



- EDITORIAL, p 8
- RESEARCH, p 15

NEWS

- 1 Giving GPs cash to cut referrals is wrong, says BMA
Serco admits that it changed GPs' out of hours performance data 252 times
- 2 Central line infection data "cannot be compared between hospitals"
Patient with new coronavirus in intensive care
- 3 Cancer deaths predicted to fall 17% by 2030
Researchers find no link between XMRV and CFS
- 4 Uterus transplantations from mother to daughter
Macho image may drive men to suicide
- 5 Colonic explosions and chimpanzees' rear ends: the Ig Nobel awards
NHS is unlikely to meet Nicholson challenge
- 6 Paediatric cardiologist is struck off for sexually motivated behaviour towards boys
Oncologist guilty of misconduct after patient dies in trial



Ig Nobel awards, p 5

RESEARCH

RESEARCH HIGHLIGHTS

- 11 The pick of *BMJ* research papers this week

RESEARCH NEWS

- 12 All you need to read in the other general journals

RESEARCH PAPERS

- 14 Clinicians' gut feeling about serious infections in children: observational study
Ann Van den Bruel et al
- 15 Cardiovascular disease risk in healthy children and its association with body mass index: systematic review and meta-analysis
Claire Friedemann et al
● EDITORIAL, p 8
- 16 Effectiveness of intervention on physical activity of children: systematic review and meta-analysis of controlled trials with objectively measured outcomes (EarlyBird 54)
Brad Metcalf et al
● EDITORIAL, p 9
- 17 Lifestyle, social factors, and survival after age 75: population based study
Debora Rizzuto et al
● EDITORIAL, p 10
- 18 The health and development of children born to older mothers in the United Kingdom: observational study using longitudinal cohort data
Alastair G Sutcliffe et al
- 19 Mortality and implant revision rates of hip arthroplasty in patients with osteoarthritis: registry based cohort study
D J W McMinn et al

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A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

COMMENT



Promoting physical activity in children: waste of time? p 9

EDITORIALS

- 7 Ordering the chaos for patients with multimorbidity
Jeannie L Haggerty
- 8 Obesity in children and adolescents
Lee Hudson and Russell M Viner
● RESEARCH, p 15
- 9 Are interventions to promote physical activity in children a waste of time?
Mark Hamer and Abigail Fisher
● RESEARCH, p 16
- 10 Promoting health and improving survival into very old age
M Maria Glymour and Theresa L Osypuk
● RESEARCH, p 17

HEAD TO HEAD

- 20 Does celebrity involvement in public health campaigns deliver long term benefit?
Simon Chapman thinks that the extra publicity that celebrities provide can help promote public health, but Geof Rayner is worried about the insidious influences of celebrity

FEATURES

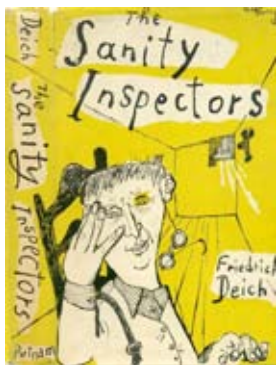
- 22 Medical device or consumer product?
As the UK considers regulating e-cigarettes, Jonathan Gornall asks whether this is good news for public health

ANALYSIS

- 23 Reducing emergency admissions: are we on the right track?
Most attempts to reduce emergency hospital admissions are focused on people at high risk. Martin Roland and Gary Abel highlight the misconceptions behind this approach and suggest what to do about them



Misconceptions about attempts to reduce admissions, p 23



Medical classic, p 34

COMMENT

LETTERS

- 26 Coronal postmortem samples
Drug safety reporting;
Suicide and economic recession
- 27 Pregnancy after bariatric surgery
The crisis in diabetes care
- 28 Reflections on testosterone
Overtreating mild hypertension
- 29 Accidental mushroom poisoning
Marketing for organ donors

OBSERVATIONS

YANKEE DOODLING

- 30 The key to longevity Douglas Kamerow
- MEDICINE AND THE MEDIA
- 31 Cosmetic approval Margaret McCartney

VIEWS AND REVIEWS

PERSONAL VIEW

- 32 Medical screening
of older drivers isn't
evidence based
Desmond O'Neill

REVIEW OF THE WEEK

- 33 *Timeshift*: "Health before
the NHS" Two BBC Four
documentaries
Peter Davies



BETWEEN THE LINES

- 34 The future of medicine Theodore Dalrymple

MEDICAL CLASSICS

- 34 The Sanity Inspectors by Friedrich Deich
Chris Maloney

OBITUARIES

- 35 Cyril Scurr
Brought monitoring and measurement to anaesthesia
- 36 Martin Stuart Brett; Lawrence Goldie; John Haworth;
John Bernard Lynch; Frederick Henry Rowland;
Michael Arthur Sansbury; Andrea Cheryl Shall

LAST WORDS

- 51 Flattery will get you everywhere Des Spence
Susceptibilities Robin Ferner

EDUCATION

CLINICAL REVIEW

- 37 Weight faltering and failure to thrive in infancy and
early childhood
Brian Shields et al

PRACTICE

GUIDELINES

- 42 Diagnosis and management of headaches in young
people and adults: summary of NICE guidance
Serena Carville et al

10 MINUTE CONSULTATION

- 44 Otitis externa Liz Walton

UNCERTAINTIES PAGE

- 46 What factors influence prognosis in children with
acute cough and respiratory tract infection in
primary care?
Gail Hayward et al

ENDGAMES

- 50 Quiz page for doctors in training

MINERVA

- 52 Angry rumination and blood pressure, and other stories

When was your last update?

