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Burma: fears of epidemic, p 1092



Widening participation in medicine, p 1111



Lessons from Iraq and Afghanistan, p 1098

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1079 Mean arterial pressure and prediction of pre-eclampsia
Is better than diastolic or systolic pressures in low risk women, but is still only moderately effective, say Colin A Walsh and Laxmi V Baxi
» *Research*, p 1117

1080 Reducing blood pressure in people of different ages
Absolute benefit increases with age and management of overall cardiovascular risk, say Jan A Staessen, Tom Richart, and Paolo Verdecchia
» *Research*, p 1121

1082 Increasing diversity among clinicians
Is politically correct but is costly and lacks evidence to support it, say Hugh Ip and I C McManus
» *Analysis*, p 1111

1083 Preventing child deaths
New report emphasises the need to review the circumstances of death, say Jane Freemantle and Anne Read

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1086 Blunt abdominal trauma; Placebo effect

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Bill allowing creation of hybrid embryos passes first hurdle

1090 Darzi's five pledges fail to quell doctors' fears about polyclinics
MPs question possible head of English commission
Sharing of patients' data should require their explicit consent

1091 NHS sees a steady rise in patient satisfaction

1092 Drug industry is partly to blame for overdiagnosis of bipolar disorder, study says
Slow delivery of aid adds to risk of epidemic in Burma after cyclone that killed 100 000

1093 Health in southern Sudan is still critical despite truce
Study suggests that PSA screening for cancer may be useful

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UK lags behind similar countries in stroke services

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Doctors should be able to combine medicine and management

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Nicholas A Christakis

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Jane Cassidy

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James Gubb says yes; Karen Bloor says no

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The GRADE system can be used to grade the quality of evidence and strength of recommendations for diagnostic tests or strategies. Holger J Schünemann and colleagues explain how patient-important outcomes are taken into account

1111 Widening participation in medicine
Widening participation in medicine can be successful, but needs extra commitment by academic staff, say Pamela B Garlick and Gavin Brown

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Mean arterial pressure and blood pressure in predicting pre-eclampsia, p 1117

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Teaching procedural skills, p 1129

AI PHOTO/SPL

RESEARCH

1114 Adherence to prescribed antihypertensive drug treatments: longitudinal study of electronically compiled dosing histories

Knowing daily patterns of use can help to explain poor blood pressure control: here almost half of patients took at least one drug holiday a year, and poor daily adherence predicted early stopping of treatment

Bernard Vrijens, Gábor Vincze, Paulus Kristanto, John Urquhart, Michel Burnier

1117 Accuracy of mean arterial pressure and blood pressure measurements in predicting pre-eclampsia: systematic review and meta-analysis

When blood pressure is measured in the first or second trimester of pregnancy mean arterial pressure is the best predictor of pre-eclampsia

Jeltsje S Crossen, Karlijn C Vollebregt, Nynke de Vrieze, Gerben ter Riet, Ben W J Mol, Arie Franx, Khalid S Khan, Joris A M van der Post
 » Editorial p 1079

1121 Effects of different regimens to lower blood pressure on major cardiovascular events in older and younger people: meta-analysis of randomised trials

These analyses of 31 trials confirmed the known benefits of antihypertensive treatment, with no strong evidence that age should determine the choice of drug rather than tolerability or cost

Blood Pressure Lowering Treatment Trialists' Collaboration
 » Editorial p 1080

CLINICAL REVIEW

1124 Assessment and management of medically unexplained symptoms

Simon Hatcher, Bruce Arroll

PRACTICE

1129 Teaching rounds: Teaching procedural skills

“See one, do one” is not the best way to teach the complex technical procedures needed in many hospital based specialties

Teodor P Grantcharov, Richard K Reznick

RESEARCH PUBLISHED AHEAD OF PRINT

Survival of extremely premature babies in a geographically defined population: prospective cohort study of 1994-9 compared with 2000-5

BMJ, doi:10.1136/bmj.39555.670718.BE

David J Field, Jon S Dorling, Bradley N Manktelow, Elizabeth S Draper

Increasing antituberculosis drug resistance in the United Kingdom: analysis of national surveillance data

BMJ, doi:10.1136/bmj.39546.573067.25

Michelle E Kruijsaar, John M Watson, Francis Drobnewski, Charlotte Anderson, Timothy J Brown, John G Magee, E Grace Smith, Alistair Story, Ibrahim Abubakar

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>) or contact Amy Davis (adavis@bmj.com).



