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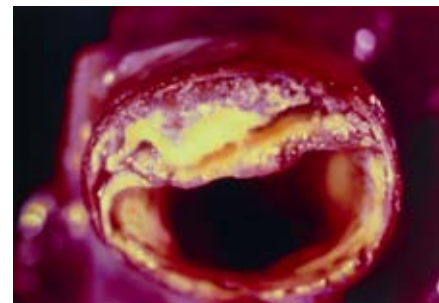
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BMJ

19 February 2011 Vol 342

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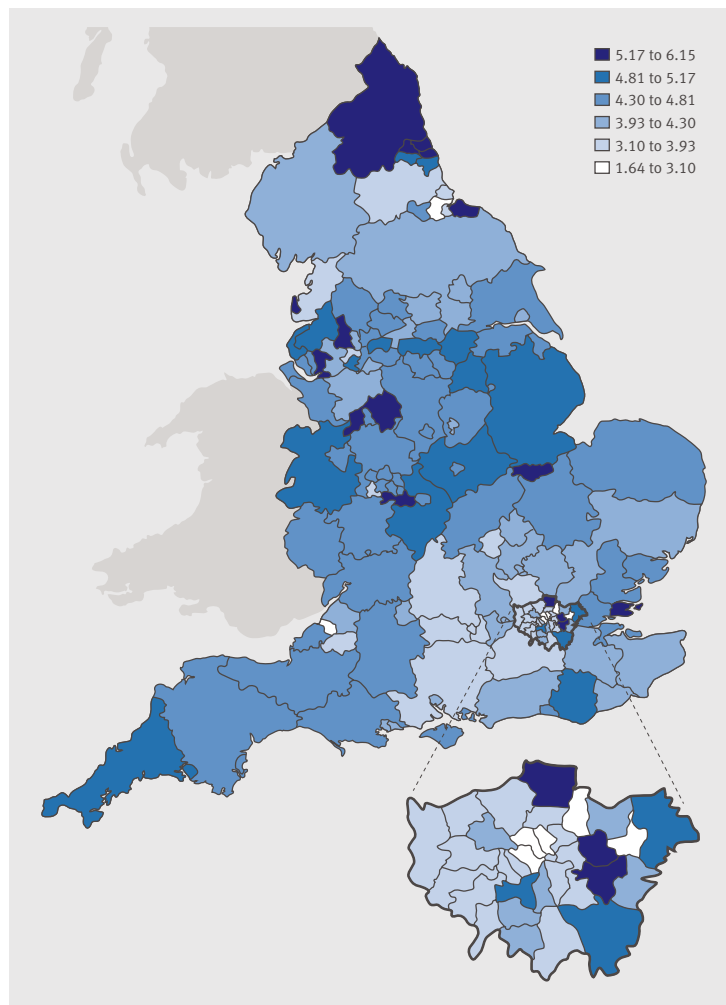
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Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly
Printed by Polestar Limited



GRAPHIC OF THE WEEK

Percentage of total working days available that are lost to sickness absence in primary care trusts in England.

The Audit Commission's report *Managing Sickness Absences in the NHS* estimates that a saving of £290m could be made if all primary care trusts, NHS trusts, and foundation trusts could reduce their sickness absence rates to the lowest quartile.

THE WEEK IN NUMBERS

13.8% Average excess mortality in northern England compared with the south in the past four decades
(Research, p 423)

1966 Year of first pancreas transplant
(Clinical Review, p 426)

26 Incidence of type 1 diabetes per 100 000 children in England
(Practice, p 436)

18.6% Proportion of income that NHS hospital trusts may spend servicing privately financed debt
(Analysis, p 417)

QUOTE OF THE WEEK

“That any man would spend several hours a day for several years using taped, weighted, and tensioned devices to try to regrow a foreskin is testimony to the suffering caused”

Mihail Evans, former researcher in ethics, on the injustice of non-medical male circumcision (Personal View, p 442)

QUESTION OF THE WEEK

Last week we asked “Should the opportunity to sit in on surgery be auctioned to the highest bidder?”

86% voted no (total 321 votes cast)

This week we are asking “Should helmets be compulsory for skiers and snowboarders?”

bmj.com Cast your vote

EDITOR'S CHOICE

Diabetes

Type 1 diabetes seems likely to involve an interplay between viruses, pancreatic cells, the immune system, and a person's genotype

Back in 1969, the *BMJ* published the first report of a possible link between enteroviruses and type 1 diabetes (*BMJ* 1969;3:627, www.bmj.com/content/3/5671/627). It's good to be able to read the full text of that report on bmj.com in light of the systematic review on the same topic published in this week's journal. The earlier authors looked at viral antibody titres in 528 people and found that patients with recent onset of insulin dependent diabetes had higher antibody titres to coxsackie B virus than those without diabetes or those with diabetes of longer duration.

In their systematic review, Wing-Chi Yeung and colleagues have tested this apparent association across the accumulated evidence of 40 years (p 421). They identified 33 case-control studies in a total of 4448 people. Their meta-analysis showed a significant association between a positive test for enterovirus RNA or viral capsid protein and having type 1 diabetes or related autoantibodies. All the usual caveats apply, given that these were case-control studies and used heterogeneous methodologies, and the authors make clear that they can't determine a causal relation. But the association is strong statistically, and, as Didier Hober and Famara Sane point out in their editorial (p 391), it fits with most of the epidemiological studies on this topic.

Could this hold out new hope for prevention and treatment of type 1 diabetes? Hober and Sane are optimistic, though they stress that the mechanism has yet to be explained. It seems likely, they say, to involve an interplay between viruses, pancreatic cells, the immune system, and a person's genotype.

While awaiting further advances, children continue to develop type 1 diabetes. Keya Ali and colleagues tell us that the incidence in northern Europe is increasing by about 4% a year, making

it one of the commoner long term conditions of childhood (p 436). Yet the diagnosis is often delayed: one study found that about a third of children with newly diagnosed diabetes had at least one related medical visit before the diagnosis was made. Drinking a lot and frequent micturation can be misinterpreted by school and parents, and doctors may not ask about these things when a child presents with other non-specific symptoms. The importance of doing so is clear when we learn that children can develop dehydration and acidosis within 24 hours of the first presentation.

For patients with established type 1 diabetes, a cure remains elusive. In 2001 a *BMJ* clinical review hailed islet transplantation as the likely future treatment of choice. But this week's clinical review is more circumspect. Islet transplantation is an option, say Hanneke de Kort and colleagues (p 426), but currently only for those patients whose blood sugars are highly labile and who have recurrent hypoglycaemia and poor hypoglycaemia awareness. Patients need to take lifelong immunosuppressive treatment, and most will need insulin again within five years. So not yet the cure patients are hoping for.

Of course, type 1 diabetes is but a small part of the overall burden of diabetes on health systems. The second article in our new therapeutics series looks at glucagon-like peptide-1 analogues as alternatives to insulin for third line treatment of type 2 diabetes (p 433), and our 10 minute consultation describes how to manage a patient presenting with increasingly frequent episodes of hypoglycaemia (p 438).

Fiona Godlee, editor, BMJfgodlee@bmj.com

Cite this as: *BMJ* 2011;342:d1080

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Career Focus, jobs, and courses appear after p 446

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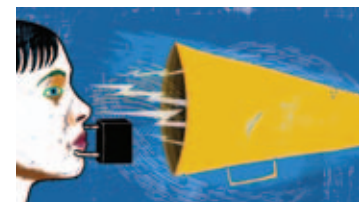
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