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Law bans unproved remedies, p 1150



A brief history of polyclinics, p 1161



NHS for consumers, p 1192

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May not be clinically beneficial or cost effective and may reduce quality of life, says Martin Gulliford
» *Research*, p 1174, 1177

1140 **Screening for and prevention of type 2 diabetes**
Intervention should be sooner rather than later, even though exact costs and benefits are uncertain, says Elizabeth C Goyder
» *Research*, p 1180

1141 **Emergency treatment of anaphylaxis**
Revised UK guidelines are a concise evidence based resource, says F Estelle R Simons

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Evidence supports a trial period of eliminating colourings and preservatives from the diet, says Andrew Kemp

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Undiagnosed diseases are focus of NIH

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Law bans sale of products with false health claims
Walk-in clinics at US retail outlets have problems

1151 **34 000 die in Chinese earthquake**

1152 **Take care over consent after law changes, says GMC**
Patients with sickle cell disease get poorer care
Outcomes in Sudan hospital match Western centres

1153 **Electronic records may not be in hospitals until 2015**

1154 **Kenyan clerics decide to fight use of condoms**
Retrial for murder of Australian health director

1155 **Campaign for doctor imprisoned without trial**
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Despite government promises of local involvement, proposals for polyclinics and alternative providers of general practice services have upset both doctors and patients. Nigel Hawkes investigates

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Although integrated health care has been presented as a new idea, Virginia Berridge reveals that recent history tells a different story

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Daniel K Sokol

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1164 **Will polyclinics deliver real benefits for patients?**

Michael Dixon says yes; Stewart Kay says no

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A picture may be worth a thousand words but in medical research, caution Stuart Pocock, Thomas Travison, and Lisa Wruck, it is important to understand exactly what you are looking at

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Guideline panellists have differing opinions on whether resource use should influence decisions in individual patients. As medical care costs rise, resource use considerations become more compelling, but panellists may find dealing with such considerations challenging

RESEARCH, CLINICAL REVIEW, AND PRACTICE

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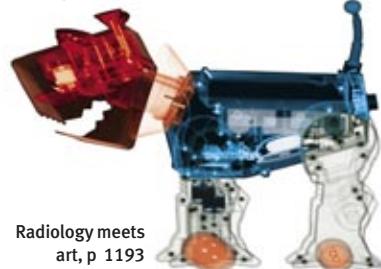
1196 **Frank Joseph Ayd; Catherine Gilray Bailey (née Simpson); Ronald Duncan Thomson Cape; Joseph Erulkar; Derrick Foskett; Kenneth Gerald Powell Mackenzie; David Gerald Milton-Thompson; Michael William Wellesley Wood**

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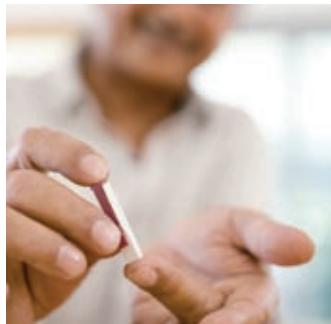
1198 **Honesty is the best policy, and other stories**

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Radiology meets art, p 1193



Glucose self monitoring, p 1174, 1177



Screening for diabetes, p 1180



Nephrotic syndrome, p 1185



Paracetamol and hypertension, p 1190

STEVE HORRELL/SPL

RESEARCH

1174 Efficacy of self monitoring of blood glucose in patients with newly diagnosed type 2 diabetes (ESMON study): randomised controlled trial

Self monitoring had no effect over one year on HbA1c, body mass index, use of oral hypoglycaemic drugs, or reported hypoglycaemia but was associated with a 6% higher score for depression

Maurice J O'Kane, Brendan Bunting, Margaret Copeland, Vivien E Coates, on behalf of the ESMON study group

» *Editorial p 1139*

1177 Cost effectiveness of self monitoring of blood glucose in patients with non-insulin treated type 2 diabetes: economic evaluation of data from the DiGEM trial

Self monitoring—whether intensive or not—is unlikely to be cost effective if added to standardised usual care and initially reduces quality of life

Judit Simon, Alastair Gray, Philip Clarke, Alisha Wade, Andrew Neil, Andrew Farmer, on behalf of the Diabetes Glycaemic Education and Monitoring Trial Group

» *Editorial p 1139*

1180 Different strategies for screening and prevention of type 2 diabetes in adults: cost effectiveness analysis

Screening for diabetes, modelled here with a hypothetical population aged 45 at above average risk of diabetes and followed from diagnosis to death, seems to be cost effective as long as impaired glucose tolerance is also screened for and suitable interventions are given

Clare L Gillies, Paul C Lambert, Keith R Abrams, Alex J Sutton, Nicola J Cooper, Ron T Hsu, Melanie J Davies, Kamlesh Khunti

