table of contents

NEWS

US confirms federal authority for safety of medical devices.
Charatan, F.

Number of deaths involving C difficile rose by 72% in a year.
Creagh, H.

GP contract delivers on just two of 13 government aims.
Kmietowicz, Z.

GMC will take responsibility for postgraduate medical training from 2010.
Kmietowicz, Z.

Health education charity closes its doors.
Kmietowicz, Z.

Meta-analysis shows difference between antidepressants and placebo is only significant in severe depression.
Mayor, S.

95% of women in England not screened for sickle cell anaemia or thalassaemia by 10 week target
Mayor, S.

Number of deaths from cancers falls after 20 years of screening in England.
Mayor, S.

Surveillance of new infectious diseases focuses on wrong areas.
Mayor, S.

Inquiry finds lack of systematic approach to safety creates risk during births.
Mayor, S.

Charity claims ready to use foods are crucial to reduce childhood malnutrition.
Moszynski, P.

Pilot scheme will ask GPs to give more detail in sickness certificates.
O’Dowd, A.

New commission will look at non-medical ways to improve health of Americans.
Roehr, B.

Floods in southern Africa result in cholera outbreak and displacement.
Sidley, P.

Proposals to make patients pay for medical visits in Quebec meet resistance.
Spurgeon, D.

Australia’s healthcare reform body is criticised for its narrow membership.
Sweet, M.

Pfizer ends advertisements featuring inventor of artificial heart.
Tanne, J.H.

Congress asks for investigation of FDA resources and staffing.
Tanne, J.H.

European Commission looks into possible restrictive practices by drug companies.
Watson, R.


RESEARCH

Suicide rates in young men in England and Wales in the 21st century: time trend study.
Biddle, L., Anita Brock, Sara T Brookes, and David Gunnell.

Long term efficacy of DOTS regimens for tuberculosis: systematic review.
Cox, Helen S., Martha Morrow, and Peter W Deutschmann.

Effectiveness of the diabetes education and self management for ongoing and newly diagnosed (DESMOND) programme for people with newly diagnosed type 2 diabetes: cluster randomised controlled trial.

Rates of medication errors among depressed and burnt out residents: prospective cohort study.

Effects of acupuncture on rates of pregnancy and live birth among women undergoing in vitro fertilisation: systematic review and meta-analysis.
Manheimer, E., Grant Zhang, Laurence Udoff, Aviad Haramati, Patricia Langenberg, Brian M Berman, and Lex M Bouter.

The population impact on incidence of suicide and non-fatal self harm of regulatory action against the use of selective serotonin reuptake inhibitors in under 18s in the United Kingdom: ecological study.
**NEWS**


In a landmark decision, the US Supreme Court voted by eight to one last month to bar a lawsuit in a state court brought by the widow of a man injured by a cardiac catheter that had been approved for sale by the Food and Drug Administration. When Congress enacted the Medical Device Amendments of 1976 to the Federal Food, Drug, and Cosmetic Act, it gave the responsibility for overseeing the safety of medical devices to the FDA and over-ruled state oversight laws. The dispute the Supreme Court had to settle was whether an injured patient could challenge the FDA’s decision by suing in a state court for products that have received federal approval. Charles Riegel survived open heart surgery but died in 2004 after a catheter ruptured in his coronary artery. His widow, Donna Riegel, brought a suit against device manufacturer Medtronic. The catheter had received premarket.


The number of deaths in England and Wales involving Clostridium difficile jumped by 72% in a year, the latest government figures show. Death certificates that mention the infection rose from 3757 in 2005 to 6480 in 2006, while the number of deaths where C difficile was given as the underlying cause stood at 3490 in 2006, up from 2063 in the previous year. The figures, published by the Office for National Statistics in the spring 2008 issue of Health Statistics Quarterly, also show that the number of death certificates mentioning meticillin resistant Staphylococcus aureus (MRSA) had not risen in the same period, although the number of deaths attributed directly to the infection rose by 12%. Mentions of MRSA on death certificates stood at 1652 in 2006, up from 1649 in 2005. Previously the number of deaths involving MRSA had risen steadily since 1993, when the number of death certificates . . .


