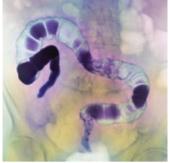
THIS WEEK



Screening for colorectal cancer, p 1522



AIDS in South Africa, p 1525



Protests over vaccination, p 1528



Measurement versus doing the job, p 1567

EDITORIALS

1509 Screening for abdominal aortic aneurysm Remains effective and is likely to be cost effective in the UK, but data need to be monitored, says Martin J Buxton

» Research, pp 1538, 1542

- 1510 Smoking in pregnancy Severe adverse effects can be avoided if smoking is stopped early, say Rona Campbell and Deirdre J Murphy » Research, p 1552
- 1511 Monitoring bone mineral density during antiresorptive treatment for osteoporosis Is potentially misleading and a misuse of healthcare resources, says Juliet Compston » Research, p 1553
- 1513 Reduced use of hormones and the drop in breast cancer

The lowest dose of hormones for the least amount of time should be used for the relief of menopausal flushes, says Helen Roberts

LETTERS

- 1515 Summary care records; Whistleblowing; Conservative Party on health
- 1516 Papers with industry ties; Community *Clostridium difficile*
- 1517 Laparoscopic surgery training; Paying for expensive medicines; Drug hypoglycaemia
- 1518 Non-communicable diseases; Colorectal cancer

NEWS

- 1519 Angioplasties after MI increase in England High drug dosage errors among children
- 1520 Website of people's experiences of clinical trials UK should rethink use of Tamiflu, GP leader says
- 1521 More UK kidney donations to unknown recipients Doctor in Baby P case claims unfair dismissal
- 1522 Obama asks AMA to support his healthcare reform Germany asks Pfizer to disclose all reboxetine data Ireland's plan to start colorectal cancer screening
- 1523 Air pollution decreases life expectancy
- 1524 George Alberti: championing women Doctors call for head of WMA to quit
- 1525 AIDS epidemic among young South Africans slows

SHORT CUTS

1526 What's new in the other general journals

FEATURES

1528 Vaccine disputes

As the MMR health scare retreats in the UK, doctors fear it will migrate to the USA. Rebecca Coombes investigates the crucial role played in this by the anti-vaccination lobby

HEAD TO HEAD

1532 Is it acceptable for people to take methylphenidate to enhance performance? A drug that can improve your exam results may sound tempting, and John Harris believes that we should embrace its possibilities. Anjan Chatterjee,

however, argues that the dangers have been underplayed

OBSERVATIONS

LIFE AND DEATH

1534 It is not wrong to say no to breast screening Iona Heath

ANALYSIS

1535 How do psychiatric drugs work?

Joanna Moncrieff and David Cohen argue that changing our view of the action of psychiatric drugs would help patients to become more involved with decisions about treatment

RESEARCH, CLINICAL REVIEW,

AND PRACTICE See next page

OBITUARIES

1565 I Herbert Scheinberg; Edward Nigel Armitage; Peter John Cook; Walter Brown Shelley; Frederick Smith; Anne Uttley; Ian Duncan Willatt; Ruth Annette Janie Willatt

VIEWS AND REVIEWS

PERSONAL VIEW

- **1567 IDon't throw out the mop with the muck** Jeremy Thompson
 - REVIEW OF THE WEEK
- 1568 Bad science, risky medicine David Elliman and Helen Bedford

BETWEEN THE LINES

- 1569 Blow your own trumpet Theodore Dalrymple
- MEDICAL CLASSICS 1569 Games People Play: The Psychology of Human Relationships Michael Archer

COLUMNISTS

1570 The problems of mankind Des Spence Women of substance Wendy Moore

ENDGAMES

1571 Statistical question; Picture quiz; Case report; Quiz

MINERVA

1572 Green tea and chemotherapy, and other stories

FILLERS

- 1541 From our archive: Introductory address
- 1558 What's in a name?

Meat eaters have higher risk of some cancers, p 1520







Antibiotic prescribing in Europe, p 1545

RESEARCH

1538 Screening men for abdominal aortic aneurysm: 10 year mortality and cost effectiveness results from the randomised Multicentre Aneurysm Screening Study

This UK trial suggests that the national screening programme should, in the long term, halve the mortality rate related to these aneurysms in men aged 65 or more, and will be cost effective

S G Thompson, H A Ashton, L Gao, R A P Scott, on behalf of the Multicentre Aneurysm Screening Study Group

» Editorial, p 1509; Research, p 1542

1542 Analysis of cost effectiveness of screening Danish men aged 65 for abdominal aortic aneurysm

A mathematical model, populated with data from trials and observational studies, indicates that screening men of 65 for aortic aneurysm is not cost effective

