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In 2007 fewer overweight and obese adults defined themselves as overweight than in 1999, despite a significant rise in the prevalence of raised body mass index

F Johnson, L Cooke, H Croker, Jane Wardle

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# 273 Evaluation of *Talking Parents, Healthy Teens*, a new worksite based parenting programme to promote parent-adolescent communication about sexual health: randomised controlled trial

Set up for parents too busy to attend evening classes, this intervention significantly increased open discussion of sex within families and specific advice on condom use

Mark A Schuster, Rosalie Corona, Marc N Elliott, David E Kanouse, Karen L Eastman, Annie J Zhou, David J Klein

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#### 277 Academic achievement of twins and singletons in early adulthood: Taiwanese cohort study

Twins aged 18 did significantly worse than singletons in Chinese, mathematics, and natural science tests and had a 2.2% lower probability of attending college

Meng-Ting Tsou, Meng-Wen Tsou, Ming-Ping Wu, Jin-Tan Liu >>> Editorial p 245

# 280 Gallbladder disease and use of transdermal versus oral hormone replacement therapy in postmenopausal women: prospective cohort study

In the Million Women Study, involving more than 1.3 million UK women aged 50–69, hospital admission rates per 100 women over five years for cholecystectomy were 1.1 for women who had never used HRT, 1.3 for users of the patch or gel form of HRT, and 2.0 for oral HRT Bette Liu, Valerie Beral, Angela Balkwill, Jane Green, Siân Sweetland, Gillian Reeves, for the Million Women Study Collaborators

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This is 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

Sharon Swain, Claire Turner, Pippa Tyrrell, Anthony Rudd, on behalf of the Guideline Development Group

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Helen Rodgers, Mark Sudlow

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This is part of a series of occasional articles on common problems in primary care

Tim Colde Hartman, Eric van Rijswijk

#### **RESEARCH PUBLISHED ONLINE**

Effect of integration of supplemental nutrition with public health programmes in pregnancy and early childhood on cardiovascular risk in rural Indian adolescents: long term follow-up of Hyderabad nutrition trial

BMJ 2008;337:a605, doi: 10.1136/bmj.a605

Sanjay Kinra, KV Rameshwar Sarma, Ghafoorunissa, Vishnu Vardhana Rao Mendu, Radhakrishnan Ravikumar, Viswanthan Mohan, Ian B Wilkinson, John R Cockcroft, George Davey Smith, Yoav Ben-Shlomo



# BMJ

2 August 2008 Vol 337

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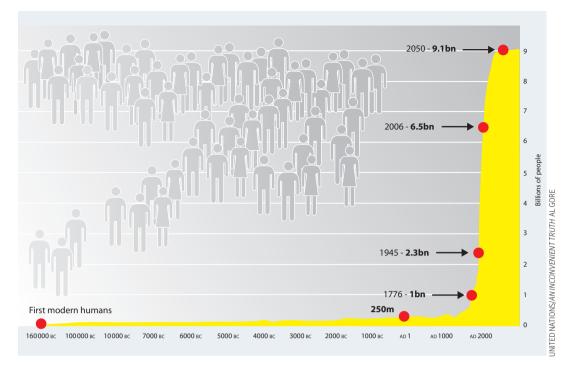
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Published weekly. US periodicals class postage paid at Rahway, NJ, Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly Printed by Precision Colour Printing Limited



#### PICTURE OF THE WEEK

Population growth throughout history: world population has quadrupled in less than 100 years. The annual increase in population of about 79 million means that every week an extra 1.5 million people need food and somewhere to live. Every person born adds to greenhouse gas emissions, and escaping poverty is impossible without these emissions increasing. Resourcing contraception therefore helps to combat climate change. (See Editorials, p 247.)

#### THE WEEK IN NUMBERS

**57 million** Estimated number of US residents who have prediabetes (News p 255)

1 Number of cholecystectomies that could be avoided for every 140 postmenopausal women who use transdermal rather than oral hormone replacement therapy over five years (Research p 280)

**3.5 per 1000** Annual incidence of primary hypothyroidism in women in the UK— in men it is 0.6 per 1000 (Clinical Review p 284)

**£7bn** Estimated cost of stroke to the economy in England (Practice p 291)

#### THE WEEK IN QUOTES

"Although the cost of penetrating trauma resulting from shooting is higher than from stabbing, the most commonly used weapon in violent crime in England and Wales is actually a knife" (News p 253)

"The trick is not to put ourselves in the patient's shoes, but to imagine what it is like for the patient to be in his or her shoes" (Observations p 264)

"As the proportion of overweight people in Great Britain has increased, the ability of overweight individuals to "self diagnose" their weight problem has declined" (Research p 270)

"Please stop urinating in the corridor, sir" (Starting Out p 298)

#### **EDITOR'S CHOICE**

# Population control and uncertainty —a doctor's role



Editorials, p 243 Research, p 270

Several readers have pointed out that the *BMJ*'s recent coverage of climate change has ignored a key issue—the need for population control. John Guillebaud and Pip Hayes give the same rebuke in their editorial this week (p 246). They may be right that "population" and "family planning" are taboo words. The *BMJ* hasn't actively avoided these issues, but we could do more to highlight them. As Guillebaud and Hayes portray it, every week an extra 1.5 million people need food and somewhere to live, amounting to "a huge new city each week, somewhere, which destroys wildlife habitats and augments world fossil fuel consumption."

Population control need not be coercive, they say. Half of pregnancies worldwide are unplanned. Simply by meeting women's unmet contraceptive needs, several developing countries have halved their fertility rates. Clear evidence points to the demand for contraception increasing when it is available, accessible, and properly marketed. Guillebaud and Hayes call on doctors to take an active role in overcoming barriers to the universal availability of contraception and ensuring that patients and the public understand the environmental consequences of population growth. Controversially, as evidenced by the responses to the editorial since it was published online on 24 July (http://blogs.bmj.com/bmj/2008/07/29/ david-payne-its-the-economy-mum-and-dad/), they say that doctors should advise patients on limiting family size for environmental reasons and should set their own example.

Not everyone will agree that this is a doctor's role. Most will agree, however, that it is the role

of doctors to deal with uncertainty. Raising the stakes further, Iain Chalmers says doctors should not just manage therapeutic uncertainty but should force it into the open (p 248). A new series in the *BMJ* on clinical uncertainties aims to do just this (p 290). Chalmers reminds us that guidance from the UK's General Medical Council (GMC) explicitly states that doctors must help to resolve uncertainties about the effects of treatment. This means being open about uncertainty with patients and the public. It should also mean, says Chalmers, using treatments for which there is limited evidence only in the context of research.

The case that Chalmers uses to illustrate the disincentives facing those who want to confront therapeutic uncertainties is that of David Southall and his trial of continuous negative extrathoracic pressure (CNEP) in neonates, the same case that Jonathan Gornall unpicks in his forensic investigative report on p 258. Southall and two other paediatricians were under investigation by the GMC for 15 years until the case was thrown out earlier this month. Gornall uncovers a trail of incompetence and maladministration, which the GMC will find an uncomfortable read.

You can vote on bmj.com (www.bmj.com/#poll) in the *BMJ* poll: should doctors advise people to limit the number of children they have for the sake of the environment?

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

Cite this as: BMJ 2008;337:a1076

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clinicalevidence.bmj.com

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master classes. bmj. com/GPs/general-update

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