BMJ

SATURDAY 22 MAY 1993

BRITISH MEDICAL JOURNAL NO 6889 VOLUME 306 INTERNATIONAL

Editorials

News

Papers

General Practice

Education & Debate

BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR WEEKLY ISSN 0959-8146 ASTM CODEN: BMJOAE 306 (6889) 1355-1424 (1993)

CONTENTS *pages 1406-1424*

BMJ

US second class postage paid at Rahway, NJ. Postmaster: send address changes to: BMJ, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.
US (direct) subscription $250.00.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR.
Printed by BPCC Magazines (Milton Keynes) Ltd, Milton Keynes.
Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

Clarifying confusion over cholesterol

Those who are becoming thoroughly confused by the debate over whether lowering cholesterol is beneficial —and who isn't?—might find help in the figure on p 1370. It shows from a meta-analysis of randomised controlled trials the effect on overall mortality of lowering cholesterol. The authors have cleverly ranked the risk of those in the trials by using the death rate from heart disease in the control group, and what emerges is that those at high risk benefit from treatment while those at low risk suffer. There might be is a risk from cholesterol lowering treatment that applies to everybody, which is outweighed in those at high risk by beneficial effects on mortality from heart disease.

The problem in clinical practice is to determine who is at high risk, and an editorial gives advice from the British Hyperlipidaemia Association (p 1355). Drug treatment should be offered to those with established coronary disease and hyperlipidaemia, those with familial hyperlipidaemia and a family history of deaths under 60, and those with a similar family history and other risk factors. Thereafter who should be treated is debatable, but the exponential growth in prescriptions for lipd lowering drugs is clearly excessive.

Our last two letters this week offer ghastly insights into medicine's hidden processes of selecting people for jobs and merit awards. John Black describes giving short shrift to a personnel officer sending round applications for senior house officer posts and saying those with foreign names had been left out "as I don't suppose you would want to see them" (p 1417). Philip Steadman (p 1417), meanwhile, applauds the openness of putting forward to awards committees the names of consultants who have "received the greatest number of nominations from their colleagues." "I am very pleased to see," he writes, "that we at last have this on a scientific basis: the size of a man's circle of friends."