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Conditional cash transfer schemes have been shown to improve health and health behaviours in poorer countries. Ian Forde and Dagmar Zeuner wonder whether a similar strategy can work in the UK

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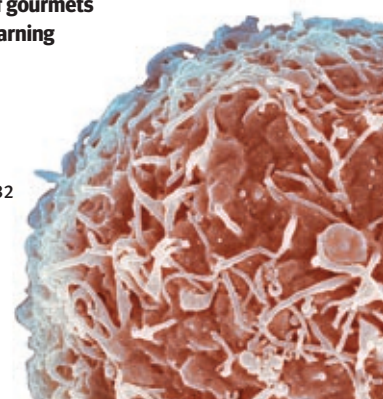
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547 Incidental findings on brain magnetic resonance imaging: systematic review and meta-analysis

Incidental findings are common, particularly with increasing age and with high resolution scans, and should be mentioned when obtaining informed consent for brain MRI

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551 Disagreements in meta-analyses using outcomes measured on continuous or rating scales: observer agreement study

Summarising meta-analysis evidence from trials using standardised mean differences is meant to give clinicians and policy makers highly reliable information, but is much less objective than we thought

Britta Tendal, Julian P T Higgins, Peter Jüni, Asbjørn Hróbjartsson, Sven Trelle, Eveline Nüesch, Simon Wandel, Anders W Jørgensen, Katarina Gesser, Søren Ilsøe-Kristensen, Peter C Gøtzsche

554 Has payment by results affected the way that English hospitals provide care? Difference-in-differences analysis

The quasi-experiment provided by the gradual introduction in England and non-use in Scotland of a fixed tariff payment system shows that unit costs fell, apparently without lowering quality of care

Shelley Farrar, Deokhee Yi, Matt Sutton, Martin Chalkley, Jon Sussex, Anthony Scott

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557 Hormonal contraception and risk of venous thromboembolism: national follow-up study

The absolute risk of venous thrombosis among Danish pill users was low, although more than twice that of non-users, and fell with duration of use and decreasing oestrogen dose

Øjvind Lidegaard, Ellen Løkkegaard, Anne Louise Svendsen, Carsten Agger

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561 **pico** The venous thrombotic risk of oral contraceptives, effects of oestrogen dose and progestogen type: results of the MEGA case-control study

Oral contraceptives increased the relative risk of venous thrombosis fivefold among Dutch women and the safest formulation combined levonorgestrel with a low dose of oestrogen

A van Hylckama Vlieg, F M Helmerhorst, J P Vandenbroucke, C J M Doggen, F R Rosendaal

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562 **pico** Adverse cardiovascular events during treatment with pioglitazone and rosiglitazone: population based cohort study

For these older diabetic Canadians, the risks of admission to hospital for heart failure and death from any cause were lower with pioglitazone, but there was no difference in risk of myocardial infarction

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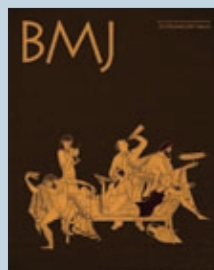
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574 Drug point: Topical administration of chloramphenicol can induce acute hepatitis

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Please submit your articles for consideration for this year's Christmas issue by 20 September.



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SANG TAN/AP/PRESS ASSOCIATION IMAGES

PICTURE OF THE WEEK

Protesters settle down for the night in view of some of London's banks and financial institutions at the week long "Climate Camp" protest in the capital. Climate change is a big issue on the national agenda this week as the *BMJ*, along with thousands of individuals and organisations from across the country, joins the 10:10 campaign and commits to reduce carbon emissions by 10% by 2010 (see News, p 531).

THE WEEK IN NUMBERS

24% Reduction in mortality from ischaemic heart disease in vegetarians compared with meat eaters (**Editorial**, p 525)

£134 bn Annual investment needed to meet the shortfall in global spending on cancer care and treatment (**News**, p 533)

1 in 37 Crude prevalence of incidental findings on brain MRI in neurologically asymptomatic people (**Research**, p 547)

187 million Number of unintended pregnancies prevented each year by family planning programmes (**Clinical Review**, p 563)

1/4 Proportion of patients with subarachnoid haemorrhage who do not have sudden, severe headache (**Practice**, p 569)

THE WEEK IN QUOTES

"If China wants to join the international transplant community it must do away with using organs from executed prisoners" (**News**, p 534)

"When the moment of truth comes, only individual doctors can decide whether to choose their art, their ego, or their pocket" (**Observations**, p 541)

"The evidence that child development grants will contribute to social mobility is currently limited" (**Analysis**, p 544)

"Meta-analyses using standardised mean differences should be interpreted with caution" (**Research**, p 551)

"Cyclist doctors are even more tedious than runner doctors" (**From the Frontline**, p 580)

EDITOR'S CHOICE

Expect the unexpected



Editorial, p 521
Research, pp 557, 561
Clinical Review, p 563

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Medicine is beset with traps for the unwary: incidental findings, unintended consequences, perverse incentives, symptoms that are easily missed. This week's journal has its fair share of examples.

