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20 Years of cancer screening, p 527



Declaration of Alma Ata, p 536



Do they work? p 532

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- 515 Antidepressants and suicide**
Treatment is probably too sporadic to affect overall suicide rates, says Gregory Simon
» [Research pp 539, 542](#)
- 516 Efficacy of antidepressants**
Is not an absolute measure, and it depends on how clinical significance is defined, say Erick H Turner and Robert Rosenthal
- 517 Acupuncture with in vitro fertilisation**
May increase birth rates, but guidelines should await the results of ongoing trials. say Anja Pinborg, Anne Loft, and Anders Nyboe Andersen
» [Research p 545](#)
- 518 Funding for primary health care in developing countries**
Money from disease specific projects could be used to strengthen primary care, say Jan De Maeseneer, Chris van Weel, David Egilman, Khaya Mfenyana, Arthur Kaufman, Nelson Sewankambo, and Maaïke Flinkenflögel
» [Analysis p 536](#)
- 519 Assessing the ability to work**
New UK test claims to be fair but lacks rigorous scientific evaluation, say Jos Verbeek and Frank van Dijk

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- 522 Traumatic brain injury; Depression in adults; Doctors' education**

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- 524 European Commission looks into possible restrictive practices**
Critics say Australia's healthcare reform body is unrepresentative
- 525 Pfizer says ads for atorvastatin gave "misimpressions"**
Congress asks for investigation of FDA resources and staffing
- 526 Healthcare Commission will publicise NHS trusts' levels of infection control**
Building people's faces from stem cells may be possible in 20 years
Europe's agriculture policy damages people's health
- 527 Number of deaths from cancers falls after 20 years of screening**
- 528 Scrutiny of new infections looks at wrong areas**
Commission will look at non-medical ways to improve health of all Americans
- 529 Goal to cut maternal mortality by three quarters by 2015 is unlikely to be met**

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A recently published study analysing the effectiveness of some antidepressants highlights the ongoing problem of how study results may be distorted by failure to make data fully available. Jeanne Lenzer and Shannon Brownlee report

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Iona Heath

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Thirty years after WHO highlighted the importance of primary health care in tackling health inequality in every country, Stephen Gillam reflects on the reasons for slow progress and the implications for today's health systems

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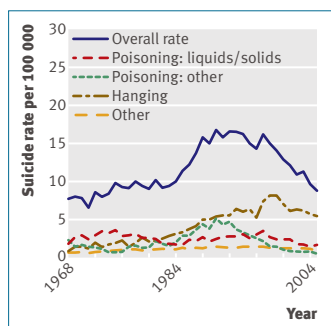
- 566 Activity rates of English hospital consultants, and other stories**

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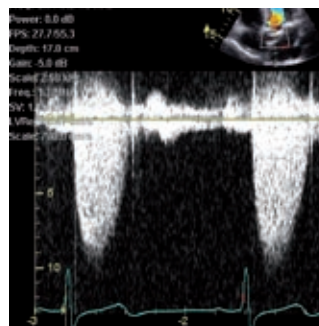




Suicide rates in young men, p 539



Acupuncture and IVF, p 545



Degenerative aortic stenosis, p 550



Irritable bowel syndrome: cut down on insoluble fibre, p 556

RESEARCH

539 Suicide rates in young men in England and Wales in the 21st century: time trend study

Time trend analysis shows that rates of suicide in males aged 15-34 declined steadily from the 1990s, and by 2005 were at their lowest level for almost 30 years: rates among young women remained stable and low

Lucy Biddle, Anita Brock, Sara T Brookes, David Gunnell

» Editorial p 515, Research p 542

542 The population impact on incidence of suicide and non-fatal self harm of regulatory action against the use of selective serotonin reuptake inhibitors in under 18s in the United Kingdom: ecological study

Time series analyses of routine data did not find altered trends in suicide and self harm after SSRI prescription was contraindicated in under 18s