The new contract for GPs in England has delivered good progress on only two of the 13 benefits that the Department of Health anticipated when it negotiated the deal, says a study from the public spending watchdog. The contract, which was designed to modernise general practice and increase the number of GPs as well as improve morale among the profession, saw primary care trusts take on the role of commissioning primary care services from general practices. But the contract, which was fully implemented in England in April 2004, has cost £1.76bn more in its first three years than the Department of Health anticipated and has failed to increase productivity in the NHS, one of the key predicted benefits, says a report from the National Audit Office. At the same time patients in more deprived areas of the country are still short of GP services because funds have . . .


The government has agreed in principle that the General Medical Council, the medical profession’s regulator, will take over responsibility for postgraduate medical training in the United Kingdom. The move to assimilate the Postgraduate Medical and Training Board within the GMC—which will not go ahead before 2010—has been welcomed by Graeme Catto, the council’s president. Sir Graeme said, “The merger will bring under one roof the regulation of all stages of medical education and will deliver real benefits for patients and the public, as well as for the medical profession.” He added that the board, which was set up in autumn 2005, had made an important contribution to postgraduate medical education in the UK and promised to maintain the momentum it had generated. However, in a statement the Royal College of Surgeons of England expressed its disappointment at the slow timetable for implementing the change. “We are pleased with the acceptance . . .


The charity Developing Patient Partnerships (DPP), which specialises in health information, is to close at the end of August, because of a lack of funding. The charity, which was established in 1997, has developed and run a range of national campaigns on public health and health service issues, such as obesity, self care of long term conditions, and the importance of keeping your appointment with your GP. However, the Department of Health says it will not fund the organisation beyond April 2008. David Wrigley, the charity’s chairman, said: “It is with deep regret that we have been forced to make this decision. For over a decade DPP has fought to keep health education and self care at the top of the agenda. “How ironic [it is] that now, just as the prime minister has announced that the government will need increasingly to shift focus and resources to the prevention and . . .

Mayor, S. (2008). Meta-analysis shows difference between antidepressants and placebo is only significant in severe depression. *British Medical Journal, 336* (7642), 466.

New generation antidepressants achieve almost no benefit compared with placebo in mild to moderate depression, with slightly more benefit in severe depression but only because of less response to placebo, a meta-analysis of clinical trial data has shown. Researchers analysed all available data from clinical
trials submitted to the US Food and Drug Administration for the licensing of four selective serotonin or serotonin-noradrenaline reuptake inhibitors—fluoxetine (Prozac), venlafaxine (Efexor), nefazodone (Serzone), and paroxetine (Seroxat, Paxil). They analysed the degree to which people improved in relation to the initial severity of the depression in people randomised to drug or placebo. Results showed almost no difference between the effects of drug treatment and placebo at moderate levels of initial depression, rising to a relatively small difference in patients with severe depression. On average, the antidepressants improved the score on the Hamilton scale of depression by 1.8 points more than placebo (PLoS Medicine).


Most women fail to receive antenatal screening for sickle cell anaemia or thalassaemia within the recommended time of 10 weeks, a study of general practice in England has found (British Journal of General Practice 2008;58:154–9). This indicates that screening may often occur too late to allow couples a choice regarding termination of affected fetuses. The study assessed antenatal screening for the two inherited disorders in all pregnancies reported in at least a six month period in 25 general practices of two inner city primary care trusts. They both had about 40% of their populations from minority ethnic groups and ranked among the most deprived in England. Results from the 1441 pregnancies analysed showed that 95% of women failed to receive screening by the target of 10 weeks. The median delay was 6.9 (interquartile range 4.7-9.3) weeks between pregnancy being confirmed and screening for sickle cell anaemia and thalassaemia.


