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Is associated with vascular mortality, but may also predict future frailty, say Rowan H Harwood and Simon P Conroy

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1154 Greater equality and better health

Benefits are largest among the poor, but extend to nearly everyone, say Kate E Pickett and Richard G Wilkinson

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1155 Control of hepatitis B and C worldwide

Treatment is costly and has limited effectiveness, so preventive measures are essential, say Rakesh Aggarwal and Amit Goel

1157 Population, gender, and climate change Improving access to family planning services and promoting sexual equality are the priority, says Karen Hardee

1158 Capping earnings from private patients in NHS foundation trusts

Higher earnings must not compromise patient care and use of public money, says John Appleby

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- 1162 Poor service provision is blamed for overuse of antipsychotics in 144 000 dementia patients Misconduct panel investigates research of doctor jailed for lacing his mistress's drink
- 1163 Chlamydia screening in young people fails to reduce prevalence

 Row deepens as three more government drug

Row deepens as three more government drug advisers resign

1164 Only 2% of food aid is spent on reducing malnutrition in children

Deaths from swine flu in UK rise, while new cases fall

- 1165 Success of climate change control depends on access to reproductive health care worldwide Image of brain tumour wins competition
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Condom couture captivates catwalk
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Stephen Richards says yes; Richard Lilford says no

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1175 Can quality and productivity improve in a financially poorer NHS?

NHS finances have been in a healthy state for a while, but the situation is set to become more challenging. Bernard Crump and Mahmood Adil argue that there is nothing inevitable about loss of quality or productivity in a "flat budget" environment

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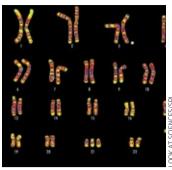


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Down's syndrome, p 1188



Dengue fever, p 1189



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RESEARCH

1178 Income inequality, mortality, and self rated health: meta-analysis of multilevel studies

People in regions with high income inequality have an excess risk for premature mortality that is independent of their socioeconomic status, age, and sex, and there seems to be a threshold beyond which adverse impacts of income inequality on health begin to emerge

Naoki Kondo, Grace Sembajwe, Ichiro Kawachi, Rob M van Dam, S V Subramanian, Zentaro Yamagata

>> Editorial, p 1154

1182 Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies

Results synthesised from 10 controlled trials and five qualitative studies suggest that programmes to improve teenagers' enjoyment of school, raise their ambitions, and support them socially might complement sex education and contraceptive services in preventing teenage pregnancy Angela Harden, Ginny Brunton, Adam Fletcher, Ann Oakley

1186 *pico* Effect of tailored practice and patient care plans on secondary prevention of heart disease in general practice: cluster randomised controlled trial

In around 900 Irish patients with heart disease, rates of hospital admission fell significantly after 18 months but tailored plans did not lower the prevalence of hypertension and high total cholesterol concentrations when compared to usual care

A W Murphy, M E Cupples, S M Smith, M Byrne, M C Byrne, J Newell, for the SPHERE study team

1187 pico Slow walking speed and cardiovascular death in well functioning older adults: prospective cohort study

Among more than 3000 French men and women who were asked to walk as quickly as possible over a 6 m course and then followed up for 5 years, mortality per 1000 person years was 19.2 in the slowest third compared with 9.5 in the rest

Julien Dumurgier, Alexis Elbaz, Pierre Ducimetière, Béatrice Tavernier, Annick Alpérovitch, Christophe Tzourio

>> Editorial, p 1153

1188 *pico* Trends in Down's syndrome live births and antenatal diagnoses in England and Wales from 1989 to 2008: analysis of data from the National Down Syndrome Cytogenetic Register

The number of Down's syndrome live births has remained fairly constant since 1989, as improvements in antenatal screening have offset an increase in Down's syndrome resulting from rising maternal age

Joan K Morris, Eva Alberman

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1189 Diagnosis and management of dengueMaria Glória Teixeira, Mauricio L Barreto

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National Patient Safety Agency: combining stories with statistics to minimise harm

Tara Lamont, John Scarpello

1196 SAFETY ALERTS

Avoiding midazolam overdose: summary of a safety report from the National Patient Safety Agency

