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RESEARCH

26 Anatomy of health effects of Mediterranean diet: Greek EPIC prospective cohort study

Among 23 349 men and women, those who drank moderately; ate plenty of vegetables, fruits and nuts, olive oil, and legumes; and ate little meat lived longer, whereas fish and seafood consumption wasn't important

Antonia Trichopoulou, Christina Bamia, Dimitrios Trichopoulos

29 Imaging strategies for detection of urgent conditions in patients with acute abdominal pain: diagnostic accuracy study

For the best sensitivity and lowest exposure to radiation, use ultrasonography first and computed tomography only in those with negative or inconclusive scans

Wytze Laméris, Adrienne van Randen, H Wouter van Es, Johannes P M van Heesewijk, Bert van Ramshorst, Wim H Bouma, Wim ten Hove, Maarten S van Leeuwen, Esteban M van Keulen, Marcel G W Dijkgraaf, Patrick M M Bossuyt, Marja A Boermeester, Jaap Stoker, on behalf of the OPTIMA study group

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34 Risk of pre-eclampsia in first and subsequent pregnancies: prospective cohort study

Having pre-eclampsia in one pregnancy is a strong predictor for recurrence in future pregnancies but a poor predictor of subsequent pregnancy

Sonia Hernández-Díaz, Sengwee Toh, Sven Cnattingius

35 Kidney function and risk of cardiovascular disease and mortality in women: a prospective cohort study

Among nearly 28 000 mainly white participants in the US based Women's Health Study, those with glomerular filtration rate <60 ml/min/1.73 m² at baseline had an increased risk of cardiovascular death over the next 12 years

Tobias Kurth, Paul E de Jong, Nancy R Cook, Julie E Buring, Paul M Ridker

» Editorial, p 2

36 The benefits of statins in people without established cardiovascular disease but with cardiovascular risk factors: meta-analysis of randomised controlled trials

pico

In this analysis of 10 large trials with a mean of four years' follow-up, statins reduced deaths from all causes by 12% and cut the risk of major cardiovascular events by 30% in adults without established heart disease

J J Brugts, T Yetgin, S E Hoeks, A M Gotto, J Shepherd, R G J Westendorp, A J M de Craen, R H Knopp, H Nakamura, P Ridker, R van Domburg, J W Deckers

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Kathryn L Nash, Ian Bentley, Gideon M Hirschfield

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Test of time

The test of time is not appropriate when "red flag" symptoms warrant immediate referral, but it can be helpful in patients presenting with common problems, such as diarrhoea (p 46), that have a known clinical course

Susanna C Almond, Nick Summerton

46 Diagnosis in general practice:

Acute diarrhoea in adults

A common condition provides an example of the use of the test of time in diagnosis, explained in the accompanying article by Susanna Almond and Nick Summerton (p 43)

Roger Jones, Greg Rubin

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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



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PICTURE OF THE WEEK

A fan is kept under the shade after collapsing from the heat at the All England Lawn Tennis Championships at Wimbledon. St John Ambulance reported that 100 casualties were treated for heatstroke at Wimbledon on Monday as courtside temperatures reached 35 °C. On the same day a heatwave warning was issued for England and Wales by the Met Office. The Department of Health's recently published Heatwave Plan advises people to keep their homes as cool as possible and remember the needs of friends, relatives, and neighbours who could be at risk.

THE WEEK IN NUMBERS

£270 000 Median salary of American neurological surgeons in 2008 (News, p 12)

1/2 Proportion of adverse events that involve errors of reasoning or decision quality (Analysis, p 22)

14% Reduction in mortality associated with adherence to the traditional Mediterranean diet (Research, p 26)

1991 Year that screening of blood and blood products for hepatitis C was introduced in the UK (Clinical Review, p 37)

2-4 days Time in which most cases of acute diarrhoea resolve (Practice, p 46)

THE WEEK IN QUOTES

“Fluid therapy is an important, complex, and poorly researched area of everyday clinical practice” (Editorial, p 3)

“Never has there been a better time to insist on a publicly funded, publicly provided, and publicly accountable NHS” (News, p 15)

“The device industry operates in a disturbingly lax regulatory environment that is riddled with conflicts of interest” (Feature, p 18)

“Mild to moderate kidney impairment is not associated with increased risk of cardiovascular disease” (Research, p 35)

“Vascular disease is going off the medical menu” (From the Frontline, p 54)

EDITOR'S CHOICE

The rhythm method



Hepatitis virus particles, coloured transmission electron micrograph (TEM)

Clinical review, p 37

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The weekly print *BMJ* has a familiar rhythm, which those of you who start at the front and work steadily to the back may recognise.

At the front—indeed, most of the way through—we have lots of serious stuff. This week, for example, several articles consider the complexities of diagnosis. Wytze Laméris and colleagues studied 11 diagnostic imaging strategies for acute abdominal pain (p 29). Although computed tomography after radiography was the most sensitive investigation, they conclude that radiography followed by ultrasound, with computed tomography reserved for people with negative or inconclusive ultrasound results, is the best strategy, with good sensitivity and less exposure to radiation. In their accompanying editorial Adrian Dixon and Christopher Watson set these findings in the context of advances in imaging, increasing surgical specialisation, and pressure on beds (p 1). “It will become untenable for a patient to stay in hospital with an undiagnosed abdominal problem because of a lack of access to modern imaging,” they say. Imaging will direct patients to the right surgical specialty, and it will save time by preventing patients from languishing in beds while being observed.

