that treatment may have on their reproductive capacity
Provide access to a fertility specialist and supportive counselling
Sperm banking is an effective and well established technique for adolescent boys and men
Women should be offered access to oocyte or embryo freezing if sufficient time is available before treatment begins
Oocyte cryostorage has limited success and freezing of ovarian tissue is still experimental

In the United Kingdom each year 11 000 patients aged 15-40 years are diagnosed with cancer, and more than half of them will live for more than five years.1 2 Patients want quality of life, including the ability to have a family, and many request advice on fertility preservation. This review describes the fertility preservation techniques available and recent recommendations from the UK and the United States.3 4 5

Sources and selection criteria
We searched Medline and the Cochrane library using the keywords “cancer and fertility”, “chemotherapy and fertility . . .


Summary points
Few obesity prevention interventions have been shown to be effective in children
Comprehensive strategies that tackle diet and physical activity as well as providing psychosocial support and environmental change may help prevent obesity
Community based interventions aimed at changing activity levels, dietary knowledge, and eating behaviour may be useful but need evaluation for effectiveness and cost effectiveness
Specialist treatment may include treatment with sibutramine or orlistat in children over 12, although long term studies are needed
Surgery is recommended only in adolescents with extreme obesity, in limited circumstances, but the benefits need to be balanced against the possible side effects

In the first part of this article we described how obesity in children is measured, its prevalence, whether children should be screened, and the risk factors for and consequences of obesity.1 In this part we review the current evidence on the prevention and management of childhood obesity.