More than 100 000 breast cancers and 400 000 major cervical abnormalities have been detected in the 20 years of the NHS’s breast cancer and cervical cancer screening programmes in England, figures published this week show. The NHS programmes include screening for breast cancer every three years for all women aged 50 to 70. All women between the ages of 25 and 64 can have cervical cancer screening tests every three to five years—women registered with a GP are invited for screening at these intervals. More than 70 million screening tests for breast and cervical cancer have been carried out in England since the programmes began in 1988. In this period more than 18 million sets of mammograms have been taken. From these, more than 100 000 cancers have been detected—equivalent to more than 100 cancers each week since the start of the programme. Breast screening saves an estimated 1400 .


Systems for surveillance of new infectious diseases are currently monitoring the wrong areas of the world, warns one of the first analyses to track the history of emerging diseases in relation to location worldwide. The study analysed a database of 335 episodes of new infectious diseases emerging in human populations for the first time between 1940 and 2004 (Nature 2008;451:990-4). The diseases included those caused by newly evolved strains of pathogens (such as multidrug resistant tuberculosis and chloroquine resistant malaria), pathogens entering human populations for the first time (such as HIV1 and the severe acute respiratory syndrome (SARS) coronavirus), and pathogens that have probably been present in humans historically but have recently increased in incidence (such as Lyme disease). The results showed a significant increase in the number of emerging infectious diseases over the past 60 years, with the peak incidence in the 1980s, concomitant with the HIV pandemic.


Most births in England are safe despite growing pressures on maternity services, says an independent inquiry published this week. But it warns that the lack of a systematic approach to ensuring safety creates unnecessary risks. The inquiry focused on the safety of mothers and babies during birth rather than the quality or efficiency of maternity services. It found that stillbirths, infant mortality rates, and maternal deaths related to pregnancy or birth have decreased or remained stable in the past 10 years even though birth rates and the complexity of pregnancies have increased. However, it also found several problems that it considered undermined a systematic approach to safety. These included insufficient focus on maternity services and safety by some NHS trust boards; staff overburdened by too many separate sets of guidelines and by guidelines that are too complex; tension between obstetricians and midwives, leading to problems with team working and communication.


A charity is calling for greater use of nutrient dense ready to use foods (RUFs) at this week’s annual meeting of the United Nations standing committee on nutrition in Hanoi. Médecins Sans Frontières is lobbying for their increased use “as an effective response that can save the lives of acutely malnourished children,” as well as to help the 40% of the world’s children who are chronically malnourished. These products come in the form of milk and peanut based pastes enriched...
with the vitamins and nutrients needed for rapid recovery. Because they do not need refrigeration or preparation most malnourished children can be treated at home. But so far these products are available only to a tiny fraction of the severely malnourished children who need them, and campaigners are calling for greater production and resourcing. Milton Tectonidis, the charity’s nutritional adviser, explains that because ready to use foods do not need . . .


Doctors could be asked to advise employers on what kind of work can be done by staff members who are off sick, the government has announced. The health secretary, Alan Johnson, is keen to change what he has called the United Kingdom’s “sick note culture” into a “well note culture,” but doctors’ leaders say that it should not be for GPs to police people over their capability to work. Carol Black, the government’s national director for health and work, will soon publish her review of the health of the working age population. In the meantime Mr Johnson has previewed some of the proposals, including testing of a new sickness certificate designed to be easier for GPs to complete and to provide more advice to patients and employers. Mr Johnson, speaking at a British Heart Foundation conference in London last week, said, “Incacity benefit should not be a one way street . . .


A new body whose aim is to improve the health of all Americans will focus on non-medical interventions. The Commission to Build a Healthier America, launched in February, is a two year project of the Robert Wood Johnson Foundation, one of the largest charities in the United States. The national, independent, and non-partisan commission will look at how policies on education, housing, transportation, land use, and other matters affect health and will make recommendations. “There is a big gap between how healthy we are and how healthy we could be,” said Mark McClellan, who co-chairs the commission. “In some respects wealthy Americans appear to be less healthy than middle income citizens in England.” Dr McClellan previously ran the Food and Drug Administration and later the Centers for Medicare and Medicaid Services in the Bush administration. “Despite spending more on medical care than any other nation, the US ranks at or . . .


