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Benkimoun, P. (2008). France needs to clarify how important genetic information is passed to patients’ relatives, agency says. British Medical Journal, 337 (7680), 2610.

France’s Biomedicine Agency has called for the government to draw up guidance on giving genetic information to relatives after a patient has been given a diagnosis of a serious genetic abnormality. The regulatory agency, which was set up under the 2004 Bioethics Act, was presenting evidence to an inquiry to review the working of the act. The inquiry was established at the request of the French health minister, Roselyne Bachelot-Narquin. Although the agency concluded that overall the act was working well, it expressed regret that the government had not yet drawn up practical guidance to implement one section of it relating to the question of how information can be passed to relatives of someone with a genetic disorder without a doctor breaching the patient’s confidentiality.


Mothers of babies in neonatal units could and should be encouraged to provide breast milk for their infants, Mary Renfrew, professor of mother and infant health, is to tell a Unicef conference in Glasgow on 26 November. Professor Renfrew, who is presenting results of her as yet unpublished review of breast feeding in neonatal units, will call on the Department of Health to include preterm infants in its policies to support breast feeding. Her review of 48 research papers on breast milk in neonatal units highlights the barriers to women initiating milk production, expressing it for preterm infants who cannot yet suckle, and maintaining breast feeding on discharge from hospital. She told the BMJ that rates of initiation of breast milk production for mothers with babies in neonatal units are more than in the general population, but few mothers breast feed at home once their baby has left neonatal care.

Charatan, F. (2008). X ray pictures in 88% of Michigan doctor’s asbestosis diagnoses were found to be normal. British Medical Journal, 337 (7680), 2549.

All but one of 91 cases of asbestosis that were due to be heard in a Michigan court this month have been withdrawn by lawyers after the judge who was to hear the cases was shown evidence indicating that the doctor who made the diagnoses had got them wrong. Michael Kelly, an occupational doctor in Lansing, Michigan, has worked for the past 15 years for the state of Michigan. In that time he diagnosed 7323 cases of asbestosis. In each case that he was asked to consider a possible diagnosis of asbestosis he was paid a fee of $500by plaintiffs’ lawyers. However, evidence that Dr Kelly may have misdiagnosed a number of cases emerged after he sent his patients to a hospital for radiography. Under hospital rules, staff radiologists also read the films.


A consensus conference on acute medicine, now the fastest growing of all medical specialties in the United Kingdom, has called for explicit standards, operational policies, and performance monitoring to be introduced. Acute medicine was formally recognised as a specialty in general medicine in 2003, but practice continues to vary, and there is debate about the precise remit and standards for the specialty, the configuration and integration of the multiprofessional team, and the delivery of appropriate training. The conference, organised by the Royal College of Physicians of Edinburgh and held in Edinburgh last week, agreed a statement that makes a series of recommendations on multiprofessional working, relations with other health and social care services, education and training, and standards of care. It says that acute medicine has a pivotal role in improving pathways of care.


Waiting times for eight diagnostic tests are to be cut to a maximum of six weeks in Scotland from April after the success of an improvement programme. The current nine week target has been met throughout Scotland as a result of a £50m diagnostics collaborative programme, which has led to changes in how the service is managed and delivered. The number of patients who wait longer than nine weeks fell from 10 638 in July 2006 to just two this July. The performance of the diagnostic service has been reviewed by Audit Scotland. It welcomes the improvements that have been made but says that making further sustainable improvements “will be challenging.” The NHS in England is working towards a maximum waiting time of six weeks for diagnostic tests as part of its overall 18 week target between referral and treatment. In September this year 2500 patients were . . .


A second woman has died in Nepal in less than five months after following the practice of “chhaupadi,” spending five days living in a shed during her menstrual period. The 24 year woman, who lived in the western hills of Nepal, developed a cough and cold after she entered the shed in mid-October. Although her family took her to a nearby health centre five days later it was too late to save her. She died from sepsis after
pneumonia. The woman was following the tradition of chhaupadi, which is practiced in many areas of Nepal, despite the fact that the government declared it illegal in 2005. During menstruation women have to spend 4-5 days in a shed away from the family home because they are considered “impure and untouchable.” Living in a dilapidated and dirty cowshed is seen as a punishment from god, and during this time women are not . . .