» *Editorial p 1140*

CLINICAL REVIEW

1185 Nephrotic syndrome in adults

Richard P Hull, David J A Goldsmith

PRACTICE

1190 Evidence based case report: Does paracetamol cause hypertension?

A newspaper article led this GP and his patient to search for evidence and reach a decision on treatment

Brett Montgomery

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 Kruijschaar, 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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The Editor, BMJ
BMA House, Tavistock Square,
London WC1H 9JREmail: editor@bmj.com
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JAMES GLOSSOP/GUZELIAN

PICTURE OF THE WEEK

Jeffrey Sherwin, a retired GP, and his wife, Ruth, packing up more than 200 artworks from their private collection, which includes pieces by Henry Moore, René Magritte, and Damien Hirst. They are to be exhibited at Mima, in Middlesbrough, for three months. Some of the pieces incorporate equipment from Sherwin's surgery. *The Glamorous Heart Attack* and *Make Mine a Quadruple*, commissioned from the surrealist anarchist Anthony Earnshaw, mark Sherwin's recovery from a heart attack and bypass surgery. See www.visitmima.com.

THE WEEK IN NUMBERS

£92 Maximum extra intervention costs of self monitoring blood glucose per patient over 12 months (Research p 1177)

3 in 100 000 Annual incidence of cases of nephrotic syndrome in adults (Clinical Review p 1185)

34% Rise in risk of hypertension in men taking paracetamol 6-7 days a week (Practice p 1190)

336 v 176 Vote by MPs against an amendment that would have banned "admixed" embryos (News p 1149)

4 New impressions of *The Journal of a Disappointed Man* in the year after it came out in 1919 (Medical Classics p 1195)

THE WEEK IN QUOTES

"Self monitoring of blood glucose concentration has no effect on glycaemic control but is associated with [more] depression" (Research p 1174)

"'Polyclinic' has connotations of an impersonal Soviet-style concrete building" (Head to Head p 1164)

"Because figures are so effective in creating an enduring impression of results, their construction must be handled with care" (Analysis p 1166)

"Private organisations must operate at a profit and are under no obligation to offer NHS rates of pay" (Letter p 1145)

"Electronic health records has been a challenge 'far greater than expected'" (News p 1153)

EDITOR'S CHOICE

Reds

PATRICIA DELEROSA/GETTY IMAGES



Editorials, p 1140
Research, p 1180

I'd like a pound for every new idea that's been rolled up into Lord Darzi's NHS review. Hardly a week goes by without the addition of another one. Last week there were two: expanding the programme that has patients evaluating their own treatment, followed the next day by a proposal to use these evaluations to adjust the prices paid to hospitals. (Darzi's review was "not about changing the way NHS is funded or structured," you may recall.) IT professionals call this proliferation of objectives "scope creep," and it's the commonest reason why IT projects crash and burn.

Whitehall watchers say that paralysis has gripped the Department of Health ever since Lord Darzi embarked on his review. Anything other than strictly normal business has been put on hold, pending the publication of his report. Maybe that partly explains the government's assessment of the Department of Health as the second worst performer among the 18 departments assessed. Health was one of only two departments to receive a red rating, which requires immediate action. Health earned its red for "serious concern" over its ability to set direction (*Financial Times* 12 May 2008:3).

The Department of Health was awarded another red card this week from Sheila Leatherman and Kim Sutherland in their 10 year evaluation of the government's quality reforms. (Nick Black discusses this evaluation in his editorial on p 1143). What caught their eye was "a predisposition to structural change and reconfiguration that undermines morale and produces widespread confusion," which they attributed to the political imperative to "make one's mark." They detected a "flavour of the month" tendency, where certain discrete instruments are infused with magical powers and

implemented with haste as the sword that will slay the bad performance monster."

Polyclinics, anyone? This week we have assembled a range of articles to help people make up their minds. The logical starting point is Virginia Berridge's surprising history of London polyclinics in the 1930s (p 1161). These were inspired by changes in health care in the Soviet Union after the October revolution. The Pioneer Health Centre in Peckham had a swimming pool, gym, boxing rings, dance hall, library, crèche, and a café serving "compost grown" food produced at the centre's farm. But I digress.

Nigel Hawkes brings the polyclinic story up to date (p 1158). He can't shake off his scepticism regarding Lord Darzi's promise of consultation about something that has already been ordered by central diktat. (Ah, those Soviets!) The government's 2008-9 operating framework specifies that all of England's 152 primary care trusts will procure a polyclinic (or health centre, the favoured term).

Correspondents have spotted examples as far afield as Havana, Whitby, and Dorset, although the general practitioner behind the Hove polyclinic, which featured in the *BMJ* last month (p 916), says that this "building of useless spaces" was as far from the polyclinic concept as you will find (p 1145). Elsewhere Michael Dixon and Stewart Kay go head to head over whether polyclinics will benefit patients (p 1164)—surely the only question that matters.

Tony Delamothe, deputy editor, *BMJ*
tdelamothe@bmj.com

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Career Focus, jobs, and courses appear after p 1196.

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