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Preventing fractures in older people is important. But Teppo Järvinen and colleagues believe that we should be putting our efforts into stopping falls not treating low bone mineral density  
» *Research* p 130

### Drugs for pre-osteoporosis: prevention or disease mongering?

After looking at data used to support treatment of women with slightly lowered bone mineral density, Pablo Alonso-Coello and colleagues argue that proponents have overstated the benefits and underplayed the harms

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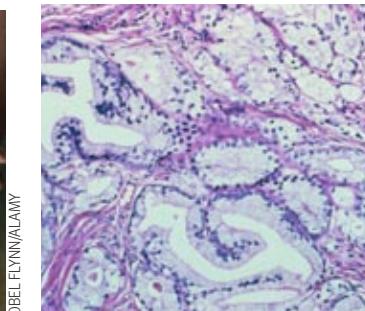
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Benign prostatic hyperplasia, p 146



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## RESEARCH

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

There is little evidence that fall prevention programmes used throughout the NHS are effective in cutting the number of fallers or fall related injuries

S Gates, J D Fisher, M W Cooke, Y H Carter, S E Lamb  
 »*Analysis* p 124

**134 Community occupational therapy for older patients with dementia and their care givers: cost effectiveness study**

A single blind randomised controlled trial—providing training in the use of aids to compensate for cognitive decline to 135 people aged 65 with mild to moderate dementia and training in coping behaviours and supervision to carers—was cost effective, with the main savings in informal care

Maud J L Graff, Eddy M M Adang, Myrra J M Vernooij-Dassen, Joost Dekker, L Jönsson, Marjolein Thijssen, Willibrord H L Hoefnagels, Marcel G M Olde Rikkert

**138 Advice to use topical or oral ibuprofen for chronic knee pain in older people: randomised controlled trial and patient preference study**

Advice in primary care to use oral or topical preparations had an equivalent and clinically negligible effect on knee pain over one year, and there were more minor side effects with oral NSAIDs. Participants with a preference mostly chose topical rather than oral treatment, except those with more severe or widespread pain

Martin Underwood, Deborah Ashby, Pamela Cross, Enid Hennessy, Louise Letley, Jeannett Martin, Shahrul Mt-Isa, Suzanne Parsons, Madge Vickers, Ken Whyte, on behalf of the TOIB study team  
 »*Editorial* p 105

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

Participants had clear ideas about the appropriate use of oral and topical non-steroidal anti-inflammatory drugs (NSAIDs), and taking their views into account when prescribing may improve adherence, judgment of efficacy, and the doctor-patient relationship. Closer monitoring for potential adverse effects is required.

Dawn Carnes, Yasir Anwer, Martin Underwood, Geoff Harding, Suzanne Parsons, on behalf of the TOIB study team  
 »*Editorial* p 105

## CLINICAL REVIEW

**146 Benign prostatic hyperplasia. Part 1—Diagnosis**

Timothy J Wilt, James N'Dow

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**150 Teaching rounds: The “problem” junior—whose problem is it?**

Clinical teachers often feel at a loss when dealing with “problem” doctors. This article offers guidance

Yvonne Steinert

**154 Rational imaging: Imaging after trauma to the neck**

Plain radiography is often used to image the neck after trauma, but computed tomography and magnetic resonance imaging provide further useful information and should be considered

Bernard Wee, John H Reynolds, Anthony Bleetman

## RESEARCH PUBLISHED AHEAD OF PRINT

**Survival times in people with dementia: analysis from population based cohort study with 14 year follow-up**

*BMJ*, doi:10.1136/bmj.39433.616678.25

Jing Xie, Carol Brayne, Fiona E Matthews, and the Medical Research Council Cognitive Function and Ageing Study collaborators

## WHAT'S IN STORE FOR JUNIOR DOCTORS' TRAINING?



The *BMJ* would like to hear from you. Do you want to know what's in store for junior doctors' training? Or are you wondering why MTAS seemed to go horribly wrong? In the first broadcast between the *BMJ* and both the BMA and Remedy UK, we put your questions to Ram Moorthy, chair of the BMA's Junior Doctors' Committee, and Chris McCullough from Remedy UK. Please send us your question as a rapid response by following the link on [bmj.com's homepage](http://bmj.com).

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REUTERS

## PICTURE OF THE WEEK

A street vendor sells cooked noodles in Xiangfan in the week when the Chinese government declared its four month campaign to ensure food safety a complete success. The drive comes just months before Beijing hosts the Olympics. Food safety problems are worse outside city areas, where lax oversight of factories has contributed to a string of food poisoning outbreaks. Public fears about food safety grew in 2004 when at least 13 babies died of malnutrition in Anhui province after they were given fake milk powder.