**Dyer, C. (2008). Resources must be diverted to allow people to die at home. British Medical Journal, 337 (7681), 2750.**

Thousands of dying patients a year are unnecessarily admitted to hospital in England even though the money spent could be used to provide the care at home that most people want at the end of their lives, according to a report this week from the National Audit Office. The watchdog for public spending blamed the lack of 24 hour response services and poor coordination between health and social care services for condemning many people who would prefer to die at home to ending their lives in hospital. Research indicates that between 56% and 74% of people would prefer to die at home. But 58% of all deaths occur in hospital, although the figure varies between 46% and 77%, depending on the primary care trust. The audit office’s examination of patient records at Sheffield Primary Care Trust found that 40% of patients who died in hospital in October 2007 did not . . .


The government should set out a clear vision for the future of practice based commissioning if the policy is to deliver better services for patients, says a health policy think tank. It calls for national guidance for GPs and primary care trusts on how best to implement the policy. A report of a two year study by the King’s Fund says that the health minister Ara Darzi was right to commit the government to continue with practice based commissioning in his recent review of the NHS (BMJ 2008,337,a644, doi:10.1136/bmj.a644). If implemented well, the King’s Fund report says, the policy could help GPs deliver better services to patients, more choice of treatments, and more effective use of financial resources.

**Mashta, O. (2008). HIV testing should rise in areas of high prevalence, report says. British Medical Journal, 337 (7681), 2748.**

Screening for HIV should be automatically offered to new patients aged 15-59 who register with a GP should be offered an HIV test along with patients admitted to hospital in areas where there are at least two HIV cases per 1000 population, the agency recommends. There should also be routine HIV screening in tuberculosis clinics. The agency is endorsing the new national HIV testing guidelines produced by the British HIV Association, the British Association for Sexual Health and . . .


Training young researchers in low income countries and linking them to the global medical, scientific, and public health community is the best way for wealthy countries to invest in global health, said health policy experts at a recent meeting in Washington, DC. The meeting on the “role of science in advancing global health diplomacy,” held at the O’Neill Institute for National and Global Health Law, Georgetown University, warned that money given for development aid is not being used well because too little attention is being paid to ensuring that effective interventions are implemented on the ground. “Our systems for delivery have been built as badly as we have built the US healthcare system,” said Jim Kim, professor of health and human rights at Harvard School of Public Health. “Neither is based on good science, and both need to be.” The priority for US health care should be to reduce costs . . .


The Dutch health minister, Ab Klink, has announced tough measures to enforce the smoking ban in the hospitality sector after a rebellion among small cafes in city centres threatened to spread across the country. Almost all the cafes in the centre of Den Bosch, in the south of the country, were defying the ban this week and were photographed returning ashtrays to tables. Similar action is reported in Nijmegen, Tilburg, and Utrecht, with as many as 12,000 cafes involved. In response Mr Klink wrote to MPs saying, “Let there be no misunderstanding. The cabinet takes this seriously. In this country laws are to be followed and that goes for everyone.” He announced that in addition to the administrative fines imposed by the Food and Consumer Product Safety Authority, the law of “economic offences” will now come into force. This means that higher fines can be imposed more swiftly in . . .
Doctors in South Dakota must tell every woman who seeks an abortion that the procedure “will terminate the life of a whole, separate, unique, living human being”; that she “has an existing relationship with that unborn human being and that the relationship enjoys protection under the United States constitution and the laws of South Dakota”; and that she faces the risk of depression, suicide, infertility, and risks to future pregnancies if she has an abortion. The "informed consent" law, which came into effect in June, was denounced this week in an editorial and a perspectives article in the New England Journal of Medicine (2008;359:23, doi:10.1056/NEJMe0809669 and 2008;359:2189-91, http://content.nejm.org/cgi/content/short/359/21/2189). The editorial called the law “an affront to the first amendment rights of physicians and an embarrassment to the people of South Dakota . . . If states are permitted to mandate ideological speech about abortion, what is to stop . . .