A cholera outbreak has hit Mozambique after severe flooding, with many people dying from the disease, which has spread to the capital, Maputo. Aid agencies, such as Médecins Sans Frontières, said that more than 70 people had died, but Mozambique’s health ministry, working from registered cases, put the figure at 48. Mozambique’s plight has been mirrored in Zambia and Zimbabwe, with Unicef reporting that about 70 000 Zambian families have been displaced by the floods and their homes destroyed, Unicef said last week. One concern that Unicef is trying to tackle is the availability of treatment for people with AIDS, whose regimens may have been interrupted. Although most of the country’s flooding has taken place in the more northern parts of Mozambique, tens of thousands of people have been displaced, and many have found their way to Maputo and its environs. Much of that area consists of slums, with little . . .


A cross party task force set up to tackle the spiralling costs of Quebec’s provincial healthcare system has recommended an increase in sales tax, introduction of user fees, and greater privatisation. The much anticipated report from chairman, Claude Castonguay, a former Liberal health minister in 1970 when Quebec joined Canada’s federal health system, proposes among other recommendations a $C25 fee for each visit to a doctor and an increase of up to one percentage point in the province’s sales tax. The report has encountered considerable resistance. Quebec’s healthcare costs are increasing by 5.8% a year—surpassing annual government spending increases of 3.9%—and the task force recommends that the province should cap healthcare spending at 3.9% of its total budget. It also suggests that Quebec residents pay fees of as much as $100 a year to belong to a medical clinic, and that physicians be allowed to practise in . . .


The body set up by Australia’s new Labor government to reform the country’s healthcare and hospital system does not represent some important groups, including consumers, indigenous people, and the non-medical workforce, critics say. The National Health and Hospitals Reform Commission, which is charged with drawing up a blueprint for the future healthcare system, will be chaired by a senior medical executive of a private health fund and includes four doctors, two health policy consultants, two former politicians, one nurse, and a health economist with experience in academia and bureaucracy. The former Australia Consumers’ Association, now called Choice, and the Consumers’ Health Forum of Australia joined many health industry leaders in expressing concern at the commission’s lack of representation of health service users. “If we’re trying to reform the system, the people who actually interface with that system at every level are missing,” said Mitch Messer, chairman of the Consumers’ Health . . .

Pfizer has cancelled print and television advertisements in which Robert Jarvik, inventor of an artificial heart, promotes the use of atorvastatin (Lipitor), the company’s cholesterol lowering drug. In one of the Pfizer advertisements, Dr. Jarvik says, “Lipitor is one of the most researched medicines. I’m glad I take Lipitor, as a doctor, and a dad.” In the advertisements Dr. Jarvik says that he took the drug when diet and exercise were not enough to control his cholesterol concentration. He is shown, trim and athletic, rowing a scull across a pristine mountain lake. In January the House of Representatives’ Energy and Commerce Committee began investigating the advertisements as part of a larger inquiry into the use of celebrities to promote prescription drugs. (Philadelphia Inquirer, www.philly.com, 25 Feb, “Pfizer removing Jarvik from ads for Lipitor”). Last month major newspapers reported that although Dr. Jarvik had a medical degree from . . .


Congressional committees have made two requests for investigations to determine whether the US Food and Drug Administration (FDA) has the resources and staff to do its job of protecting the US public. The agency is responsible for ensuring the safety and effectiveness of a wide range of consumer products, including 80% of the nation’s food supply and human and veterinary drugs, biological products, medical devices, cosmetics, and products that emit radiation. Four committees of the US House of Representatives and the Senate asked the General Accountability Office, the independent investigative arm of Congress, to look into the FDA’s staffing and resources. Congress Daily reported that the accountability office will undertake the investigation. Marcia Crosse, the office’s healthcare director, said that the investigation would involve . . .