Tara Lamont, Linda Matthew, David Cousins, Jonathan Green

1197 INTERACTIVE CASE REPORT

A woman with acute myelopathy in pregnancy: case progression Reinhard Reuß, Paulus S Rommer, Wolfgang Brück, Friedemann Paul, Michael Bolz, Sven Jarius, Tobias Boettcher, Annette Großmann, Alexander Bock, Frauke Zipp, Reiner Benecke, Uwe K Zettl

1198 EASILY MISSED?

Slipped capital femoral epiphysis N M P Clarke, Tony Kendrick

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Tennis elbow

Christian David Mallen, Linda S Chesterton, Elaine M Hay

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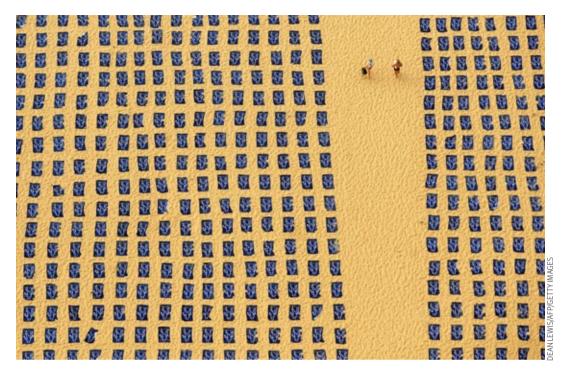
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PICTURE OF THE WEEK

Australians who die each year from skin cancer represented by 1700 towels on Sydney's Bondi Beach, each one baring the outline of a victim as if at a crime scene. The Cancer Council's research shows that 43% of teenagers think that a suntan looks healthy, despite the well publicised risks. See www.cancer.org.au.

THE WEEK IN NUMBERS

71% Rise in antenatal and postnatal diagnoses of Down's syndrome between 1989-90 and 2007-8 (Research, p 1188)

22 000 Yearly deaths from dengue, which affects more than 70 countries in four continents (Clinical Review, p 1189)

5.5% Planned annual growth in spending on the English NHS until the end of March 2011 (Analysis, p 1175)

144 000 UK patients with dementia who are being given antipsychotic drugs unnecessarily, causing about 1800 deaths a year (News, p 1162)

57% Liver cirrhosis caused by chronic hepatitis B and C infection (Editorial, p 1155)

THE WEEK IN QUOTES

"Traditional approaches to reducing teenage pregnancy rates—such as sex education—are not effective on their OWn" (Research, p 1182)

"Knee pain in adolescents should trigger a careful examination of the hip" (Practice, p 1198)

"Getting health records for London's highly mobile population often presents real challenges when patients need emergency care" (News, p 1161)

"Both major parties are muddled about what to do and how to do it" (Observations, p 1174)

"Three As at A-level was the result not of private tutors, parental appeals, or fanatical swotting but something called brains" (From the Frontline, p 1206)

FDITOR'S CHOICE

The power of stories



Editorial, p 1153 Research, p 1187

"The brains of human beings seem built to process stories better than other forms of input... they seem to offer a solution—a way to extract some meaning and redemption from tragedy by preventing its reoccurrence." So said Thomas B Newman, professor of epidemiology and biostatistics at the University of San Francisco, in the Christmas *BMJ* six years ago, in a plea for a broad perspective when making public health decisions (*BMJ* 2003;327:1424-7).

Introducing a new *BMJ* series this week, called Safety Alerts, Tara Lamont and colleagues from the National Patient Safety Agency (NPSA) quote Newman and explain how "the agency's process tries to combine the 'power of stories' in the individual incident with evidence from the wider database. . . . Without numbers, stories are just anecdotes, but without stories, numbers are just dry statistics" (p 1194). But how many doctors see the many rapid response reports sent out by the NPSA to NHS organisations or visit its website and database of nearly four million incidents? Too few, we suspect. Hence this series.

The first cautionary tale is about an intravenous drug widely used for conscious sedation of patients for endoscopy, minor surgery, and dentistry. Between 2004 and 2008 nearly 500 NHS staff in England and Wales reported midazolam overdoses to the online reporting system of the NPSA, and in three cases the patient died (p 1196). Last December, prompted by these stories and formal evidence, the agency told all hospitals and primary care organisations to make only the lower strength formulation available in all but a few clinical settings. Since then 74% of trusts

have complied, NHS purchasing data have confirmed a widespread switch from high to low strength midazolam, and no further midazolam related deaths have occurred.