Benedict W Wheeler, David Gunnell, Chris Metcalfe, Peter Stephens, Richard M Martin

» Editorial p 515, Research p 539

545 Effects of acupuncture on rates of pregnancy and live birth among women undergoing in vitro fertilisation: systematic review and meta-analysis

Robust trials found an odds ratio of more than 1.6 for pregnancy after in vitro fertilisation with adjuvant acupuncture with, on average, a number needed to treat of 10

Eric Manheimer, Grant Zhang, Laurence Udoff, Aviad Haramati, Patricia Langenberg, Brian M Berman, Lex M Bouter

» Editorial p 517

549 Commentary: Good, but not perfect

Mike Clarke

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550 Degenerative aortic stenosis

Radhakrishnan Ramaraj, Vincent L Sorrell

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556 Guidelines: Diagnosis and management of irritable bowel syndrome in adults in primary care: summary of NICE guidance

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

J Dalrymple, I Bullock

558 Commentary: Controversies in NICE guidance on irritable bowel syndrome

Nicholas J Talley

RESEARCH PUBLISHED AHEAD OF PRINT

Treatment of human brucellosis: systematic review and meta-analysis of randomised controlled trials

BMJ, doi:10.1136/bmj.39497.500903.25 role=elms

Keren Skalsky, Dafna Yahav, Jihad Bishara, Silvio Pitlik, Leonard Leibovici, Mical Paul

Empirical evidence of bias in treatment effect estimates in controlled trials with different interventions and outcomes: meta-epidemiological study

BMJ, doi:10.1136/bmj.39465.451748.AD

Lesley Wood, Matthias Egger, Lise Lotte Gluud, Kenneth F Schulz, Peter Jüni, Douglas G Altman, Christian Gluud, Richard M Martin, Anthony J G Wood, Jonathan A C Sterne

Helicobacter pylori test and treat versus proton pump inhibitor in initial management of dyspepsia in primary care: multicentre randomised controlled trial (MRC-CUBE trial)

BMJ, doi:10.1136/bmj.39479.640486.AE

Brendan C Delaney, Michelle Qume, Paul Moayyedi, Richard F A Logan, Alexander C Ford, Cathy Elliott, Cliodna McNulty, Sue Wilson, F D Richard Hobbs

HOLD THE BACK PAGE!

As you may have noticed, we recently combined the *BMJ* and *BMJ Careers* within one set of covers. This has presented some practical problems, one being the splitting up of the obituary pages. We intend to move the obituaries further forward so the short and long obituaries are together again and, by doing this, we will gain a page for editorial content at the back of *Minerva*.

We have now finalised the format for this page, which we have called Endgames. There will be a regular statistics question, case report, clinical and picture quiz, along with a question of the week from OnExamination to test your knowledge. If you would like to submit questions for this page please refer to our advice for authors on [bmj.com](http://resources.bmj.com/bmj/authors/types-of-article) (<http://resources.bmj.com/bmj/authors/types-of-article>) or contact Amy Davis (adavis@bmj.com).



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**PICTURE OF THE WEEK**

The US senator Edward Kennedy (left) makes a surprise appearance with the then head of the World Health Organization, Halfdan Mahler, at the 1978 Alma Ata international conference on primary health care in Kazakhstan. The declaration that emerged underlines the importance of primary care as the key to tackling health inequality. See Analysis p 536.

THE WEEK IN NUMBERS

10 Number of women being treated for in vitro fertilisation needed to have acupuncture for one extra pregnancy to occur (Research p 545)

250 Needlestick injuries a day in the NHS (Starting Out p 562)

20 000 People estimated to lose eligibility for sickness benefits with the government's revision of the test for personal capacity (Editorial p 519)

150 000 People in England expected to have severe aortic stenosis by 2020 (Clinical Review p 550)

100 000 Breast cancers detected in the 20 years of the NHS's breast cancer screening programme (News p 527)

THE WEEK IN QUOTES

“Suicide rates in young men have declined markedly in the past 10 years” (Research p 539)