Yet time is still available in primary care, and is a powerful diagnostic tool, suggest Susanna Almond and Nick Summerton in their discussion of the “test of time” (p 43). Used wisely, it helps “protect the patient from the harm of unnecessary investigations and the ‘cascade’ effect of unexpected abnormal results generating further tests.” In their companion article on acute diarrhoea in adults Roger Jones and Greg Rubin show how (p 46).

But despite the carefulness of these strategies, clinicians often stay wedded to a wrong diagnosis, in the face of counterevidence, and in his Analysis article Ian Scott aims to explain why (p 22). It’s our cognitive psychology. The same mental processes that allow us to think very efficiently can let us down in over 40 different ways.

Political and organisational thinking often seems less precise than clinical reasoning, and no less problematical. Nigel Hawkes, for example, muses on how stubborn Britain’s inequalities remain—and how little health care can do about them (p 21). And Jeanne Lenzer reveals how lax regulation of medical devices is (p 18).

But then you reach the back of the *BMJ*—and some iconoclast undermines it all. This week there are several candidates: Liam Farrell invents Dante’s 10th circle of hell (for patients with certain expectations) (p 54) and Theodore Dalrymple suggests merit in an 18th century debate on whether the ancients or the moderns were best (p 53). He thinks Hippocrates might have the edge. But my prize goes to Tom Jefferson for his review of the book *Dread: How Fear and Fantasy have Fuelled Epidemics from the Black Death to the Avian Flu* (p 52). This is a tale of fear—and the people who profit from it; and for Jefferson it explains his puzzlement at “why and how a relatively benign disease such as flu [has] been turned into a fund raising, raging monster...”

For readers who start at the back of the *BMJ* the whole experience is, of course, the other way round.

Jane Smith, deputy editor, *BMJ* jsmith@bmj.com

Cite this as: *BMJ* 2009;339:b2668

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Hodgkin's lymphoma, AIDS, and sleep apnoea

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PLUS

Career Focus, jobs, and courses appear after p 54

WHAT'S NEW ON BMJ.COM

LATEST RESEARCH

Statins in people without established cardiovascular disease but with cardiovascular risk factors

In patients without established cardiovascular disease but with cardiovascular risk factors, statin use was associated with significantly improved survival and large reductions in the risk of major cardiovascular events, according to this meta-analysis of randomised controlled trials including a total of 70 388 participants.

Antibiotic treatment of acute otitis media in Dutch children

Although antibiotics shorten the course of acute otitis media, they encourage doctors' attendance in future episodes and antibiotic resistance. In this questionnaire survey of trial participants from the Netherlands, recurrent acute otitis media occurred more often in children originally treated with amoxicillin. This is another argument for judicious use of antibiotics in children with acute otitis media, say the researchers.

Find all recent research articles at <http://www.bmj.com/channels/research.dtl>

**Last week's poll asked:**

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

You voted: **Yes 100 (27%)**

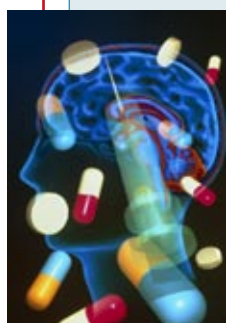
No 264 (73%)

This week's poll asks:

"Would you recommend to your patients, family, or friends to attend breast screening?"

Submit your vote on [bmj.com](http://www.bmj.com)

LATEST PODCAST



Is it time to look again at how psychiatric drugs work?

Psychiatrist Joanna Moncrieff thinks that if doctors change their view of the action of these drugs they may change their prescribing habits. She talks to Tessa Richards about her theory.

In the UK, the controversy over the measles, mumps, and rubella (MMR) vaccine is finally waning; but in the US it is intensifying. Rebecca Coombes talks to Paul Offit—one of the country's most vocal vaccine cheerleaders—about his new book, *Autism's False Prophets*, and some of the public reaction to it. Birte Twisselmann takes us through the news.

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

LATEST BLOGS

In his new daily flu update, Tom Nolan reflects on the impact the pandemic is having on GPs and hospitals in the UK as they cope with Tamiflu prescriptions: "All the fuss over Tamiflu prescriptions is surely making many doctors pull their hair out. Couple that with what appears at the moment, in the vast majority of cases to be a mild infection you can be forgiven for wondering whether it's really worth it."

Julian Sheather is anti anti-psychiatry: "Although anti-psychiatry dresses itself in liberal clothes, seeking to rid the world of stigma, it courts a greater tyranny. Depression is not the same as ordinary unhappiness. It is a state unlike any other I have experienced. Ideas about being vulnerable neither made me ill nor ameliorated my distress: in truth like many twenty-year olds, before it hit me I had thought myself invulnerable. Defining suffering away does not diminish it. It insults it. Be wary what you mean when you say to patients ... you do not need anti-depressants, you're a lot tougher than you think. It could be the cruellest form of paternalism yet."

Join these debates and others at <http://blogs.bmj.com/bmj/>



Richard Lehman travels from Iceland via Framingham and ancient Sumeria to Russia in his weekly journal review and finds much that holds interest for the medical practitioner. In characteristic fashion, he concludes with a poem by William Blake. Read this and other clinical blogs and discussions on <http://doc2doc.bmj.com/>

WEBCAST

On 7 July the editor of the *BMJ*, Fiona Godlee, will be chairing a panel discussion about the film *The Age of Stupid*, on climate change. Leading figures will be discussing the impact of the film and how much the NHS has to gain from taking climate change seriously. The panel discussion will be followed by a brief Q&A session.

All NHS staff can watch the film for free (<http://www.ageofstupid.net/>) and participate in this health and climate event at their desk, by registering at <http://www.visualwebcaster.com/event.asp?id=59903>.



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