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Better use of anticoagulants p 714



Mass vaccination of girls, p 721

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Opportunistic approaches have little evidence to support them, say Rachael Jones and Fiona Boag  
» *Analysis* p 725
- 704 Coeliac disease in primary care**  
Is common, underdiagnosed, and can present with non-specific symptoms, says Roger Jones  
» *Research* pp 729, 732
- 705 The 2006 WHO child growth standards**  
Have implications for nutrition programmes in emergencies, says Martin Bloem  
» *Research* p 733
- 706 Intimate partner violence**  
WHO report recommends integrating doctors' roles with the needs of patients and society, says Lorraine E Ferris
- 708 Hospital acquired infection**  
Control measures for *Clostridium difficile* need to extend into the community, argues John Starr

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Korea's scientific community is once again under scrutiny as a row erupts about the origins of a study published in a Korean and a US journal. Jonathan Gornall investigates
- 721 Life saving treatment or giant experiment?**  
Many countries are considering mass vaccination of young girls, but Rebecca Coombes reports that proposals for mandatory immunisation in the US have raised concerns, and not just among religious conservatives

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With more countries recommending screening programmes for chlamydial infection, Nicola Low argues that such programmes are not underpinned by sound evidence

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Serology for tissue transglutaminase antibodies combined with duodenal biopsy of "high risk" adults had 100% sensitivity

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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

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

Mark L Graber, Atul Kumar

### 733 Operational implications of using 2006 World Health Organization growth standards in nutrition programmes: secondary data analysis

Children will be more likely to be diagnosed as having severe malnutrition but less likely to enter emergency feeding programmes

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What you should cover in a 10 minute consultation

Roger W Simon, André Simon-Schulthess, Beatrice R Amann-Vesti

## LATEST RESEARCH ONLINE

### Oral decontamination for prevention of pneumonia in mechanically ventilated adults: systematic review and meta-analysis

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

Neill K J Adhikari, Karen E A Burns, Jan O Friedrich, John T Granton, Deborah J Cook, Maureen O Meade

### Fetal growth in early pregnancy and risk of delivering low birth weight infant: prospective cohort study

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### Interventions to improve water quality for preventing diarrhoea: systematic review and meta-analysis

Thomas Clasen, Wolf-Peter Schmidt, Tamer Rabie, Ian Roberts, Sandy Cairncross

### Impact of NHS walk-in centres on primary care access times: ecological study

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### Tonsillectomy versus watchful waiting in recurrent streptococcal pharyngitis in adults: randomised controlled trial

Olli-Pekka Alho, Petri Koivunen, Tomi Penna, Heikki Teppo, Markku Koskela, Jukka Luotonen

### Racial variation in the association between gestational age and perinatal mortality: prospective study

Imelda Balchin, John C Whittaker, Roshni R Patel, Ronald F Lamont, Philip J Steer

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GETTY IMAGES

**PICTURE OF THE WEEK**

**Smoking in enclosed public spaces became illegal in Wales on Monday to protect workers from secondhand smoke. The ban has few exemptions and includes lorry cabs and theatre stages in addition to pubs, restaurants, and offices. A telephone line has been set up for the public to report smokers breaching the ban, who face £50 on the spot fines. Premises could be fined up to £2500 for failing to prevent smoking.**

**THE WEEK IN NUMBERS**

**1:7** Ratio of known to undiagnosed cases of coeliac disease (**Research p 729**)

**60%** Drop in risk of heterosexually acquired HIV infection associated with male circumcision (**News p 712**)

**9 years** Age of UK girls from which Gardasil is licensed for vaccination against human papillomavirus (**Feature p 721**)

**32-52%** Drop in children eligible for food supplementation in three refugee camps if the WHO 2006 growth standards were applied as recommended (**Research p 733**)

**42 days** Period of organogenesis at the start of pregnancy in which hyperglycaemia can have teratogenic effects (**Practice p 742**)

**THE WEEK IN QUOTES**

**“A high proportion of high risk patients with positive serology turn out not to have coeliac disease on biopsy”**  
(Editorial p 704)

**“Risk factors can seriously damage your peace of mind”**  
(Between the Lines p 751)

**“Desire to believe in chlamydia screening seems to have displaced alternative explanations, such as changing sexual behaviour”** (Analysis p 725)

**“Money that owners spend on their animals is money that might otherwise be spent enlarging carbon footprints on foreign holidays”** (Letter p 710)

**“Even doctors end up in bad relationships”** (Personal View p 747)





## ON THE COVER

Adult coeliac disease

See Editorials, p 704  
Research, pp 729, 732COVER IMAGE: PROFESSORS P M MOTTA AND  
F M MAGLIOCCA/SPL

## PLUS

In this week's BMJ careers

Medicine to ministry

Working in rural South Africa

Letters page

## EDITOR'S CHOICE

## Sex and violence

Sexually transmitted infections are tricky: prevention is always going to be difficult, especially if it involves changing behaviour, but the case of human papillomavirus suggests that preventive methods can be controversial even when they don't demand behaviour changes. On p 721 Rebecca Coombes explains why a new vaccine against human papillomavirus that is designed to prevent cervical cancer is causing controversy in the US. The vaccine is given to preteen girls and is expensive. Some think that a mandatory universal vaccination programme undermines parental responsibility and promotes underage sex; it doesn't help that the manufacturer has been heavily promoting the vaccine.

If preventing an infection isn't easy, the next best thing is to identify cases and treat them. Identification is difficult when an infection is initially asymptomatic, so when evidence from Sweden showed that screening could control transmission of chlamydial infection and reduce morbidity of the female reproductive tract several countries started screening programmes. But, argues Nicola Low on p 725, the evidence that screening works isn't strong and "misinterpretation of what comprises a screening programme" has led to uncritical acceptance of chlamydial screening before benefits and harms have been evaluated. Rachel Jones and Fiona Boag also question the effectiveness of an opportunistic approach to screening, rather than a proactive one that targets an entire population (p 703).

The third infection to dominate this week's issue is *Clostridium difficile*. Rates of infection are increasing in the UK, and the government has asked health authorities to set targets for reducing them. As M A Cooper and P M Hawkey explain on p 709, because the rates are increasing and the targets (for a percentage reduction in rates) are based on rates in 2004-5, the targets already look impossibly tough. They urge the government not to set non-negotiable targets as it did for MRSA. Indeed, John Starr argues that *C difficile* and MRSA should not be lumped together and treated the same (p 708). *C difficile* may well be community acquired, rather than hospital acquired, and different measures are needed to prevent it. This is a classic example of where we need to understand the problem better (and design and test solutions), before leaping to a solution—and a set of targets.

If infections are at one end of the spectrum of matters that doctors deal with then domestic violence is at the other. As Lorraine Ferris says in her editorial, we know more about the epidemiology of domestic violence than how to identify, treat, and reduce it, but a recent WHO report identifies what doctors can do: have protocols, use referral systems, ensure confidentiality, and make women's safety a priority (p 706). That doctors too may be subject to domestic violence is illustrated by our anonymous personal view. The writer not only describes the shock of attack but also the difference that good doctoring can make: "I sat in the consulting room of a GP 10 years my junior who documented my injuries . . . with kindness and a non-judgmental compassion that made me cry."

Jane Smith, deputy editor [jsmith@bmj.com](mailto:jsmith@bmj.com)WHAT'S NEW AT  
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