Lars Ehlers, Kim Overvad, Jan Sørensen, Søren Christensen, Merete Bech, Mette Kjølby

» Editorial, p 1509; Research, p 1538

1545 Variation in antibiotic prescribing and its impact on recovery in patients with acute cough in primary care: prospective study in 13 countries

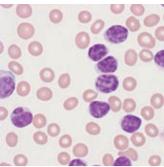
Wide variation in antibiotic prescribing across Europe wasn't explained by variation in clinical presentation and wasn't associated with clinically important differences in recovery

C C Butler, K Hood, TVerheij, P Little, H Melbye, J Nuttall, M J Kelly, S Mölstad, M Godycki-Cwirko, J Almirall, A Torres, D Gillespie, U Rautakorpi, S Coenen, H Goossens

1548 Factors associated with mortality in Scottish patients receiving methadone in primary care: retrospective cohort study

Overuse of methadone, history of psychiatric admission, co-prescription of benzodiazepines, and increased comorbidity were associated with all cause mortality C McCowan, B Kidd, T Fahey





Exposure to tear gas, p 1554

Lymphocytosis, p 1562

1552 Spontaneous preterm birth and small for gestational age infants in women who stop smoking early in pregnancy: prospective cohort study *p i c o*

Women who smoked throughout pregnancy had increased risks of preterm birth and of having small babies, but those who stopped smoking by 15 weeks' gestation had the same risks as non-smokers Lesley M E McCowan, Gustaaf A Dekker, Eliza Chan, Alistair Stewart, Lucy C Chappell, Misty Hunter, Rona Moss-Morris, Robyn A North, on behalf of the SCOPE consortium >> Editorial, p 1510

1553 Value of routine monitoring of bone mineral density after starting bisphosphonate treatment: secondary analysis of trial data *p i c o*

Monitoring bone mineral density in the first three years after starting bisphosphonate treatment in postmenopausal women is unnecessary and may be misleading

Katy J L Bell, Andrew Hayen, Petra Macaskill, Les Irwig, Jonathan C Craig, Kristine Ensrud, Douglas C Bauer *» Editorial*, p 1511

CLINICAL REVIEW

1554 Management of the effects of exposure to tear gas Pierre-Nicolas Carron, Bertrand Yersin

PRACTICE

- 1559 Quality improvement report: Comprehensive care and HIV prophylaxis after sexual assault in rural South Africa: the Refentse intervention study Julia C Kim, Ian Askew, Lufuno Muvhango, Ntabozuko Dwane, Tanya Abramsky, Stephen Jan, Ennica Ntlemo, Jane Chege, Charlotte Watts
- 1562 Rational testing: Incidental finding of lymphocytosis in an asymptomatic patient What tests are needed when an asymptomatic patient presents with

lymphocytosis?

Carolyn S Grove, George A Follows, Wendy N Erber

£1000 REWARD

To mark the online availability of every *BMJ* article published since the first issue in October 1840 we're offering a prize for the most interesting use of the journal's archive. The use should be actual, not hypothetical.



To enter please describe in an article of up to 1700 words your use of the *BMJ* archive.

Send it via submit.bmj.com, choosing "Competition" as the article type.

The deadline is 30 September 2009 and the winning article will be published in this year's Christmas *BMJ*.

BMJ

27 June 2009 Vol 338

The Editor, BMJ BMA House, Tavistock Square, London WC1H 9JR Email: editor@bmj.com Tel: +44 (0)20 7387 4410 Fax: +44 (0)20 7383 6418 **BMA MEMBERS' INQUIRIES** Email: membership@bma.org.uk Tel: +44 (0)20 7383 6642 **BMJ CAREERS ADVERTISING** Email: sales@bmjcareers.com Tel: +44 (0)20 7383 6531 DISPLAY ADVERTISING Email: sales@bmjgroup.com Tel: +44 (0)20 7383 6386 REPRINTS UK/Rest of world Email: ngurneyrandall@bmjgroup.com Tel: +44 (0)20 8445 5825 USA Email: mfogler@medicalreprints.com

Email: mfogler@medicalreprints.com Tel: +1 (856) 489 4446 SUBSCRIPTIONS

BMA Members

Email: membership@bma.org.uk Tel: +44 (0)20 7383 6642 Non-BMA Members Email: subscriptions@bmjgroup.com Tel: +44 (0)20 7383 6270

OTHER RESOURCES For all other contacts: resources.bmj.com/bmj/contact-us For advice to authors: resources.bmj.com/bmj/authors To submit an article:



The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the BMJ. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The BMJ follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt. htm#independence) and the code on good publication practice produced by the Committee on Publication Ethics (www.publicationethics. org.uk/guidelines/).

