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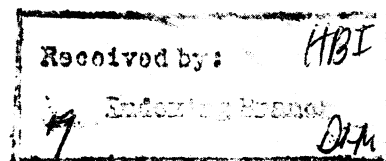
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EDITOR'S CHOICE

BMJ

Medicine may have become too carried away with reducing blood lipids as a way of cutting deaths from coronary artery disease. Michael Oliver argues in an editorial that campaigns that have tried several different interventions to reduce deaths from heart disease, including attempts to reduce blood cholesterol concentrations, may have done more harm than good (p 393), and George Davey Smith and Juha Pekkanen go as far as to suggest that until we have better evidence there should be a moratorium on using cholesterol lowering drugs in everybody except those patients with severe familial hyperlipidaemias (p 431). In 1988 as many as a million patients in the United States may have been receiving these drugs. Another editorial—from Stephen Hulley and Andrew Avins—argues that the evidence is also too weak to justify screening for and treating asymptomatic hypertriglyceridaemia (p 394).

The evidence for treating hypertension is stronger, although suggestions have been made here too that it may have been overdone and there have long been doubts about treating elderly patients. The Medical

Research Council study of treating hypertension that we publish today (p 405) shows, however, a significant reduction in stroke, coronary events, and all cardiovascular events in people aged 65-74 with hypertension treated with diuretics. A significant reduction was not seen in those on β blockers. An accompanying overview of six published trials (including the MRC trial) supports treating elderly people and recommends diuretics rather than β blockers as first line treatment (p 412).

This issue sees the last appearance of our audit section, and we celebrate with two articles looking at the development of audit in France (pp 426 and 428). Our new journal—*Quality in Health Care*—will be available in March, and a generous personal subscription rate is available. Although we hope that many readers will want to subscribe to what it is already clear will be a first rate journal, the *BMJ* will continue regularly to carry papers on audit and quality—only not in a special section.

Finally, nobody should miss Trisha Greenhalgh's powerful account of sexual harassment by a patient (p 450).