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PICTURE OF THE WEEK

Operation Ouch is a new medical series for CBBC aimed at 8-12 year olds, presented by identical twins Dr Chris and Dr Alexander van Tulleken. The show will demystify the medical process by making it entertaining and will explain incredible facts about the human body, unusual medical treatments, and advanced medical technology to young viewers. The presenters believe that it can help children to understand illness and why they have to see a doctor or go to hospital.

MOST COMMENTED ON BMJ.COM

The UK needs office dermatologists
 Good medicine: homeopathy
 Making a diagnosis in patients who present with vertigo
 Lifestyle, social factors, and survival after age 75

RESPONSE OF THE WEEK

My Kettering surgery has as much wish or need to be integrated with any of our DGHs as my local garage needs to be integrated with the specialist Audi garage in Northampton.

From a business point of view (and from my years of experience of fund holding in the '90s) it is essential that there are clear clinical and financial (and indeed legal) boundaries between what GPs do and what specialists do. The recent blurring of this fundamental NHS idea has been the cause of much unproductive internecine debate and budgetary confusion. The argument for even more of such 'integration' often seems to be made by those who are either unfamiliar with the business of 'coalface' practice and those who wish to destroy what most of our patients still seem to value: the family doctor in a surgery near their home.

John Fitton, GP, Kettering, UK, in response to "Lansley's legacy" *BMJ* 2012;345:e6109

BMJ.COM POLL

Our last poll asked: "Is doctors' professional use of social media likely to result in more good than harm?"

57% voted yes (total 516 votes cast)

► News (*BMJ* 2012;345:e6240)

This week's poll asks: "Does celebrity involvement in public health campaigns deliver long term benefit?"



► Head to Head

Yes: (*BMJ* 2012;345:e6364)

No: (*BMJ* 2012;345:e6362)

► Vote now on bmj.com

MOST READ ON BMJ.COM

Effect of tranexamic acid on mortality in patients with traumatic bleeding
 The truth about sports drinks
 Is there equal pay in healthcare? Not if you are a doctor
 Prediction models for risk of developing type 2 diabetes
 Early fluid resuscitation in severe trauma

EDITOR'S CHOICE

Obesity and climate change

Tackling both obesity and climate change requires radical but synergistic changes to the way we live

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"Childhood obesity, perhaps like climate change, is at times in danger of inciting an ennui borne out of a repetition of problems without answers, a long latency before problems become apparent, and a perception that solutions are out of reach." So say Lee Hudson and Russell Viner in an editorial this week (p 8). They are commenting on a systematic review which concludes that the adverse effects of obesity on children's health are greater than previously thought (p 15).

Based on data from nearly 50 000 children the review's authors found that, compared with children of normal weight, those with a raised body mass index had significantly worse risk profiles for cardiovascular disease, including raised blood pressure, fasting insulin, and lipids. Overweight children were also more likely to have bigger left ventricles, suggesting that end organs are being affected.

As Hudson and Viner explain, these findings have worrying implications. We know from previous studies that childhood obesity increases the risk of cardiovascular disease in adulthood. But we don't yet know whether this is because overweight children grow into overweight adults or because, as this study suggests, adverse physical changes are already taking place during childhood. Lots of methodological problems still stand in the way of unpicking this conundrum, and many questions remain. Is the link between overweight and cardiovascular risk linear or is there a threshold? How much weight do these children need to lose to improve their cardiovascular risk? And what role does puberty play?

Given the enormity of the problem globally, we can't wait for answers to these and other important questions before taking action. But what to do? Better diets and more physical activity, of course. But how do we achieve these things at the individual and population level? Two randomised trials in the *New England Journal of Medicine* last week, summarised in Research News (p 12), provide strong evidence that sugary drinks really do cause obesity. So policy makers should take note.

As for exercise, I was surprised to read in Mark Hamer and Abigail Fisher's editorial that the evidence linking physical activity with obesity is weak (p 9). Interventions that aim to increase physical activity have been found to have little effect on obesity. But as Brad Metcalf and colleagues conclude from their systematic review (p 16), this is probably because the interventions don't actually increase activity very much. Importantly, the authors looked only at studies that included an objective measure of physical activity rather than relying on self reports.

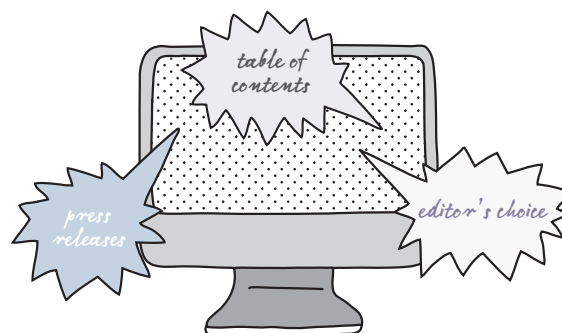
Obesity and climate change are linked in more ways than just the immensity and apparent insolubility of the challenge. High carbon lifestyles damage our bodies and the planet. Tackling both obesity and climate change requires radical but synergistic changes to the way we live. Medicine may seem only a small part of the picture in each case. But in both of them, through contact with individual patients and influence at all levels of policy making, doctors have a crucial part to play.

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