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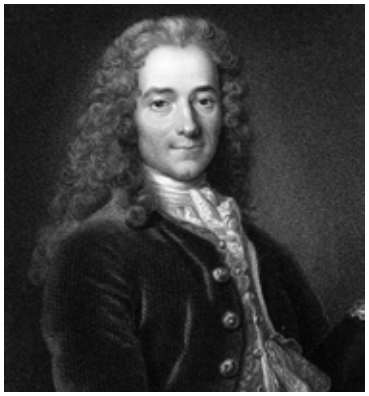

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GRAPHIC OF THE WEEK

Recent communications about the government's NHS reforms expressed as "word clouds" (the size of each word represents its frequency).
Above: a letter from David Cameron, prime minister, to doctors via doctors.net (http://bit.ly/ffR8ai). Below: a speech from John Healey, shadow health secretary, to the King's Fund (http://bit.ly/hyg2b5).

See NEWS, p 301, FEATURE, p 310

bmj.com archive

- Feature: Briefing: Health and Social Care Bill (*BMJ* 2011;342:d507)
- Editorial: Dr Lansley's Monster (*BMJ* 2011;342:d408)
- Profile: Andrew Lansley and his big gamble (*BMJ* 2011;342:d491)
- Podcast: Health bill (bmj.com/podcasts)
- NHS reforms microsite (bmj.com/nhsreforms)

THE WEEK IN NUMBERS

55% Proportion of men with vertebral crush fractures who have secondary causes of osteoporosis (**Practice, p 330**)

31% Proportion of articles in Brazilian women's magazines that gave avoidance of labour pain as a reason for caesarean section (**Research, p 324**)

1.9-27.2% Prevalence of constipation in North America (**Clinical Review, p 325**)

QUOTE OF THE WEEK

"Many clients with serious health conditions have been found fit for work, including those with Parkinson's disease, multiple sclerosis, terminal cancer, bipolar disorder, heart failure, strokes, severe depression, and agoraphobia"

Margaret McCartney, general practitioner, Glasgow, on the ethics and fairness of "fit notes" (Features, p 308)

EDITOR'S CHOICE

Chronic disease must top the agenda

Unhelpful myths include that these are diseases of affluence, that they are not a cause of premature death, and that there are no cost effective interventions

The *BMJ* archive has been put to various good uses since it was digitised and made available on bmj.com two years ago (*BMJ* 2010:341;c6898, c6738, c5168). This week, Mangesh Thorat and colleagues present a brief summary of their findings after searching the archive from 1840 for mentions of four communicable and four non-communicable diseases (p 329). The temporal trends are not surprising and nicely illustrate a story of our time—the past 50 years have been the era of chronic disease.

If the *BMJ* does its job properly over the next 50 years, the trajectory of coverage of chronic disease is likely to climb even more steeply. In their editorial Peter Piot and Shah Ebrahim report that already nearly two thirds of global deaths are attributable to chronic diseases and that the number of deaths from chronic diseases is projected to rise dramatically between now and 2030 (p 293).

Given the size of the challenge, why is chronic disease not at the top of the world's health and political agendas? Piot and Ebrahim blame unhelpful myths. These include that chronic diseases are due to affluence, that they are not a cause of premature death, and that there are no cost effective interventions. But neglect is also due to lack of leadership, they say, and the absence of powerful community activists.

Successful lobbying for change tends to be modelled on the individual disease approach exemplified by the HIV/AIDS movement. But the major chronic diseases—cardiovascular diseases, cancers, respiratory diseases, and diabetes—are a heterogeneous group. They share underlying lifestyle and societal causes that require political, fiscal, and legal mechanisms more than intervention at the level of the individual. Even so, Piot and Ebrahim still feel that civil society, patients, and survivors of cancer can be powerful agents for change.

What can we do between now and September's UN General Assembly meeting on chronic diseases? Piot and Ebrahim make an urgent call for us to develop a concrete "ask"—a call to action for UN member states. Their own ask includes full implementation of the Framework Convention on Tobacco Control; reduction of salt, fat, and sugar in processed foods; and specific goals and funding for reducing the burden of chronic disease. What else do you think should be on the list if we are to push chronic disease to the top of the world's agenda?

As for the UK, it turns out that our outcomes for heart disease and cancer are not as bad as some politicians would have us believe (p 310). But there is clearly more that we can and must do. Exactly where to target our efforts for primary prevention of heart disease is a continuing debate, if the articles in this week's journal are anything to go by. Aroon Hingorani and Harry Hemingway argue for a population approach (p 313), but Kamlesh Khunti and colleagues are dubious about the proposed NHS health checks (p 316). In his editorial, John Reckless suggests that the NHS health checks should not preclude other efforts to target people at high risk (p 291). Watch this space.

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Career Focus, jobs, and courses appear after p 338

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Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2009;338:b145.

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Dr Lansley's Monster

How the case against the MMR vaccine was fixed

Six months of exclusive breast feeding: how good is the evidence?

Auto-appendectomy in the Antarctic: case report

The *Lancet*'s two days to bury bad news

How the vaccine crisis was meant to make money