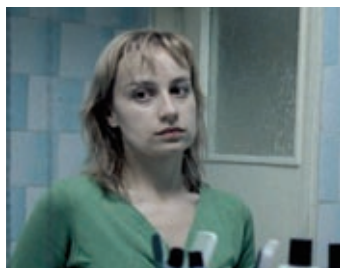




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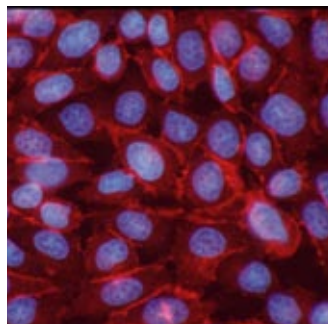




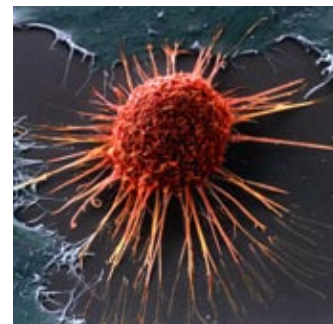
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In more than 5000 children physical activity, measured daily by actigraph accelerometer, was modestly associated with their parents' physical activity during pregnancy and early in the child's life

Calum Mattocks, Andy Ness, Kevin Deere, Kate Tilling, Sam Leary, Steven N Blair, Chris Riddoch

### 29 Poverty and blindness in Pakistan: results from the Pakistan national blindness and visual impairment survey

Household and local poverty was significantly associated with blindness and visual impairment in more than 16 000 adults, and was partly explained by poor access to eye care services

Clare E Gilbert, S P Shah, M Z Jadoon, R Bourne, B Dineen, M A Khan, G J Johnson, M D Khan, on behalf of the Pakistan National Eye Survey Study Group

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One of a series of *BMJ* summaries of new guidelines, which are based on the best available evidence; they highlight important recommendations for clinical practice, especially where uncertainty or controversy exists

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The change page series aims to alert clinicians to the immediate need for a change in practice to make it consistent with current evidence

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## RESEARCH PUBLISHED AHEAD OF PRINT

### Multifactorial assessment and targeted intervention for preventing falls and injuries among older people in community and emergency care settings: systematic review and meta-analysis

S Gates, S E Lamb, J D Fisher, M W Cooke, Y H Carter

### Risk of respiratory morbidity in term infants delivered by elective caesarean section: cohort study

Anne Kirkeby Hansen, Kirsten Wisborg, Niels Ulldbjerg, Tine Brink Henriksen

### Influences on older people's decision making regarding choice of topical or oral NSAIDs for knee pain: qualitative study

Dawn Carnes, Yasir Anwer, Martin Underwood, Geoff Harding, Suzanne Parsons, on behalf of the TOIB study team

## CALL FOR PAPERS: HYPERTENSION

The *BMJ* is planning a theme issue on hypertension in May 2008. If you would like your original research to be considered for the issue, please send it to our online editorial office at <http://submit.bmj.com> by Tuesday 15 January 2008. We will give priority to reports of randomised controlled trials or other original quantitative research that will help doctors and patients to make better decisions about the evaluation and treatment of hypertension. We are also interested in translational research that is relevant to clinical decision making.

Our resources for authors on [bmj.com](http://bmj.com)<sup>1</sup> and an editorial<sup>2</sup> provide answers to common questions about submitting research to the *BMJ*. All submissions should follow the standard requirements for *BMJ* articles and are subject to standard editorial and peer review processes.

For additional advice on possible submissions for this theme issue, please email Elizabeth Loder at [eloder@bmj.com](mailto:eloder@bmj.com)

- 1 *BMJ*. Welcome to resources for authors. <http://resources.bmj.com/bmj/authors>
- 2 Groves T. Why submit your research to the *BMJ*? *BMJ* 2007;334:4-5. [Free Full Text.]



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## PICTURE OF THE WEEK

Chefs in Malaysia are reinventing local cuisine because the country has some of the highest rates of diabetes, strokes, and heart disease in South East Asia. With ingredients such as coconut milk and clarified butter, which are high in cholesterol, and sugar cane, the traditional diet may be among the most unhealthy in the world.