The falling number of new drugs coming onto the market has prompted the European Commission to launch its first major investigation into the pharmaceutical sector to determine whether manufacturers are engaging in illegal restrictive practices. The commission points to the downward trend in the development of new drugs to explain its suspicion that market forces are not operating satisfactorily. Between 1995 and 1999 an average of 40 novel molecular entities were launched each year in the European Union. Over the next five years the number fell to 28. Announcing the investigation, Neelie Kroes, the EU’s competition commissioner, said, “If innovative products are not being produced, and cheaper generic alternatives to existing products are in some cases being delayed, then we need to find out why and, if necessary, take action.” The inquiry is now in its seventh week. It is not expected to deliver its preliminary findings before the autumn. . . .


The World Health Organization has called on governments to intensify efforts to counter the growing epidemic of multidrug resistant tuberculosis. It wants them to commit more funds for new drugs and diagnostics and to boost capacity for treatment. Multidrug resistant tuberculosis is implicated in 5% of new cases, a WHO report says. Almost 490,000 cases were identified in 2006, out of a total of nine million new cases of tuberculosis. “Tuberculosis drug resistance needs a frontal assault. If countries and the international community fail to address it aggressively now we will lose this battle,” said Mario Raviglione, director of WHO’s Stop TB campaign. Paul Dunn, WHO coordinator for drug resistance and tuberculosis-HIV, told the BMJ that he was concerned that “the level of awareness of tuberculosis programmes by public health officials and managers in general is not sufficiently high. People are not aware of the size of the threat.”

**RESEARCH**


Since the 1990s, rates of suicide in young men have declined steadily and by 2005 they were at their lowest level for almost 30 years. This decline is partly because of a reduction in poisoning with car exhaust gas as an increased number of cars have catalytic converters; but there have been declines in suicides from all common methods, including hanging, suggesting a more pervasive effect. Other risk factors for suicide, such as unemployment and divorce, have also decreased. Possible recent reductions in alcohol use among young men and increases in prescribing of antidepressants do not seem to be temporally related to the decline in suicide. Suicide rates in young men have declined markedly in the past 10 years in England and Wales. Reductions in key risk factors for suicide, such as unemployment, might be contributing to lower rates.

Studies were included irrespective of methodology or quality. Abstracted information included inclusion and exclusion criteria for participants, duration of follow-up, and definitions of treatment success and disease recurrence. The primary outcome was the proportion of successfully treated patients recorded with recurrent tuberculosis during the follow-up period. 17 study arms from 16 studies met the inclusion criteria; 10 were controlled clinical trials and six were either studies done under programmatic conditions or observational studies from functioning tuberculosis programmes. Although several clinical trials supported the use of daily treatment regimens, studies reporting tuberculosis recurrence after intermittent regimens were limited. Few studies carried out under routine programmatic conditions reported disease recurrence. Overall there was wide variation in recurrence after successful treatment, ranging from 0% to 14%. Considerable heterogeneity across studies precluded the systematic assessment of factors contributing to tuberculosis recurrence. Despite DOTS (directly observed treatment, short course) being implemented for more than 10 years and millions of patients treated for tuberculosis, few studies have assessed the ability of standard DOTS regimens to result in lasting cure for patients treated under routine programmatic conditions.