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Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly
Printed by Precision Colour Printing Limited



PICTURE OF THE WEEK

The surgical skills workshop at the Royal College of Surgeons of England, recently completed by the architect Nicholas Hare. It provides eight rotating surgical tables and a central demonstrator's table designed primarily for cadaveric work, to teach, research, and examine surgical skills. One end of the room has an interactive video wall, and ceiling mounted equipment serves each table. The workshop will enable the college to accommodate an additional 600 trainees a year.

THE WEEK IN NUMBERS

2.8 Positive likelihood ratio of a diastolic blood pressure of 75 mm Hg or more at 13 to 20 weeks' gestation predicting pre-eclampsia (Research p 1117)

100 000 People thought to have died as a direct result of the cyclone in Burma (News p 1092)

1 in 4 Primary care patients in England who have unexplained chronic pain, irritable bowel syndrome, or chronic fatigue (Clinical Review p 1124)

1100 US soldiers injured in the battle of Fallujah in November 2004 (Feature p 1098)

5 years Maximum prison sentence, up from two years, for possession of cannabis (News p 1095)

THE WEEK IN QUOTES

“Patients who omit sequential doses [of hypertensive drugs] are at highest risk of quitting early” (Research p 1114)

“‘See one, do one’ is no longer appropriate for educating health professionals to perform complex procedures” (Practice p 1129)

“Medical students can succeed with CCC grades at A level” (Analysis p 1111)

“The notion that placebo responses are responses that are evoked by nothing is nonsense” (Letter p 1087)

“If souls are delivered it is difficult to see how this can occur before the end of the second week of gestation” (Personal View p 1132)

EDITOR'S CHOICE

Responding to disasters



DAVID MACK/SPL

Editorials, p 1080
Research, p 1121

It can be hard to know how to respond to events as enormous as the cyclone in Burma (p 1092) and the earthquake in China, beyond getting out one's credit card. The *BMJ*'s immediate response, on the day after Cyclone Nargis swamped Burma's coastal plain, was to re-emphasise on *bmj.com* that the last thing doctors should do is try to go out there themselves and help. The consensus on this, from experts in and outside affected countries, is impressive, as documented over the past few years in articles in the *BMJ* (2005;330:263; 2006;332:244; 2005;330:261). Of course this advice is now redundant in the face of the Burmese junta's blanket refusal to allow any foreign aid workers into the country. And China, although now more open to outside influence, may decide it has enough internal resources to manage without help despite the unfolding enormity of the earthquake's effects.

But there are disaster zones in which doctors are being encouraged to volunteer. Last month in a speech at the Imperial War Museum in London, the UK's health secretary, Alan Johnson, encouraged NHS managers to support doctors who wanted to volunteer for short assignments in Iraq and Afghanistan, especially doctors working in emergency medicine, intensive care, and neurosurgery. Ann Gulland describes the training benefits of this exchange: during a three month tour a doctor will typically deal with more trauma than during 15 years working for the NHS (p 1098).

Meanwhile the harshness of life for people in southern Sudan shows no sign of improving

despite a precarious peace, say Médecins Sans Frontières (p 1093). People continue to die because of a shortage of clinics, trained medical staff, and medicines. The list of preventable diseases is long and depressingly familiar: tuberculosis, malaria, meningitis, measles, cholera. Maternal mortality is among the highest in the world as a result of years of war and no development. The UK's Foreign Office has warned against all travel to Sudan, so our best response must be to provide financial and moral support to those already out there and to bear witness, as Mary Black movingly does in her column this week on what it means to be free (p 1134). "Yes I may worry these days. But I am pretty free, while so many women and girls in this world are not. Just when can they have worries like mine?"

This week's journal is our research theme issue on hypertension, the result of a call for papers last November to which we received more than 90 submissions. The three research papers we are publishing address important clinical aspects of the monitoring and treatment of high blood pressure. Does a patient's age affect the benefits of treatment and the choice of drug (p 1121)? Does blood pressure in early pregnancy predict pre-eclampsia (p 1117)? And what influences long term adherence to treatment? A simple take-home message is that patients should be encouraged to take their drugs in the morning (p 1114).

Fiona Godlee, editor, *BMJ* fgodlee@bmj.com

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Career Focus, jobs, and courses appear after p 1136.

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