The BMJ is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the BMJ or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2009 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the BMJ

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

Video footage of a man being shot with a Taser gun in Nottingham has been passed to the police complaints body (www.youtube.com/watch?v=s5S4R6sHx9c). Tasers fire two darts at the end of wires, delivering a 50 000 volt shock. Amnesty International has reported that more than 330 people have died in the United States between June 2001 and August 2008 after use of such weapons by police and has noted cases of use on schoolchildren, pregnant women, people who were mentally ill or intoxicated, elderly people with dementia, and people experiencing epileptic seizures. Tasers "are inherently open to abuse . . . and can inflict severe pain at the push of a button, without leaving substantial marks," says the report's author.

THE WEEK IN NUMBERS

8% Mortality among people dispensed methadone in a Tayside cohort over 12 years (Research, p 1548)

30 minutes Time for shortness of breath, sore throat, and chest pain to resolve after exposure to tear gas (Clinical Review, p 1554)

25% Proportion of cancers detected in breast screening that are ductal carcinoma in situ (Observations, p 1534)

1 in 100 Children affected by autism in the UK (Review of the Week, p 1568)

60000 Patient safety incidents reported in UK children between October 2007 and September 2008 (News, p 1519)

THE WEEK IN QUOTES

"Bone mineral density in the first three years after starting bisphosphonate treatment in postmenopausal women may be misleading" (Research, p 1553)

"GPs might start prescribing Tamiflu over the phone" (News, p 1520)

"Lymphocyte morphology can often distinguish between reactive and neoplastic causes of lymphocytosis" (Practice, p 1562)

"The FDA gave methylphenidate a 'black box,' the most alarming of possible warnings" (Head to Head, p 1532)

"Cadavers are fresh frozen and thawed before use [in laparoscopic surgery training]" (Letter, p 1517)

EDITOR'S CHOICE



Editorial, p 1509 Research, pp 1538, 1542

100% recycled

The BMJ is printed on 100% recycled paper

Articles appearing in this print journal have already been published on bmi.com, and the version in print may have been shortened.

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

Please cite all articles by year, volume, and elocator (rather than page number), eg BMJ 2009;338:b145. A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

Less medicine is more

It would be fair to say that the BMJ tends towards less rather than more medicine. We've published a lot over the years on the risks of overtreatment and the problems of medicalisation and disease mongering. It's not a bad default to have in times of economic hardship, although I hope we also do our bit to highlight evidence of undertreatment where it exists. In a recent letter David Oliver warned that, although ageing should not be routinely medicalised, there is a risk of "socialising" treatable problems in older people such as incontinence and falls (BM/ 2009;338:b1200).

With that proviso, I'm drawn to several articles this week that champion the view that less is more, and in particular that if you give patients complete and unbiased information about the likely effects of an intervention they may well say no to it. Iona Heath sets us off on this tack, writing about her decision to turn down mammography screening (p 1534). She thinks the evidence is pretty clear that the potential harms of overdiagnosis outweigh the potential benefits of an accurate early diagnosis. But she's worried that her decision is based on information that her patients can't easily find because the invitation leaflet doesn't mention harms.

This criticism has already been levelled at mammography screening by Peter Gøtzsche and colleagues, first in 2006 (BMJ 2006;332:538-41) and, because no real changes were made to the UK's leaflet, again earlier this year (BMJ 2009;338:b86). Heath's words are sure to fuel the already heated debate seen in our rapid responses (www.bmj.com/ cgi/eletters/338/jan27 2/b86). Nicholas Wald, Malcolm Law, and Stephen Duffy criticised Gøtzsche

and colleagues for substantially underestimating the survival benefits of screening. Gøtzsche and colleagues have replied in extensive detail and, nearly two months on, have not been challenged again. In private emails to the BMJ, advocates of the NHS breast screening programme have criticised us for not adequately presenting the facts in support of screening. We would welcome a balanced article on this subject. But for the moment what is being asked for is simply that women should be made aware of the potential for harm from overdiagnosis so they can make a more informed decision.

What about providing complete and unbiased information for patients with psychiatric conditions? Joanna Moncrieff and David Cohen think this can only be achieved by changing the way we explain how antidepressants and antipsychotics work (p 1535). Rather than portraying them as acting on specific disease processes, as their names imply, it would be more accurate and helpful to explain to patients that these drugs act by inducing a range of altered mental states. The authors think this could shift the emphasis of treatment away from continuous disease control towards periodic symptom control, with the potential to minimise the harms of long term use.

Finally, although screening for abdominal aortic aneurysm seems to be effective and, for the moment in the UK, cost effective (pp 1509, 1538, 1542), routine monitoring of bone mineral density in postmenopausal women being started on bisphosphonates looks to be a waste of time (pp 1511, 1553).