Haemoglobin A1c levels, blood pressure, weight, blood lipid levels, smoking status, physical activity, quality of life, beliefs about illness, depression, and emotional impact of diabetes at baseline and up to 12 months. Haemoglobin A1c levels at 12 months had decreased by 1.49% in the intervention group compared with 1.21% in the control group. After adjusting for baseline and cluster, the difference was not significant: 0.05% (95% confidence interval –0.10% to 0.20%). The intervention group showed a greater weight loss: –2.98 kg (95% confidence interval –3.54 to –2.41) compared with 1.86 kg (–2.44 to −1.28), P=0.027 at 12 months. The odds of not smoking were 3.56 (95% confidence interval 1.11 to 11.45), P=0.033 higher in the intervention group at 12 months. The intervention group showed significantly greater changes in illness belief scores (P=0.001); directions of change were positive indicating greater understanding of diabetes. The interven-


Prevalence of depression using the Harvard national depression screening day scale, burnout using the Maslach burnout inventory, and rate of medication errors per resident month. 24 (20%) of the participating residents met the criteria for depression and 92 (74%) met the criteria for burnout. Active surveillance yielded 45 errors made by participants. Depressed residents made 6.2 times as many medication errors per resident month as residents who were not depressed: 1.55 (95% confidence interval 0.57 to 4.22) compared with 0.25 (0.14 to 0.46, P<0.001). Burnt out residents and non-burnt out residents made similar rates of errors per resident month: 0.45 (0.20 to 0.98) compared with 0.53 (0.21 to 1.33, P=0.2). Depression and burnout are major problems among residents in paediatrics. Depressed residents made significantly more medical errors than their non-depressed peers; however, burnout did not seem to correlate with an increased rate of medical errors.


Eligible studies were randomised controlled trials that compared needle acupuncture administered within one day of embryo transfer with sham acupuncture or no adjuvant treatment, with reported outcomes of at least one of clinical pregnancy, ongoing pregnancy, or live birth. Two reviewers independently agreed on eligibility; assessed methodological quality; and extracted outcome data. For all trials, investigators contributed additional data not included in the original publication (such as live births).

Seven trials with 1366 women undergoing in vitro fertilisation were included in the meta-analyses. There
was little clinical heterogeneity. Trials with sham acupuncture and no adjuvant treatment as controls were pooled for the primary analysis. Complementing the embryo transfer process with acupuncture was associated with significant and clinically relevant improvements in clinical pregnancy (odds ratio 1.65, 95% confidence interval 1.27 to 2.14; number needed to treat (NNT) 10 (7 to 17); seven trials), ongoing pregnancy (1.87, 1.40 to 2.49; NNT 9 (6 to 15); five trials), and live birth (1.91, 1.39 to 2.64; NNT 9 (6 to 17); four trials). Because we were unable to obtain outcome data on live births for three of the included trials, the pooled odds ratio for clinical pregnancy more accurately represents the true combined effect from these trials rather than the odds ratio for live birth. The results were robust to sensitivity analyses on study validity variables. A prespecified subgroup analysis restricted to the three trials with the higher rates of clinical pregnancy in the control group, however, suggested a smaller non-significant benefit of acupuncture (odds ratio 1.24, 0.86 to 1.77). Current preliminary evidence suggests that acupuncture given with embryo transfer improves rates of pregnancy and live birth among women undergoing in vitro fertilisation.


Antidepressant prescribing doubled between 1999 and 2003 but fell to the 1999 level between 2004 and 2005. These large changes in prescribing did not seem to be associated with temporal trends in suicide or self harm. In the years 1993 to 2005 the annual percentage reduction for suicide among 12-17 year olds was −3.9% (95% confidence interval −6.2% to −1.5%) in males and −3.0% (−6.6% to 0.6%) in females, with no indication of a substantial change in this rate of decrease during that period. Similarly, hospital admission rates for self harm in the years 1999 to 2005 indicated an annual percentage increase for males of 1.1% (−0.5% to 2.7%) and for females of 5.7% (3.6% to 7.8%), again with no statistical evidence of a change in rate after the regulatory action. The noticeable reduction in prescribing of antidepressants since regulatory action in 2003 to restrict the use of SSRIs in under 18s does not seem to have been associated with changes in suicidal behaviour in young people. Specifically, these data for England do not indicate that reductions in antidepressant use have led to an increase in suicidal behaviour.