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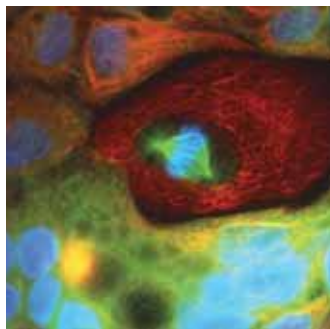




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703 Effectiveness of interventions to promote physical activity in children and adolescents: systematic review of controlled trials

A lack of high quality evidence hampers conclusions concerning effectiveness, especially among children

Esther M F van Sluijs, Alison M McMinn, Simon J Griffin

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707 Objectively monitored patching regimens for treatment of amblyopia: randomised trial

Patching prescribed for 6 or 12 hours a day resulted in similar visual acuity in nearly 100 children aged around 5, and 3-4 hours may be enough

Catherine E Stewart, David A Stephens, Alistair R Fielder, Merrick J Moseley, for the ROTAS Cooperative

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711 Accuracy of electrocardiography in diagnosis of left ventricular hypertrophy in arterial hypertension: systematic review

Data on more than 5000 patients in both primary and secondary care show that electrocardiographic indexes cannot rule out left ventricular hypertrophy

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Anne B Ballinger, Clive Anggiansah

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One of a series of *BMJ* summaries of new NICE guidelines, highlighting important recommendations for clinical practice, especially where uncertainty or controversy exists

David Yates, Rifna Aktar, Jennifer Hill on behalf of the Guideline Development Group

720 Rational imaging: Uterine artery embolisation to treat uterine fibroids

Women may now have another effective, safe, and minimally invasive treatment option for treating fibroids

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Effectiveness of physiotherapy exercise after knee arthroplasty for osteoarthritis: systematic review and meta-analysis of randomised controlled trials

Catherine J Minns Lowe, Karen L Barker, Michael Dewey, Catherine M Sackley

Comparison of hospital episode statistics and central cardiac audit database in public reporting of congenital heart surgery mortality

Stephen Westaby, Nicholas Archer, Nicola Manning, Satish Adwani, Catherine Grebenik, Oliver Ormerod, Ravi Pillai, Neil Wilson

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The Editor, BMJ
BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com
Tel: +44 (0)20 7387 4499
Fax: +44 (0)20 7383 6418

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PICTURE OF THE WEEK

A new exhibition, *Rebound*, which examines changing perceptions towards HIV in London over the past 20 years, opens at the Wellcome Collection next week. It comprises sketches and notes by the artist Paul Ryan from 1986. A recurrent theme is the barriers that HIV positive people face when disclosing their status. See www.wellcomecollection.org.

THE WEEK IN NUMBERS

2.6 minutes Extra physical education related activity in children in an intervention that worked (**Research p 703**)

17 UK ranking for consumers of health services, out of 29 European countries (**News p 686**)

£5bn Cost of advertising drugs directly to US consumers last year (**Feature p 694**)

4 Worldwide number of people aged 15-64 for each person aged over 65 predicted for 2050 (**Border Crossing p 698**)

5% Lifetime incidence of colorectal cancer in UK citizens at average risk (**Clinical Review p 715**)

THE WEEK IN QUOTES

“Prescribed regimens [of patching for amblyopia] imposed a considerable burden” (**Research p 707**)

“Doctors are not there to judge patients but to treat them” (**News p 688**)

“Dirty hospitals are expensive to sort out; ‘bare below the elbows’ is a cheap soundbite” (**Letters p 684**)

“They kept sending up those cook-chill dinners—cooked on the outside, chilled on the inside” (**Outside the Box p 724**)

“Uterine artery embolisation is cost effective, with significant savings over open surgery” (**Practice p 720**)



ON THE COVER

How can we get children to exercise?

Editorial, p 677

Research, p 703

COVER IMAGE: SUE WALKER

PLUS

In this week's BMJ careers

Brainwave to brilliant innovation

Fifteen minutes with the patient please

HIV testing in junior doctors

Review: Basic Concepts in Statistics and Epidemiology

POSTAL STRIKES

Deliveries of this week's journal are likely to have been affected by postal strikes. As these are likely to recur, readers should expect further disruption to the supply of their journals

Articles appearing in this print journal are likely to have been shortened. To see the full version of articles go to bmj.com.

bmj.com also contains material that is supplementary to articles: this will be indicated in the text of the article (references will be given as w1, w2, etc) and be labelled as **extra** on bmj.com.

EDITOR'S CHOICE

Tooth and nail

If you're interested in what *BMJ* editors do when they are out and about, there's a new blog on [bmj.com](http://blogs.bmj.com/bmj/category/comment/editors-at-large) (<http://blogs.bmj.com/bmj/category/comment/editors-at-large>). It gives a flavour of some of the conferences we've been at and some of the people we've met: the eponymous Dr Kawasaki for one, UK public health grandee Rod Griffiths for another. I met Rod at a conference in Athens and we got talking about fluoride. No one in their right mind would get involved in the debate about water fluoridation, he said. It's a minefield. But this week we do get involved, and against his better judgment, so does Rod.

On p 699, KK Cheng, Iain Chalmers, and Trevor Sheldon summarise the problems that bedevil reasoned discussion on whether fluoride should be added to water supplies. Highly polarised disputes are fuelled by misuse of what little evidence there is, and the Department of Health is not innocent of this, they say. It commissioned a systematic review, to which two of the authors contributed but then, in Cheng and colleagues' view, misrepresented the findings in fluoride's favour.

Objective though they strive to be, my reading is that Cheng and colleagues come down against fluoridation because of uncertainty about its safety, questions of autonomy, and because there are other ways of preventing caries. Meanwhile, at my invitation Rod Griffiths tells us how, as regional director for public health, he took on an already fluoridated water supply and consistently defended it because he saw no evidence of harm and some of benefit (p 723). Cheng and colleagues want more and better research on fluoride's effects. Griffiths wants research into why people get so worked up about it all.

Evidence on fluoride may be lacking, but there's a growing body of evidence and experience on the effects (largely adverse) of direct to consumer advertising. Some of this was outlined in the *BMJ* two years ago (*BMJ* 2005;330:5-6); more comes in a stark warning this week from New Zealand. Les Toop and Dee Mangin explain that, in the absence of legislation to prevent it, direct to consumer advertising has taken hold. Having opened Pandora's box, New Zealand's government now seems unable to close it (p 694).

It's obvious why industry wants direct to consumer advertising: it's particularly effective at driving up prescription of expensive new drugs. What is not obvious is why the European Commission has allowed this question back on the table after its plans to relax the rules were voted out in 2002. The commission has now set up a new body, the Pharmaceutical Forum (http://ec.europa.eu/enterprise/phabiocom/comp_pf_en.htm), which is dominated by industry groups. Its proposal is to require objective rather than independent information for patients—but who will judge objectivity?

Drug information for patients may be woefully inadequate across Europe. But as Nicola Magrini and Maria Font said a few weeks ago (*BMJ* 2007;335:526), this should be a spur for improving access to unbiased information. We must not allow industry to fill the information gap with advertising by another name.

Fiona Godlee editor fgodlee@bmj.com

WHAT'S NEW AT THE BMJ GROUP

Deadline approaching

8 October 2007

Call for abstracts—International Forum on Quality and Safety in Health Care 23-25 April 2008, Paris internationalforum.bmj.com



What's in October's Student BMJ?

Student BMJ is a monthly journal for medical students written by medical students. Here are just some of the articles you will find in the October issue

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- Communicating with colleagues
- Living with rationing
- Community health workers

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