Fiona Godlee, editor, BMJ fgodlee@bmj.com Cite this as: BMJ 2009;338:b2561

WHAT'S NEW AT THE BMI GROUP

Student BMJ-July This month: Extreme exercise and health, "Shall I give up medicine?" and obsessive compulsive disorder student.bmj.com

International Forum on Quality and Safety in Health Care

20-23 April 2010, Nice, France. Call for Abstracts Open-7th July 2009 Do you or your organisation have a Quality, Safety or Improvement story to share? internationalforum.bmj.com

Multiple sclerosis, sleep apnoea, and kidney stones

These latest reviews, and others, are now available from Clinical Evidence clinicalevidence.bmj.com **NEW! BMJ Masterclass: Running a Quality Practice**

Friday 9 October 2009, London; Wednesday 18 November 2009, Manchester Register now at masterclasses.bmj.com

Journal of NeuroInterventional Surgery

Read articles published ahead of the launch of this new title by BMJ Journals and the Society of NeuroInterventional Surgery in July. You can obtain free access to jnis.org for the duration of 2009



PIUS Career Focus, jobs, and courses appear after p 1570

WHAT'S NEW ON BMJ.COM

LATEST RESEARCH

Anatomy of the health effects of the Mediterranean diet

Some food groups in the Mediterranean diet are more important than others in promoting health and longer life, according to new research published on bmj.com. Eating more vegetables, fruits, nuts, pulses, and olive oil, and drinking moderate amounts of alcohol, while not consuming much meat, is linked to people living longer. Several earlier studies have concluded that the Mediterranean diet improves chances of living longer, but this study is the first to investigate the importance of individual components of the diet.

Variation in antibiotic prescribing and its impact on recovery in patients with acute cough in primary care Antibiotic prescribing for respiratory illnesses should be standardised across Europe to help reduce inappropriate prescribing and resistance, say experts in a study published on bmj.com. Antibiotic resistance is a major healthcare problem worldwide. Inappropriate antibiotic prescribing, particularly for respiratory illnesses, has been blamed for driving the problem. There is also good evidence that most antibiotic prescriptions do not help otherwise healthy patients with common respiratory tract infections to get better any quicker.

LATEST BLOGS



Richard Smith recalls his first days as a doctor, but it brings back painful and partially suppressed memories. He experienced his first death as a result of medical error on only his second day. He explains what happened and says, "Maybe this explains the rest of my career—as an editor and busybody, rather than practising doctor".

Joe Collier writes about the importance of using one's senses as a doctor. Not only do clinicians need to hone their already existing senses so that they can hear, feel, and see physical signs to help make their diagnosis, but they also need to "develop a capacity to sense more profoundly what patients really want to tell them."

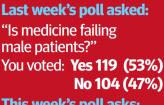
Finally, Annabel Ferriman asks whether you have any questions for Margaret Chan, director general of the World Health Organization, before the journal interviews her. Domhnall MacAuley blogs on the potential hazards of clinical shared decision making from the 5th International Shared Decision Making Conference in Boston, and Harvey Marcovitch writes about censorship, squeamishness, and same sex desire.

Find out more at http://blogs.bmj.com/bmj/

Richard Lehman's journal blog is taking a short sabbatical from bmj.com to spend some time on doc2doc. In this week's blog he discusses H1N1 ("Is everybody dead yet?"), virtual colonoscopy (better than a "plastic eel"?), red yeast rice for hypercholesterolaemia, and Bill Gates. With donations of kidneys

doc 2 doc

from living donors to unknown recipients up by 50% in the last year we ask would you donate a kidney to a stranger? The latest impact factors were published last week. The *BMI*'s is up, but how much do you care? Should doctors hoard Tamiflu for themselves and their families? You might think not, but it seems to be happening. The deadline for submitting tips for our ebook for newly qualified doctors is on Friday, so if you haven't posted yours yet do it now!



This week's poll asks:

"Is it acceptable for people to take methylphenidate to enhance performance?

Submit your vote on bmj.com

MOST COMMENTED ON

Sharing of patients' data should not be based on implied consent, say GPs' representatives

MHRA label seems to be illegal

Self administered cognitive screening test (TYM) for detection of Alzheimer's disease

Early management of persistent non-specific low back pain: summary of NICE guidance Science in court

MOST READ

Self administered cognitive screening test (TYM) for detection of Alzheimer's disease

Diagnosis of dementia

Advise use of rear facing child car seats for children under 4 years old

Early management of persistent non-specific low back pain: summary of NICE guidance



Join your colleagues.

BMJ Masterclasses

masterclasses.bmj.com

