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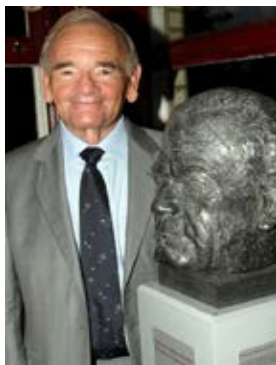
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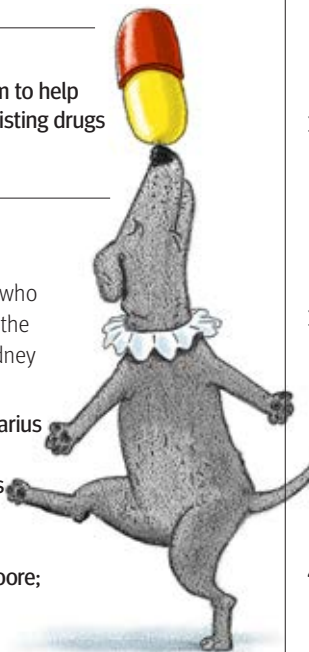
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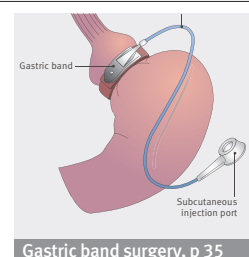
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PICTURE OF THE WEEK

“Deana and her mum, Port Talbot.” For her latest project, award winning photographer, Abbie Traylor-Smith, has taken as her jumping off point the statistic that the rate of childhood obesity in Wales (36%) is the highest in the UK. Her aim is to present “an intimate and personal portrait of the children behind these dramatic statistics: to show how complicated and nuanced the subject of childhood obesity is.” Abbie wants to talk to, and perhaps photograph, more young people and their parents across the UK, as well as doctors working with them. Contact her via abbietraylersmith.com

RESPONSE OF THE WEEK

I don't have a problem with recording, but all that stuff is going to be stored in the cloud somewhere (iTunes patient visit folder, anyone?), and how long will it be before a Snowden-style or Target-style hack steals millions of health records? Patients (aka private citizens) are generally uneducated about encryption and other security measures.

Some patient unhappy with the service will no doubt post it on Facebook for “proof” or revenge. As has often been observed about such situations, would you like to see it on the front page of the *New York Times*?

Michael B Mundorff, health services researcher, Salt Lake City, USA, in response to “‘Patientgate’—digital recordings change everything.” (*BMJ* 2014;348:g2078)

BMJ.COM POLL

Last week's poll asked: “Should patients have the right to record consultations?”

62% voted yes (total 1036 votes cast)

► *BMJ* 2014;348:g2078

This week's poll asks:

“Is GSK's move to employ doctors as medical educators more transparent than paying external speakers?”

► *BMJ* 2014;348:g2241

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MOST READ

Change in mental health after smoking cessation: systematic review and meta-analysis

The survival time of chocolates on hospital wards: covert observational study

Bad medicine: gabapentin and pregabalin

Fibromyalgia

2013 was a horrible year for nursing—nurses are “burnt out,” says chief

EDITOR'S CHOICE

Chewing the fat

Rather than restricting takeaway food we should seek to transform it, by making healthy food as visible, tasty, and cheap as unhealthy food. Change the menu, not the venue

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What role does fast food play in the world's obesity epidemic, and how can we moderate its effect? This week's journal offers several new insights into the complex interplay between dietary intake, environmental exposure, and genetic risk. We know that eating fried and other energy dense foods increases the risk of obesity, even if the role of certain types of fat in raising cardiovascular risk is uncertain (p 1). We also know that some people are at increased genetic risk of obesity. Qibin Qi and colleagues have now found an interaction between high intake of fried food and high genetic risk, as measured by pooling the effects of common genetic variants (p 11). In an analysis of data from 37 000 men and women they found that the risk of obesity was highest in those who ate a lot of fried foods and also had a high genetic risk score.

As Alexandra Blakemore and Jessica Buxton say in their linked editorial (p 7), this work provides formal proof of interaction between genetic risk and environment, but it won't have a direct effect on personal healthcare. This is because, although genetic risk scores are robust at the population level, they have poor predictive value for an individual. But they call for the genetics of obesity to be taken more seriously in efforts to tackle the current alarming global rise in the prevalence of obesity. They are particularly keen that doctors should take into account the increasing number of "Mendelian" forms of obesity, with new ones being reported almost monthly. They charge us with taking a more sophisticated approach to treatment where such genetic causes are likely, because lifestyle change and medical approaches are unlikely to help people with the severest forms of obesity. For such people,

drugs and even surgery will be needed. Elsewhere in the journal this week Jane Blazeby and colleagues explore the uncertainty around which surgical procedure is best for people with severe and complex obesity (p 35).

Back to the environment, researchers have long tried to prove that having ready access to fast foods increases the amounts people eat and their risk of weight gain. But the results have been mixed. Published this week, a study by Thomas Burgoine and colleagues takes a new approach. Instead of looking at the proximity of fast food outlets to people's homes, they looked at food outlets near people's work and along their commuter routes. After adjusting for many confounding factors, they found that people who were more exposed to fast food outlets had a higher body mass index and were more likely to be obese (p 12).

The authors suggest that their study supports calls for more restricted access to fast food outlets. Perhaps first to go should be the Burger King restaurant in the main concourse at Addenbrooke's Hospital in Cambridgeshire, where the study was based, a move that is reportedly being considered (<http://bit.ly/1fbhoS>). But in her linked editorial Kathryn Neckerman says that such an approach was likely to have little effect (p 8). In what she calls "a kind of nutritional 'whack-a-mole,'" closing takeaway outlets might lead other retailers to expand their offerings of unhealthy food. Rather than restricting takeaway food we should, she says, seek to transform it, by making healthy food as visible, tasty, and cheap as unhealthy food. Change the menu, not the venue.

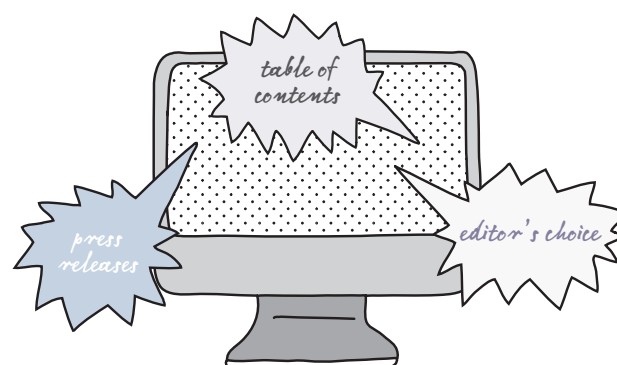
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