## THE WEEK IN NUMBERS

**71%** Percentage of patients in general medicine wards who received some sort of acid suppression without an appropriate indication (Letters p 109)

**8000** Minimum number of people in the UK awaiting organ transplants (News p 111)

**>20bn** Cost of hip fractures in the US in 1997 (Analysis p 124)

**24.3 million** Estimated number of people with dementia worldwide (Research p 134)

**>60%** Percentage of the world's HIV infected population who live in sub-Saharan Africa (Personal View p 158)

## THE WEEK IN QUOTES

**"In 2007, the 20 year survival rate for breast cancer will be greater than the five year survival rate 30 years ago"**

(Editorials p 107)

**"The vast majority of men [with benign prostatic hyperplasia] even with moderate to severe symptoms do not need surgery for many years"**

(Clinical Review p 146)

**"Learners' problems usually lie in one of three areas: knowledge, attitudes, or skills"**

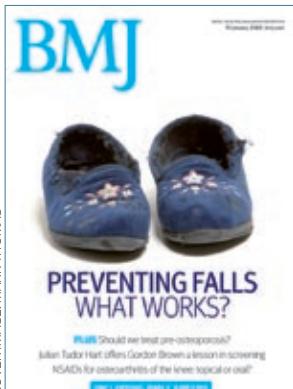
(Practice p 150)

**"Screening is not the simple, one way street of benefit that the media suggested, but an anarchic highway full of dangerous machinery and meandering livestock"** (Des Spence p 160)

## EDITOR'S CHOICE

# Absolute risk please

COVER IMAGE: MARK THOMAS



### ON THE COVER

Preventing falls: what works?

**Editorial, p 105; Analysis, p 124; Research, pp 138, 142**

Loose slippers are a factor in nine per cent of falls in the home involving older people, according to government data. Local authorities in England and Wales have been running free slipper exchanges, where poorly fitting footwear can be swapped for safe slippers. In one scheme in England, falls were reduced by 60%, said the Health and Safety Executive.

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



### TOOKE REPORT: ONLINE POLL AND PODCAST

Do you think the Tooke report on postgraduate medical education and training should be implemented in full? Vote in the poll on [bmj.com](http://bmj.com). To hear the podcast with Sir John Tooke go to [www.bmj.com/audio/](http://www.bmj.com/audio/)

The *BMJ* has a noble tradition of fighting the trend to medicalise risk factors (*BMJ* 2002;324:886-91). This week we hear more about whether we should be treating women who have “pre-osteoporosis,” otherwise known as osteopenia—bone mineral densities that are slightly below normal. These women are at low risk of fracture but are considered by some to be “at risk of being at risk.” They comprise more than half of the world’s postmenopausal women.

Pablo Alonso-Coello and colleagues examine four post hoc analyses of trials of osteoporosis drugs that claim to support drug treatment for osteopenia (p 126). They find that the benefits of treatment in these low risk women are overstated and the harms underplayed. They urge clinicians to base treatment decisions on absolute rather than relative risk. It’s a lesson worth repeating: “impressive sounding reductions in relative risk can mask much smaller reductions in absolute risk.” Critical as these authors are of the World Health Organization’s 1994 definition of “normal” bone density, produced by a working group which received funding from several drug companies, they, like many others, are doubtless awaiting with interest WHO’s new model for calculating absolute fracture risk.

The authors accept the current consensus that drug treatment is both effective and cost effective for preventing fractures in women with osteoporosis. But even in this group Teppo Järvinen and colleagues argue that the emphasis should be on preventing falls rather than treating low bone mineral density (p 124). Among older people, there is good evidence, they say, that the greatest risk of

fracture comes from falls, not osteoporosis.

The problem then is how to prevent falls. Previous systematic reviews have been upbeat about the benefits of assessing all of a person’s risk factors and offering targeted interventions. As a result, programmes for prevention of falls were required by the UK’s national service framework for older people, and throughout the NHS there are falls clinics and slipper exchanges (from one of which we photographed the slippers on the front cover). But S Gates and colleagues have looked again at the evidence on the effectiveness of these programmes and found it to be limited and inconclusive (p 130). If there is any effect on the number of falls it is smaller than previously thought, they say, and most likely to follow higher intensity programmes that provide treatment for risk factors rather than those that just give information or refer patients on.

Moving to other matters: of the four main strings to the doctor’s bow (clinical practice, research, teaching, and management), teaching is perhaps the most easily neglected and undervalued. But we all have examples in our own lives of teachers who have inspired and helped us (about which, by the way, we would welcome your accounts as filler articles). This week we begin a new series aimed at supporting clinicians who teach, beginning with Yvonne Steinert’s article on how to manage the “problem” junior doctor (p 150). Her structured approach to diagnosis and treatment could transform both the learner and the teacher.

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

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An update at the BMJ Masterclass for GPs: Paediatrics and women’s health [masterclasses.bmj.com/GPs/paediatrics-womens-health/](http://masterclasses.bmj.com/GPs/paediatrics-womens-health/)

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### PLUS

Career Focus, jobs, and courses appear after p 162.