“[The Common Agricultural Policy] might be described as a system designed to kill Europeans through [coronary heart disease]” (News p 526)

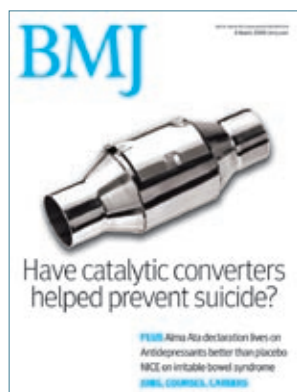
“Currently, when a drug isn't approved, all information about it is protected as a trade secret” (Feature p 532)

“Discourage people with irritable bowel syndrome from eating insoluble fibre—for example, bran” (Practice p 556)

“Obliging doctors to take part in enforcing repressive political policy has an infamous history” (Observations p 535)

EDITOR'S CHOICE

Finding meanings



ON THE COVER

Have catalytic converters helped prevent suicide?

Editorial, p 515;

Research, pp 539, 542

Antidepressants continue to dominate this week. Last week a study in *PLoS Medicine* which claimed that newer antidepressants were mostly no better than placebo (*BMJ* 2008;336:466) attracted wide attention in the media and some criticism in both *PLoS Medicine*'s rapid responses and our own (www.bmj.com/cgi/eletters/336/7642/466#191157).

This week Jeanne Lenzer and Shannon Brownlee pursue one aspect of that study—its use of a “freedom of information” request to get data from unpublished studies—to examine the issue of publication bias (p 532). They quote a study showing that among trials of antidepressants only 8% of those with negative findings were published compared with 97% of those with positive findings.

Two of the authors of that study, Erick Turner and Robert Rosenthal, write in the *BMJ* this week about their interpretation of the *PLoS Medicine* study (p 516). They agree that antidepressants are less efficacious than is apparent from journal articles (because of publication bias), but their interpretation is different: they conclude that each drug is better than placebo—maybe not by much, but still better. Their advice to clinicians and patients is “be circumspect but not dismissive.”

Another controversy about newer antidepressants prompted by reanalysis of trial data—their effect, positive or negative, on the incidence of suicide—seems to be resolved this week. In their observational study Benedict Wheeler and colleagues (p 542) show that in the UK suicide rates declined when antidepressant use steadily increased but continued to decline when their use fell sharply (following regulatory

restrictions). In an editorial Gregory Simon concludes that clinical trials cannot determine whether antidepressants increase or decrease the risk of suicide because these events are simply too rare (p 515).

This year sees the 30th anniversary of the declaration of Alma Ata, which made primary care the foundation of delivering “health for all by the year 2000.” Stephen Gillam reflects in his Analysis article on what has happened to that ambition and to primary care in those 30 years (p 536). His assessment is sobering: too many developing countries have failed to provide even a limited package of primary care and have been hampered by the proliferation of “vertical” projects to tackle specific diseases. But he also points out that many developed countries have strengthened their primary care, influenced by Alma Ata, and it “helped enshrine the idea of health care as a human right.”

Yet even that may be under threat in Britain. Iona Heath devotes her Observations column this week to the British government's “policy of enforced destitution of asylum seekers” (p 535) and its proposal that people seeking asylum who have been refused it should also be refused access to primary care services. She argues that the policy compromises doctors' ethical codes. She asks doctors to resist, quoting Albert Camus: her plea is for “a modest thoughtfulness which . . . will constantly be prepared to give some human meaning to everyday life.”

Jane Smith, deputy editor, BMJjsmith@bmj.com

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WHAT'S NEW AT THE BMJ GROUP

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<http://masterclasses.bmj.com/GPs/general-update/>

Irritable bowel syndrome systematic review

See *BMJ Clinical Evidence* for a comprehensive review, now including GRADE evaluation of the evidence clinicalevidence.bmj.com

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PLUS

Career Focus, jobs, and courses appear after p 564