Angela Harden and colleagues show how they merged stories and statistics to explore better ways to reduce teenage pregnancy rates, rather than simply offering sex education and sexual health services (p 1182). Intervention studies, say the authors, should now tackle the more subtle risk factors identified in qualitative studies: teenagers' dislike of school, unhappiness, and low expectations for the future. They reached these conclusions by integrating themes derived from a meta-analysis of trials and a review of qualitative studies.

There's another story running in the *BMJ* at the moment, of a 29 year old woman with recurrent acute myelopathy in pregnancy. The patient is real, and she has allowed her doctors to tell her story so that readers can learn from it. Join the debate by sending rapid responses on bmj. com to the questions raised in parts one (*BMJ* 2009;339:b3862) and two (p 1197) of this interactive case report, and step into her doctors' shoes: what advice would you give to Mrs G about her current and any future pregnancy? We will publish the conclusion, commentaries, and a summary of readers' responses in three weeks, so there's still plenty of time for you to get involved in this intriguing and difficult story.

Trish Groves, deputy editor, BMJ tgroves@bmj.com

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WHAT'S NEW AT THE BMJ GROUP

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International Forum in Quality & Safety on Healthcare

Introducing our new keynote speaker: Larry Brilliant, *Time* magazine's top 20 most influential scientists and thinkers internationalforum.bmj.com



PLUS Career Focus, jobs, and courses appear after p 1206

WHAT'S NEW ON BMJ.COM

LATEST BLOGS

Louise Kenny continues with updates of her work in Guatemala. This week she presents the sad case of a 22 year old man who ingested concentrated paraquat while intoxicated. She says, "Given that the EU

has banned this substance due to its phenomenal toxicity, should we not also insist that its distribution and use in developing countries be controlled too? In the USA paraquat is for use on a limited basis by trained and certified individuals only, which seems sensible and also applicable internationally."

Tom Nolan writes about new guidelines for the management of H1N1. Do they mean that all GPs should be asked—or told—to ensure that they carry an oximeter? Should the recommendation be revised as it's impractical, or should all GPs who don't carry an oximeter fork out for one, Tom asks.

Read these and other blogs at http://blogs.bmj.com/bmj/

IUNIOR DOCTORS

Junior Doctors are invited to pitch ideas for improving patient safety to be considered for presentation at the 2010 'junior doctors: agents for change' conference. If you have an idea for an initiative concerning patient safety that you believe could make a significant improvement within a clinical setting, or you have experienced success in improving patient safety, you are encouraged to submit your idea.

For more information and to submit your pitch, please visit bmj.com/campaigns/juniordoctors



Debate the medical issues of the day at doc2doc, BMJ Group's clinical community site for doctors worldwide. Latest discussions include:

Swine flu podcast with Sir Liam Donaldson—your questions needed.

Will Obama's healthcare bill make it?

Fitness to practice and impaired health... a medical student's perspective.

Multi-million pound upgrade of Medical School—bricks and mortar more important than human resources?



Find out more at doc2doc.bmj.com



LATEST PODCAST

In the UK, death is a subject we steer clear of. Talking with a patient about the end of their life is uncomfortable, but necessary. A recent report from NCEPOD (the National Confidential Enquiry into Patient Outcome

and Death) called "Caring to the End" has highlighted why this conversation needs to improve. We hear from David Mason, one of the clinical coordinators for the report, about their findings.

Also this week, when end of life care hits the headlines it is almost inevitably about assisted dying. We hear about times when doctors in Switzerland or the Netherlands help a patient to die, but what about when they refuse?

Find out more at podcasts.bmj.com/bmj

LATEST POLL

Do restrictions on working hours of doctors compromise surgical education?

You voted

Yes: 279 (69%) No: 123 (31%)

This week's poll asks:

Do you need a degree to nurse?

Go to bmj.com to vote



MOST READ

NSAIDs and flu

Slow walking speed and cardiovascular death in well functioning older adults

Greater equality and better health

How long does it take to train a surgeon?

Is haemoglobin A1c a step forward for diagnosing diabetes?

MOST COMMENTED

Pain management and sedation for children in the emergency department

Slow walking speed and cardiovascular death in well functioning older adults

Scientists want more protection after government adviser is sacked

How long does it take to train a surgeon?

The highs and lows of policy based evidence

When was your last update?

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