Zoe Morris and colleagues ask how often MRI scans of the brain find things they weren't looking for (p 547). Their meta-analysis concludes that one in every 37 scans over the past 20 years had an incidental finding. In his linked editorial, Aad van der Lugt warns that rates are probably even higher with modern scanners and imaging protocols (p 522). Patients and research participants should be warned beforehand and carefully counselled afterwards.

At the other end of the spectrum are patients whose crucial symptom goes unrecognised. Subarachnoid haemorrhage is missed in 20-50% of patients at first presentation (p 569), unsurprising perhaps when a full time GP with a list of 2000 patients is likely to see only one case every seven years. One in 10 patients who present to general practice with sudden severe headache turns out to have subarachnoid haemorrhage, and early diagnosis and referral can improve the outcome

What of "payment by results?" Has it delivered greater productivity from England's hospitals without damaging quality of care? Shelley Farrar and colleagues find that it has (p 554), but they can't tell us about the consequences for primary care. In his linked editorial (p 523) Gerard Anderson warns that a similar initiative running for 25 years within the United States' Medicare programme led to what came to be known as "discharge sicker and quicker,"

putting additional burden on home and community care. On the other hand, the expected increase in the number of readmissions didn't materialise.

Anderson revels in the unpredictability of it all. The UK's health select committee took a rather different view of the lack of a reliable evidence base for health policy, recently passing damning criticism of the persistent lack of evaluation of new initiatives to tackle health inequalities. Ian Forde and Dagmar Zeuner (p 544) look at the evidence for one such initiative, conditional cash transfer, which gives money to disadvantaged families as long as they take up services aimed at improving the health and wellbeing of their children. Similar schemes have worked in Latin America and the United States, although not without some unintended consequences. In Brazil, for example, rates of weight gain among children fell because mothers thought they would lose the cash if their children were no longer underweight.

Will such schemes work in Britain where, despite the Labour government's commitments to reduce childhood poverty, most recent figures show a slight increase in the number of children living below the poverty line and a decline in social mobility? The authors conclude that, to succeed, the services will need to be of high quality, the incentives will have to be sufficient (which means more than the one of £200 currently proposed), targeting of areas and families will have to be carefully thought through, and the whole thing will have to be robustly evaluated

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

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PLUS

Career Focus, jobs, and courses appear after p 580

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Cutting 10% in one year is a bold target, but for most of us it's an achievable one, and is in line with what scientists say we need right now. By signing up to 10:10 we're not just promising to reduce our own emissions—we're becoming part of a national drive to hit this ambitious goal in every sector of society.

The success of 10:10 depends on getting everyone involved in making it happen, and the 10:10 website has all the tools you need to pass the message on far and wide. We need to start spreading the word to every corner of the country, inviting our friends, family, colleagues, customers, competitors—everyone we know—to take part.



LATEST RESEARCH

Monitoring the emergence of community transmission of swine flu in England

This cross sectional opportunistic survey conducted between 24 May and 30 June 2009 shows that trends in the proportion of patients with influenza A/H1N1 2009 (swine flu) across six regions of England, who were detected through clinical management, were mirrored by the proportion of NHS Direct callers with laboratory confirmed infection. Initial concerns that information from HPA regional laboratory reports would be too limited because it was based on testing patients with either travel associated risk or who were contacts of other influenza cases were thus unfounded.

Soluble or insoluble fibre in irritable bowel syndrome in primary care?

Psyllium (soluble fibre; pictured) offers benefits in patients with irritable bowel syndrome in primary care, according to this randomised controlled trial including 275 patients aged 18-65 years in the Netherlands. Bran showed no clinically relevant benefit as many patients seemed not to tolerate it, and the dropout rate was highest in this group.

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DOC2DOC

Elective caesarean—
should patients be put off?
Having “quiet words” with your house officers
Side effects of Tamiflu
Cycling to work more beneficial for men?

LATEST PODCASTS

Duncan Jarvies discovers from William Hamilton that ovarian cancer isn't actually a silent killer. Helen Macdonald learns from Peter Whorwell the difference a little fibre can make, and Birte Twisselmann takes us through this week's news.

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Last week's poll asked:

Is rate more important than rhythm in treating atrial fibrillation?

You voted:

Yes: 345 (75%) No: 114 (25%)

This week's poll:

Should youth mental health become a specialty in its own right?

Submit your vote at bmj.com



CORNELIA WOLLOYS/SP

LATEST BLOGS

Junior doctor Louise Kenny is about to start working in a hospital in Guatemala but worries about her proficiency in Spanish: “I've spent the last week relaxing in Antigua, hauling myself through 6 hours of Spanish lessons a day in a last minute attempt to quell the panic before I start work. I've discovered that learning to take a history in Spanish is somewhat like those third year days of worrying; what came after the ‘history of presenting complaint’; was it the ‘social history’ or the ‘family history’? Will the patient notice if I get it round the wrong way? Do I really need to think of a memorable, inappropriate rhyme to recall the order of a medical history?” And Tom Nolan predicts that the flu will be back after the break and advises people to take a hard earned break...

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