



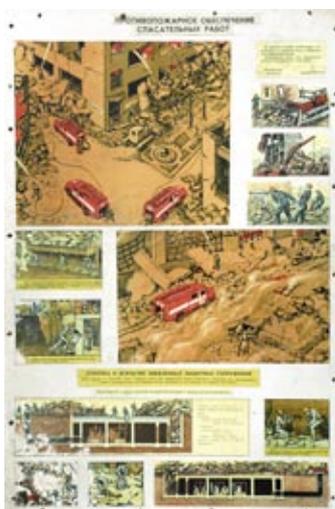
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- 414 BMJ pico for original research in the print BMJ**
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Efficient processes are essential to good and cost effective care. But health services need to look beyond manufacturing for models, argue A Morton and J Cornwell

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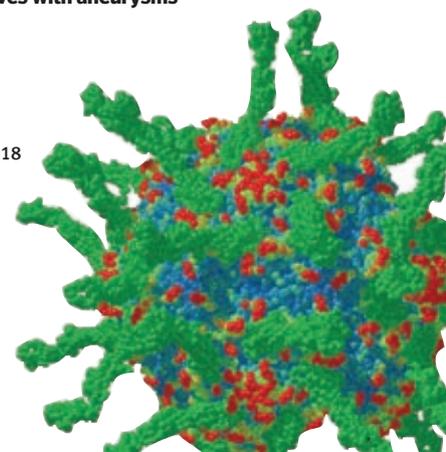
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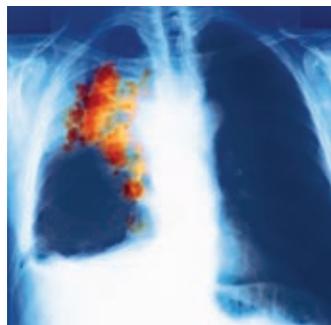
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Deep vein thrombosis, p 450

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Herpes zoster ophthalmicus, p 457

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RESEARCH

431 Risk of suicidality in clinical trials of antidepressants in adults: analysis of proprietary data submitted to US Food and Drug Administration

In this expanded analysis of FDA data, the risk of suicidality associated with antidepressants compared with placebo was raised in under 25s, neutral in those aged 25-64, and reduced in older people
 Marc Stone, Thomas Laughren, M Lisa Jones, Mark Levenson, P Chris Holland, Alice Hughes, Tarek A Hammad, Robert Temple, George Rochester

» Editorial, p 411

435 Effect of withdrawal of co-proxamol on prescribing and deaths from drug poisoning in England and Wales: time series analysis

During the three year withdrawal phase (2005-7), prescription of co-proxamol in England and Wales fell by 59%, with an increase in prescribing of some other analgesics but no increase in related deaths
 Keith Hawton, Helen Bergen, Sue Simkin, Anita Brock, Clare Griffiths, Ester Romeri, Karen L Smith, Navneet Kapur, David Gunnell

438 Five year prognosis in patients with angina identified in primary care: incident cohort study

Among more than 1700 patients in Scotland, men were twice as likely as women to have acute myocardial infarction in the five years after diagnosis of angina and were significantly more likely to have angioplasty or coronary artery bypass surgery, but neither procedure improved survival
 Brian S Buckley, Colin R Simpson, David J McLernon, Andrew W Murphy, Philip C Hannaford

442 Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers

Among 237 female sex workers in Vancouver, more than half reported violence from men that was independently associated with homelessness, inability to access drug treatment, working in cars or public spaces, and policing strategies
 Kate Shannon, T Kerr, SA Strathdee, J Shoveller, JS Montaner, M W Tyndall

445 Effect of timing of first postnatal care home visit on neonatal mortality in Bangladesh: a prospective cohort study

About a third of neonatal deaths globally occur in the first 24 hours of life but, in this study of infants surviving beyond that, a home visit by a health worker on the second day further reduced mortality by 64%
 Abdullah H Baqui *et al*, for the Projahnmo 1 Study Group

449 **pico** Neuraminidase inhibitors for treatment and prophylaxis of influenza in children: systematic review and meta-analysis of randomised controlled trials

Neuraminidase inhibitors shorten the duration of seasonal flu by up to a day and a half and reduce transmission by 8% in children, but they do little to prevent asthma exacerbations, ear infections, or the need for antibiotics, and oseltamivir is associated with an increased risk of vomiting
 Matthew Shun-Shin, Matthew Thompson, Carl Heneghan, Rafael Perera, Anthony Harnden, David Mant

450 **pico** Excluding venous thromboembolism using point of care D-dimer tests in outpatients: a diagnostic meta-analysis