REUTERS/STRINGER/MALAYSIA

## THE WEEK IN NUMBERS

**250 000** Severely disfigured people in the UK; many rarely leave their homes (Feature p 18)

**2%** Rich Pakistani adults who are blind; 4% for poor adults (Research p 29)

**2898** People with viral meningitis admitted to hospital in England and Wales in 2005-6; although notifiable only 10% of cases were reported (Clinical Review p 36)

**1 in 2000** Risk of fatal cancer in a lifetime after computed tomography; natural risk of cancer is 1 in 4 (News p 14)

**1000** Deaths from cervical cancer a year in the United Kingdom (Practice p 41)

## THE WEEK IN QUOTES

**“Active parents tend to raise active children”** (Research p 26)

**“Nothing is more likely to cause a fight among doctors than private education, not even pay”** (From the Frontline p 48)

**“How many studies into obesity does it take to build one cycle path for children to get to school on?”** (Letters p 7)

**“Sometimes the data speak clearly. Often, however, the data speak more softly and we must be more careful in our interpretation”** (Analysis p 23)

**“There is an amazing ignorance among the medical profession about the health effects of flying”** (News p 15)

## EDITOR'S CHOICE

## Doctors and the drug industry



COVER IMAGE: CDC/SPL

## ON THE COVER

Diagnosing viral meningitis  
**Clinical Review, p 36**

COVER IMAGE SHOWS A COLOURED  
TRANSMISSION MICROGRAPH OF A GROUP OF  
COXSACKIE VIRUSES

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print journal are likely to have  
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(references will be given as w1,  
w2, etc) of the article and be  
labelled as **extra** on [bmj.com](http://bmj.com).

The Royal College of Physicians is looking at relations between doctors and the drug industry and wants to hear from you (p 14). In case you need them, here are some pointers from this week's *BMJ*.

Firstly, should we fear for the integrity of medical research because clinical trials are overwhelmingly funded by industry? Yes, says Paulo Bruzzi (p 1). Industry designs trials mainly to get new drugs registered as soon as possible, preferably with an unrestricted indication. The best trials for this—in large unselected populations—often leave key questions unanswered and, because of ethical constraints on subsequent trials, unanswerable.

Bruzzi is only slightly reassured by evidence from Louise Berendt and colleagues (p 33) that independent trials have survived the imposition of rules for good clinical practice. He says the medical research community must rethink the terms of cooperation with industry: "Our health systems risk bankruptcy for the skyrocketing costs of drugs that were developed on their own patients using strategies that ignore the patients' needs and priorities."

Secondly, what of industry's influence on prescribers? Nothing new here except, I would like to think, a growing sense of outrage. Writing recently in the *New York Times*, Daniel Carlat, an academic psychiatrist in Boston, has exposed his journey from industry funded speaker to penitent giver of "un-drug talks." As Jeanne Lenzer and Shannon Brownlee describe (p 20), Carlat feels he must pay his dues for the overprescribing he has caused. He wants other doctors to join him in kicking the addiction to drug company money.

Paid opinion leaders are not unique to psychiatry,

of course. In 2002, the *New England Journal of Medicine* reversed its 12 year old policy of precluding anyone with financial ties to industry from writing editorials or review articles. It couldn't find enough authors with no financial ties. The *NEJM* can still claim to have the most stringent policy of the major general medical journals.

On the face of it, this is a pragmatic response to the world we live in. But looked at another way it's an indictment of medicine's culture. The evidence that industry funding biases the design and reporting of clinical research is overwhelming. So too is the evidence that paid opinion leaders increase prescription of the sponsor's drug. Why else would industry pay them? Surely we must create a better system. Giovanni Fava, editor of *World Psychiatry*, may have come up with one. As well as enforcing declaration of conflicts of interest, he suggests rewarding those who choose to remain independent—by giving them priority for public research funding, guideline panels, and journal editorships (*World Psychiatry* 2007;6:19-24). If enough of us dropped our links with industry, it could mean not only less bias but also less money spent on marketing and more on doing trials that address the important questions. Drugs might be cheaper, too.

Ultimately, says Carlat, our professionalism is at stake. The Royal College of Physicians is giving the profession the chance to speak with one voice and to come up with a better way of doing things. Send it ([pharma@rcplondon.ac.uk](mailto:pharma@rcplondon.ac.uk)) and us ([bmj.com](mailto:bmj.com)) your views.

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

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