Surgeons in Spain have successfully transplanted a bioengineered human airway into a 30 year old Colombian woman with a collapsed left main bronchus, caused by tuberculosis. The new airway, bioengineered from a donor trachea, was used to replace the woman’s diseased bronchus on 12 June. A report in the Lancet describes the woman as fully recovered, with normal lung function, a good quality of life, and no complications (2008 Nov 19, doi:10.1016/S0140-6736(08)61598-6). She takes no immunosuppressant drugs, the graft is functioning normally, and there are no signs of rejection. Claudia Castello is the first recipient of the new kind of graft, developed by a European team of scientists from Bristol, Padua, and Milan. They began with a 7 cm segment of trachea from a 51 year old woman who had died of a brain haemorrhage. After stripping the trachea of all its potentially antigenic cells, the scientists . . .

Zimbabwe’s health minister, David Parirenyatwa, has admitted that he is “scared” by the cholera epidemic in the country, which has killed more than 290 people since September. Last week the World Health Organization said that more than 6000 people had been infected in the outbreak. The highly contagious diarrhoeal disease has now spread to nine of Zimbabwe’s 10 provinces. Médecins Sans Frontières said that if left unchecked, cholera could threaten the lives of 1.4 million people in Harare. Mr Parirenyatwa told the local press that the widespread unavailability of clean piped water meant that it is impossible to control the cholera outbreak. “As the minister responsible for health, I am very scared, especially during this rainy season,” he said. Uncollected rubbish and frequent bursts in sewer pipes in many townships are also fostering the spread of the disease. The outbreak comes at the worst possible time for inflation battered Zimbabwe, . . .

A prominent transplant and cancer surgeon from the University of Essen in Germany has been charged with unlawful gain, bribery, blackmail, extortionate robbery, and fraud more than a year after he was suspended. The charges against Christoph Broelsch have been rejected by his lawyer, Rainer Hamm, who said in a press statement that they are entirely unfounded. Mr Hamm is currently trying to stop a court case from opening and has accused the prosecutor of biased investigations. In May 2007 Professor Broelsch was publicly accused by the relative of a patient with liver cancer of demanding payments for bringing forward the date of an operation. When police began investigating, a number of patients and relatives reported similar experiences. Professor Broelsch subsequently issued a statement denying that he had ever sought financial reward for performing an operation or that he had blackmailed any patients. However, he said that in certain cases . . .

Developing countries should have more say in the research that takes place in their territories, an international meeting has concluded. The conclusion of the Global Ministerial Forum on Research for Health also recommended that health research in developing countries should be broadened to cover social and other determinants. The forum was held in Bamako, Mali, last week and was attended by representatives from 59 countries. The forum also endorsed the four recommendations of the high level task force on scaling up research and learning on health systems of the director general of the World Health Organization, a draft of which was in circulation at Bamako. Ok Pannenborg, senior health adviser for the World Bank’s Africa region, told the BMJ, “Research for health [a more embracing concept than ‘health research’] has moved to a higher level. “Goethe said new knowledge is not enough—we must apply it—and that willingness is not . . .

Just over 225 000 cases of chlamydia were recorded in Europe in 2006, making it the most frequently reported infectious disease, the latest research by the European Centre for Disease Prevention and Control shows. The findings, which will be published in the Stockholm based centre’s annual epidemiological report in a few weeks’ time, also confirm that giardiasis was the second commonest disease, with 193 000 cases. This is considerably more than the 15 000 reported in 2005, but the increase is almost entirely due to the 170 000 cases that occurred in Romania. Two other food and waterborne infections came in third and fourth place: campylobacteriosis (180 000 cases) and salmonellosis (168 000). Other infectious diseases to feature in the top 10 of the 47 that are routinely reported to the Stockholm agency were tuberculosis, mumps, gonorrhoea, hepatitis C, invasive pneumococcal disease, and HIV.