This bayesian analysis found that four different point of care D-dimer tests were able to safely exclude venous thromboembolism in low risk outpatients
 G J Geersing, KJ M Janssen, R Oudega, L Bax, A W Hoes, J B Reitsma *et al*
 » Editorial, p 412

CLINICAL REVIEW

451 The changing epidemiology of lung cancer with a focus on screening

Gerard A Silvestri, Anthony J Alberg, James Ravene

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455 Rational testing: Initial investigation of amenorrhoea

E H Dickerson, AS Raghunath, SL Atkin

457 10-minute consultation: Herpes zoster ophthalmicus

Fook Chang Lam, Allison Law, William Wykes

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CHIP SOMODEVILLA/GETTY IMAGES

PICTURE OF THE WEEK

President Barack Obama presents the Medal of Freedom, the highest civilian honour in the United States, to physicist Stephen Hawking during a ceremony at the White House. This week Professor Hawking was inadvertently caught up in the debate on US healthcare reform after an editorial in *Investor's Business Daily* criticising the British system stated that he would “not have a chance in the UK.” Professor Hawking—who has motor neurone disease and receives treatment at Addenbrooke's hospital, Cambridge—defended the NHS: “I have received a large amount of high-quality treatment without which I would not have survived.” See News, p 417.

THE WEEK IN NUMBERS

£3000 a minute Amount the NHS spends treating conditions that could be prevented by exercise (News, p 417)

44 Total number of deaths linked with H1N1 in England (News, p 418)

25 Age below which antidepressant use is associated with an increased risk of suicidality (Research, p 431)

10 Daily per capita cigarette consumption among Chinese men in 1992 (Clinical Review, p 451)

3-4% Prevalence of secondary amenorrhoea in the general population (Practice, p 455)

THE WEEK IN QUOTES

“The NHS is Britain's best loved brand, so it must always be an election issue” (News, p 420)

“There appears to be something different about this H1N1 and seasonal H1N1” (Feature, p 424)

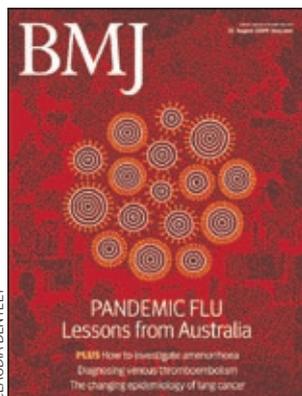
“Deciding what innovations are worth investing in is a high stakes business” (Observations, p 427)

“The NHS is a proud embodiment of the proclamation that all our people are valued and will be treated equally” (From the Frontline, p 464)

“Our results demonstrate an alarming prevalence of gender based violence against female sex workers” (Research, p 442)

EDITOR'S CHOICE

Pandemic flu: will there be a second wave?



CLAUDIA BENTLEY

News, p 418
Feature, p 424
Research, p 449
Reviews, pp 461, 464

Rates of swine flu are levelling off in the northern hemisphere as summer progresses. The question now is will we have a second wave this winter, and if so how bad it will be. Two evolutionary virologists writing in *JAMA* are cautiously reassuring (*JAMA* 2009;302:679-80). Looking back over the 14 or so pandemics since 1510, they say that pandemic flu has never been able to infect the entire population at once, and although it tends to recur after a first wave, it eventually adopts the familiar seasonal flu pattern.

As for A/H1N1, they say its modest transmission efficiency and its arrival in the northern hemisphere's early summer, as well as the degree of pre-existing population immunity from previous flu viruses and vaccines, all give reason to hope for a more indolent pandemic course and fewer deaths than in past pandemics. They don't think it's inevitable that the virus will mutate into a more virulent or contagious strain.

A second wave of A/H1N1 during the northern hemisphere's winter would coincide with its regular bout of seasonal flu, something the southern hemisphere is experiencing at the moment. Melissa Sweet asks what lessons we can learn from Australia (p 424), and finds contradictory views among experts there. Some think the final death toll of A/H1N1 will be lower than for seasonal flu, noting that the big difference between now and 1918 is the availability of effective antibiotics. But others warn against being too dismissive. They are seeing respiratory failure of an unprecedented severity in young people, sparking concerns about how well intensive care will cope.

For me the wisest voice is that of Robert Booy. "We had both more severe disease and a huge amount of very mild disease, and people either played it one way or the other, and in doing so they either underplayed it or overplayed it, and the truth was somewhere in the middle." This fits with Heath Kelly's advice among

a list of top tips for the northern hemisphere: "Be aware of the pandemic paradox: a high proportion of asymptomatic and mild cases but serious disease in the overweight and pregnant women."

