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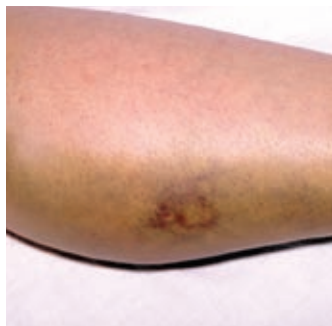
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MEDICAL-ON-LINE/ALAMY



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Management of acute psychosis, p 686



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## RESEARCH

### 674 Anticoagulation for three versus six months in patients with deep vein thrombosis or pulmonary embolism, or both: randomised trial

For patients without known risk factors for recurrence, there seems little advantage in increasing the duration of anticoagulation from three to six months

» Editorial p 645

I A Campbell, D P Bentley, R J Prescott, P A Routledge, H G M Shetty, I J Williamson

### 678 Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial

Socially disadvantaged preschool children whose parents were taught "positive parenting" had significantly less antisocial and hyperactive behaviour after six months than those in a waiting list control group. The analysis on p 682 measured the cost effectiveness of this effective intervention

» Editorial p 646

Judy Hutchings, Frances Gardner, Tracey Bywater, Dave Daley, Chris Whitaker, Karen Jones, Catrin Eames, Rhiannon T Edwards

### 682 Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis

The parenting intervention described in the randomised controlled trial on page 678 had modest extra costs overall and was more cost effective in children at greatest risk

» Editorial p 646

Rhiannon T Edwards, Alan Céilleachair, Tracey Bywater, Dyfrig A Hughes, Judy Hutchings

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### 686 Managing the acute psychotic episode Peter Byrne

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This is the 11th article in our series on cases in primary care laboratory medicine

W Stuart A Smellie

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Ee Yuee Chan, Annie Ruest, Maureen O Meade, Deborah J Cook

### Effect of nitric oxide on oxygenation and mortality in acute lung injury: systematic review and meta-analysis

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### Pre-endoscopy serological testing for coeliac disease: evaluation of a clinical decision tool

Andrew D Hopper, Simon S Cross, David P Hurlstone, Mark E McAlindon, Alan J Lobo, Marios Hadjivassiliou, Marion E Sloan, Simon Dixon, David S Sanders

### Commentary: Reaching a milestone in diagnosing coeliac disease

Mark L Graber, Atul Kumar

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## PICTURE OF THE WEEK

The Anse Cafard slave memorial, in Martinique, which consists of sculpted stone figures looking out to sea, commemorates the victims of the wreck of a ship carrying slaves off the coast of the Caribbean island in 1830. Last Sunday marked the 200th anniversary since the British parliament's ban on the slave trade.

## THE WEEK IN NUMBERS

**3 months** Optimal duration for safe and effective anticoagulation in deep vein thrombosis and pulmonary embolism (Research p 674)

**126 tonnes** Equivalent annual carbon dioxide emissions from the CRASH clinical trial (Analysis p 671)

**500 000** Volunteers aged 40-59 sought by UK Biobank (Feature p 662)

**21%** Proportion of black and minority ethnic patients on UK mental health wards; they represent only 7% of the population (Editorial p 649)

**\$57m** Paid by drug companies to more than 5500 healthcare workers in Minnesota between 1997 and 2005, says the New York Times (News p 659)

## THE WEEK IN QUOTES

“Few trials have tested cognitive behavioural parenting interventions in real world community settings delivered by existing staff as part of their everyday work” (Research p 678)

“I know it's time to go home when I start resenting the hospital again” (Clinical Review p 686)

“Could the 24-7 culture be foisted on them [GPs] by the big supermarkets?” (The Week in Medicine p 668)

“Both light and standard cigarettes contain similar amounts of harmful chemicals” (News p 654)

“Giving patients more information would increase the demand for treatment” (Feature p 664)





## ON THE COVER

Teaching positive parenting helps disruptive children

See Editorials, p 646  
Research, pp 678, 682

COVER IMAGE: HARRY HOWLING

## PLUS

## In this week's BMJ careers

Bollywood heart mender  
Mothers in medicine  
Fifteen minute interview with a poker playing surgeon

Articles appearing in this print journal are likely to have been shortened.  
To see the full version of articles go to [bmj.com](http://bmj.com).  
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## EDITOR'S CHOICE

## Easing the spring

As the Northern hemisphere's daffodils do their thing, presaging the spring, the *BMJ* carries, as well as a daffodil on the cover, some good news. Children's antisocial behaviour can be improved by teaching their parents positive parenting skills. Not only that, but the intervention is cost effective.

Conduct disorder is the commonest reason for referring children and adolescents to mental health services, and antisocial behaviour in childhood is a powerful predictor of public service use in adulthood (*BMJ* 2001;323:191). Last year we published the results of an evaluation of Sure Start in England (*BMJ* 2006;332:1476), which found that the programme may harm those children most in need. The more encouraging findings from Judy Hutchings and colleagues' pragmatic randomised trial in Wales (pp 678, 682) adds further weight to a recent assessment by NICE, which concluded that parenting programmes seem to be effective.

In an accompanying editorial, Stephen Scott calls on NICE (the UK's National Institute for Health and Clinical Excellence) to commission practice guidelines for managing conduct disorders (p 646). We don't yet know whether the good effects of this intervention will last beyond the initial six months' follow up, but the study suggests that, as one would expect, some approaches to teaching parenting skills (such as the Incredible Years programme evaluated by Hutchings et al) may prove more effective than others. Proper implementation of the programme also looks likely to be important. It would be a shame if a useful strategy were to be diluted by ineffective implementation of ineffective techniques. Here's an opportunity for governments to invest in evidence based and cost effective programmes that look likely to benefit disadvantaged children and their parents, not to mention society at large.

Investment in unbiased information for patients would be another worthwhile call on the government's coffers. I have to declare an interest here—the *BMJ* Group publishes the highly rated evidence based patient information website Best Treatments ([www.besttreatments.com](http://www.besttreatments.com)), which was until January made available free to people in the UK by the NHS. As Hannah Brown reports (p 664) the pharmaceutical industry is keen to provide information for patients, but experience from Canada and elsewhere suggests we should do all in our power to resist this, since that way lies “direct to consumer” advertising.

Direct to consumer advertising has been a feature of the rise and rise of erythropoietin for treating anaemia in people with cancer and chronic renal failure. So too, according to a recent article in the *Lancet* (*Lancet* 2006;368: 2191-3), have financial incentives to prescribe the treatment and links between clinical guidelines and industry. These have tended to encourage higher target haemoglobin concentrations than are necessary or safe—increased mortality has been reported in several studies. A guidance statement on erythropoietin by NICE is currently mired in appeals from industry. While awaiting the final results from key randomised trials, clinicians may find help in David Steensma's measured appraisal of the risks and benefits of these drugs (p 649). Use only in people with severe anaemia or those likely to need transfusion.

Fiona Godlee editor ([fgodlee@bmj.com](mailto:fgodlee@bmj.com))

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