**RESEARCH**


In 2005, 82.3% of adults (n=52.8m) had an up to date blood pressure recording; by 2007, this proportion had risen to 88.3% (n=53.2m). Initially, there was a 1.7% gap between mean blood pressure recording levels in practices located in the least deprived fifth of communities compared with the most deprived fifth, but, three years later, this gap had narrowed to 0.2%. Achievement of target blood pressure levels in 2005 for practices located in the least deprived communities ranged from 71.0% (95% CI 70.4% to 71.6%) for diabetes to 85.1% (84.7% to 85.6%) for coronary heart disease; practices in the most deprived communities achieved 68.9% (68.4% to 69.5%) and 81.8% (81.3% to 82.3%) respectively. Three years later, target achievement in the least deprived practices had risen to 78.6% (78.1% to 79.1%) and 89.4% (89.1% to 89.7%) respectively. Target achievement in the most deprived practices rose similarly, to 79.2% (78.8% to 79.6%) and 88.4% (88.2% to 88.7%) respectively. Similar changes were observed for the achievement of blood pressure targets in hypertension, cerebrovascular disease, and chronic kidney disease. Since the reporting of performance indicators for primary care and the incorporation of pay for performance in 2004, blood pressure monitoring and control have improved substantially. Improvements in achievement have been accompanied by the near disappearance of the achievement gap between least and most deprived areas.


In one year’s intensive follow-up, 54% (144/265) of fall reports described the participant as being found on the floor and 82% (217/265) of falls occurred when the person was alone. Of the 60% who fell, 80% (53/66) were unable to get up after at least one fall and 30% (20/66) had lain on the floor for an hour or more. Difficulty in getting up was consistently associated with age, reported mobility, and severe cognitive impairment. Cognition was the only characteristic that predicted lying on the floor for a long time. Lying on the floor for a long time was strongly associated with serious injuries, admission to hospital, and subsequent moves into long term care. Call alarms were widely available but were not used in most cases of falls that led to lying on the floor for a long time. Comments from older people and carers showed the complexity of issues around the use of call alarms, including perceptions of irrelevance, concerns about independence, and practical difficulties. Lying on the floor for a long time after falling is more common among the “oldest old” than previously thought and is associated with serious consequences. Factors indicating higher risk and comments from participants suggest practical implications. People need training in strategies to get up from the floor. Work is needed on access and activation issues for design of call alarms and information for their effective use. Care providers need better understanding of the perceptions of older people to provide acceptable support services.


The primary outcome measure was documented *Mycobacterium tuberculosis* infection or radiological and clinical evidence of tuberculosis disease. Secondary outcome measures were rates of adverse events, all cause and tuberculosis specific admissions to hospital, and mortality. The difference in the cumulative incidence of definite, probable, and possible tuberculosis between the intradermal group and the percutaneous group, as defined using study definitions based on microbiological, radiological, and clinical findings was -0.36% (95.5% confidence interval – 1.27% to 0.54%). No significant differences were found between the routes in the cumulative incidence of tuberculosis using a range of equivalence of “within 25%.” Additionally, no significant differences were found between the routes in the cumulative incidence of...
adverse events (risk ratio 0.98, 95% confidence interval 0.91 to 1.06), including deaths (1.19, 0.89 to 1.58). Equivalence was found between intradermal BCG vaccine and percutaneous BCG in the incidence of tuberculosis in South African infants vaccinated at birth and followed up for two years. The World Health Organization should consider revising its policy of preferential intradermal vaccination to allow national immunisation programmes to choose percutaneous vaccination if that is more practical.


Risk of a child with a head injury before age 2 developing attention deficit hyperactivity disorder before age 10 compared with children with a burn injury before age 2 and children with neither a burn nor a head injury. Of the 62 088 children who comprised the cohort, 2782 (4.5%) had a head injury and 1116 (1.8%) had a burn injury. The risk of diagnosis of attention deficit hyperactivity disorder before 10 years of age after adjustment for sex, prematurity, socioeconomic status, and practice identification number was similar in the head injury (relative risk 1.9, 95% confidence interval 1.5 to 2.5) and burn injury groups (1.7, 1.2 to 2.5) compared with all other children. Medically attended head injury before 2 years of age does not seem to be causal in the development of attention deficit hyperactivity disorder. Medically attended injury before 2 years of age may be a marker for subsequent diagnosis of attention deficit hyperactivity disorder.