If swine flu does come back with a vengeance, the UK may already have shot one of its bolts. Despite WHO advice to the contrary, in England the government opted for relatively indiscriminate use of antivirals after self diagnosis. Could the government really not have provided more balanced information on the likely benefits and harms of antivirals and been more parsimonious? Matthew Shun-Shin and colleagues updated and expanded an earlier Cochrane review on the effectiveness, safety, and tolerability of oseltamivir and zanamivir in seasonal influenza in children (p 449), information that must have been available to ministers when they were making their plans. The evidence suggests that these two agents are of limited efficacy in children and are associated with a significant risk of side effects, mainly vomiting. Coupled with the risk of resistance and the financial cost of widespread use, these findings have led to calls to cut back the use of antivirals in mild flu and flu-like illness.

These calls are hard to ignore. Indeed, Hugh Pennington, emeritus professor of bacteriology at the University of Aberdeen, has told the media that Tamiflu may be useless by the autumn because of current indiscriminate use (<http://tinyurl.com/qnsm4s>). According to news reports, ministers thought it would be publicly unacceptable to withhold antiviral drugs, even after it became clear that swine flu was generally a mild illness. Yet we know it's possible to educate patients and the public about the need to avoid unnecessary use of drugs, as last week's *BMJ* showed (*BMJ* 2009;339:b2885).

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

Cite this as: *BMJ* 2009;339:b3394

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PLUS

Career Focus, jobs, and courses appear after p 464

WHAT'S NEW ON BMJ.COM

US HEALTHCARE REFORM

President Obama's current struggle to put his plan for US healthcare reform into action is dominating the media on both sides of the Atlantic. Stephen Ginn blogs about why many Americans are opposed to healthcare reform and how many have misunderstood what the proposed changes mean. He blames this misinformation for the violent reaction to the possibility of healthcare reform. He says: "If the society that the Americans have built is simply not coherent enough for people to wish to contribute toward the health of their fellow humans then it is in urgent need of reevaluation." In his blog, Richard Smith asks, "Is it unpatriotic to criticise the NHS?" Read these blogs in our new blog category <http://blogs.bmj.com/bmj/category/us-health-care/>



ED ANDRIESKI/AP/PA

Last week's poll asked:

Do not-for-profit nursing homes provide better care than for-profit ones?

You voted:

Yes: 65 (14%) No: 390 (86%)

This week's poll asks:

Does *Helicobacter pylori* really cause duodenal ulcers

Submit your vote on bmj.com



P. HAWITIN, UNIVERSITY OF SOUTHAMPTON/SPL

LATEST RESEARCH

Adverse cardiovascular events during treatment with pioglitazone and rosiglitazone

According to this population based cohort study, pioglitazone is associated with a significantly lower risk of heart failure and death than rosiglitazone among older patients with diabetes. Given that rosiglitazone lacks a distinct clinical advantage over pioglitazone, continued use of rosiglitazone may not be justified. The accompanying editorial cautions that longer term safety data are needed before a change in practice is warranted.



Use of smokeless tobacco and risk of myocardial infarction and stroke

This systematic review with meta-analysis found an association between use of smokeless tobacco products and risk of fatal myocardial infarction and stroke, which does not seem to be explained by chance.

See these and other recent research articles at <http://www.bmj.com/channels/research.dtl>

LATEST PODCASTS

David Payne talks to Carl Henegan (pictured) and Matthew Thompson about the media response to their research on prescribing antivirals to children. Duncan Jarvies finds out from Marc Stone about some FDA research into the increased risk of suicide and suicidal behaviour in people taking antidepressants. Anne Gulland takes us through the news.

Listen to this and previous podcasts at <http://podcasts.bmj.com>

To read about Carl Henegan and Matthew Thompson's experience of dealing with the media read their blog at <http://blogs.bmj.com>



LATEST COMMENT

Pregnant women warned over use of fetal heart rate monitors

Dr Thomas Aust and colleagues from the Department of Obstetrics and Gynaecology at Arrowe Park Hospital, Wirral describe the case of a 27 year old woman who presented to their labour ward 32 weeks into her first pregnancy with reduced fetal movements. She had first noted a reduction in her baby's activity two days earlier but had used her own Doppler device to listen to the heartbeat and reassured herself that everything was normal. Further monitoring by the antenatal care team was not reassuring and the baby was delivered by caesarean section later that evening. It is difficult to say whether self monitoring altered the outcome in this case, say the authors. But they now have posters in their antenatal areas recommending that patients do not use these devices.

See this and other recent comment articles at <http://www.bmj.com/channels/comment.dtl>

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