Birth weight, length, and head circumference measured within 72 hours after delivery. Neonatal survival assessed at the six week follow-up visit. Birth weight was 42 g (95% confidence interval 7 to 78 g) higher in the multiple micronutrients group compared with the folic acid group. Duration of gestation was 0.23 weeks (0.10 to 0.36 weeks) longer in the iron-folic acid group and 0.19 weeks (0.06 to 0.32 weeks) longer in the multiple micronutrients group. Iron-folic acid was associated with a significantly reduced risk of early preterm delivery (<34 weeks) (relative risk 0.50, 0.27 to 0.94, P=0.031). There was a significant increase in haemoglobin concentration in both iron-folic acid (5.0 g/l, 2.0 to 8.0 g/l, P=0.001) and multiple micronutrients (6.9 g/l, 4.1 to 9.6 g/l, P<0.001) groups compared with folic acid alone. In post hoc analyses there were no significant differences for perinatal mortality, but iron-folic acid was associated with a significantly reduced early neonatal mortality by 54% (relative risk 0.46, 0.21 to 0.98). In rural populations in China antenatal supplementation with iron-folic acid was associated with longer gestation and a reduction in early neonatal mortality compared with folic acid. Multiple micronutrients were associated with modestly increased birth weight compared with folic acid, but, despite this weight gain, there was no significant reduction in early neonatal mortality. Pregnant women in developing countries need sufficient doses of iron in nutrient supplements to maximise reductions in neonatal mortality.


Composite of death due to coronary heart disease or non-fatal acute coronary syndrome during median follow-up of 2.46 years. Receiver operating characteristics curves for the basic clinical assessment model alone and with the results of resting ECGs were superimposed with little difference in the C statistic. With the exercise ECGs the C statistic in the summary ECG subset increased from 0.70 (95% confidence interval 0.68 to 0.73) to 0.74 (0.71 to 0.76) and in the detailed ECG subset from 0.74 (0.70 to 0.79) to 0.78 (0.74 to 0.82). However, risk stratified cumulative probabilities of the primary end point at one year and six years for all three prognostic indices (clinical assessment only; clinical assessment plus resting ECG; clinical assessment plus resting ECG plus exercise ECG) showed only small differences at all time points and at all levels of risk. In ambulatory patients with suspected angina, basic clinical assessment encompasses nearly all the prognostic value of resting ECGs and most of the prognostic value of exercise ECGs. The limited incremental value of these widely applied tests emphasises the need for more effective methods of risk stratification in this group of patients.

CLINICAL REVIEW


Summary points
The incidence of melanoma is rising, but most of the rise is caused by very thin melanomas
The most powerful risk factor for melanoma is the number of naevi
There are two phenotypic pathways to melanoma:
via naevi or via sun damage
Melanoma mortality has been relatively stable over the past 30 years
A reduction in people’s exposure to sun has not led to a significant reduction in the incidence of melanoma, and sun avoidance may be detrimental; secondary prevention with early detection of melanoma saves lives

The incidence of melanoma has risen over the past 30 years in most white populations. However, in some parts of the world incidence rates are stable or falling. Although large scale primary prevention programmes such as public health education campaigns aimed at reducing exposure to sun may lead to reduced incidence, such programmes have not yet been proved effective. However, melanoma is highly...


Acute childhood malnutrition affects about a tenth of the world’s children under 5 years of age, particularly those living in circumstances of extreme poverty in the developing world. Malnutrition is typically the result of an inadequate diet and is one of the most common diagnoses in children in health facilities in sub-Saharan Africa and south Asia. Acute childhood malnutrition leads to greater risk of death or disability from common paediatric illnesses such as pneumonia and diarrhoeal disease, and it shapes long term health by compromising physical and intellectual development. The condition carries a case fatality rate of 5-60%. This review describes how best to manage cases of acute childhood malnutrition in light of recent changes in standard recommendations.