US court rejects vaccine connection

Fred Charatan  FLORIDA

The US Court of Federal Claims in Washington has denied damages to three families who had alleged that childhood vaccines caused their children’s autism.

The decision, made on 12 February, covers sentinel cases affecting a portion of the more than 5500 claims filed by families seeking payment through the $2.5bn (£1.74bn; €1.94bn) federal Vaccine Injury Compensation Programme.

Each of the three cases was decided by a judge known as a special master. One of them, George Hastings, said in the ruling, “The numerous medical studies concerning these issues, performed by medical scientists worldwide, have come down strongly against the petitioners’ contentions.”

He also wrote, “Considering all of the evidence, I found that the petitioners have failed to demonstrate that thimerosal containing vaccines can contribute to causing immune dysfunction, or that the MMR [measles, mumps, and rubella] vaccine can contribute to causing either autism or gastrointestinal dysfunction.”

The evidence for connecting autism with vaccination “is weak, contradictory, and unpersuasive,” concluded special master Denise Vowell: “Sadly, the petitioners in this litigation have been the victims of bad science conducted to support litigation rather than to advance medical and scientific understanding.”

In arriving at their decision, the three judges considered 5000 pages of testimony from experts and 930 medical articles. The author of one of the rulings said he had deep sympathy for the parents but said they were misled by doctors guilty of gross medical misjudgment.

Lawyer Kevin Conway, representing Michelle Cedillo, who has autism, said he was “very disappointed” by the rulings. Another lawyer, Thomas Powers, said that his clients are considering their options, which include appealing against the judgment.

Cite this as: BMJ 2009;338:b673

GSK promises to cap price of its drugs in poorest countries

Andrew Jack

FINANCIAL TIMES

GlaxoSmithKline, the United Kingdom based pharmaceutical group, has unveiled a series of policies to boost access to its drugs in poorer and richer countries alike (www.gsk.com/media/Witty-Harvard-Speech-Summary.pdf).

In a speech at Harvard Medical School last week, Andrew Witty laid out his approach for the first time since taking over as the company’s chief executive last spring, saying: “Society expects us to do more . . . To be frank, I agree. We have the capacity to do more and we can do more.”

Last May Mr Witty replaced Jean-Pierre Garnier, who had already earned plaudits for strengthening GSK’s commitment to making drugs affordable (BMJ 2008;336:1396 doi:10.1136/ bmj.a397), after criticism at the start of the decade of the company’s opposition to the South African government’s efforts to over-ride patents on its antiretroviral drugs.

He pledged to cap the prices of GSK’s drugs in the world’s 50 poorest countries at a quarter of their cost in the United States and Europe. He also promised to reinvest 20% of any residual profit earned in these “least developed countries” in healthcare infrastructure including clinics, distribution systems, and training.

He also announced fresh ways to stimulate research and development into a series of “neglected” tropical diseases, by allowing outside researchers to work alongside those at GSK, and to “pool” intellectual property on any of its experimental compounds that could prove useful.

Less remarked in Mr Witty’s speech, but important given his US audience and likely to have a far broader effect, was his commitment to affordability of medicines in the developed world, at a time of ever rising prices for innovative drugs and growing pressure from healthcare systems for better value for money.

He told the Financial Times he would be taking a more flexible approach to drug pricing in the US, “driven by value not competition” (www.ft.com, 14 Feb 2009, “GSK limits drug prices in poor nations”). He cited GSK’s recent launch of eltrombopag (Promacta), its platelet boosting drug, at $3000 (£2100; €2300) a month, even though he argued it was better than rival drugs already priced at $4500.

In the developing world, Mr Witty conceded that the financial effect of his policies was modest, given the small size of the market and his need to balance new policies against the interests of shareholders. GSK’s total annual sales in the 50 poorest countries are £20m, of which £5m could be sacrificed through his new price cap.

Cite this as: BMJ 2009;338:b686

Andrew Witty: “Society expects us to do more”
World Bank provides $2.4bn to pay mothers to take their babies to health clinics

Ben Bland SINGAPORE
The World Bank will lend $2.4bn (£1.7bn; €1.9bn) to developing countries this year to support the expansion of schemes in which mothers receive money in exchange for committing to take their babies to health clinics regularly or ensuring that their children stay in school.

With the deepening economic problems expected to push many families worldwide below the poverty line, the bank believes that targeted cash payments can help to provide a short term safety net and improve health and education in the longer term.

In a report into the effectiveness of these programmes, the bank found that they helped to increase the use of preventive medical services and often led to better outcomes in terms of nutrition and health.

Conditional cash transfer schemes (CCTs) have been growing at a rapid rate in recent years, particularly in Latin America, where millions of poor households in Brazil and Mexico receive payments. The bank’s loans will help start or expand schemes in Bangladesh, Colombia, Kenya, Macedonia, Pakistan, and the Philippines this year.

Typical conditions for health related schemes include paediatric check-ups, growth monitoring, vaccinations for children under 5, and perinatal care for mothers.

The study showed that the introduction of the programmes in Colombia, Honduras, Mexico, and Nicaragua boosted the use of preventive health services by 8-33%. The poorest households, that had previously made the least use of preventive medicine, benefited most from the handouts, the report says. At the same time, it uncovered little evidence to support the concern that poor mothers were likely to have more children to increase their income.

However, the bank warned that more use of services has not always translated into improved health outcomes. “CCTs have increased the likelihood that households will take their children for preventive health check-ups, but that has not always led to better child nutritional status,” noted the report’s authors, Ariel Fiszbein and Norbert Schady.


Cite this as: BMJ 2009;338:b619

Aid is wasted on private health programmes, says Oxfam

Susan Mayor LONDON
Aid money is being wasted on poorly performing private healthcare programmes that are failing to improve health in poor countries, argues the international aid agency Oxfam in a report published this week. It says that the money would be better invested in health services provided by governments.

The report acknowledges that the private sector has a role in increasing the provision of health services but says that prioritising this approach is unlikely to deliver the improvements in health that could be achieved by developing government provided health care. It claims that a growing number of international donors are following the World Bank’s policy of investing in the private sector in the belief that public health services have failed.

“But there are serious failings inherent in private provision which make it a very risky and costly path to take,” argues Anna Marriott, health policy adviser to Oxfam in Great Britain and author of the report.

To support this view the report lists examples in several countries of poor performance of healthcare initiatives led by the private sector. A third of drugs dispensed by private vendors in China are counterfeit, it notes. In seven sub-Saharan African countries the World Health Organization found that most antimalarial drugs in private facilities failed quality tests.

“For the most part, private health care in poor countries is made up of unqualified shopkeepers selling out of date medicines,” said Ms Marriott.

The World Bank countered that its work in health care is overwhelmingly focused on strengthening health delivery in the public sector.

“The vast bulk of money the World Bank lends for health goes to governments and is used to strengthen government services,” said Peter Berman, lead economist with the World Bank’s health, nutrition, and population team and professor of health economics at Harvard University. “Governments may use money to commission private providers, including non-government organisations (NGOs), but this is usually on a not for profit basis.”

Blind Optimism: Challenging the Myths about Private Health Care in poor countries is available at www.oxfam.org.uk/resources/policy/health/bp125_blind_optimism.html.

Cite this as: BMJ 2009;338:b667
Older Americans are not as healthy as older Europeans, study says

Janice Hopkins Tanne  NEW YORK
Among adults aged 50 to 74, Americans are less healthy than western Europeans, including the English, at almost all wealth levels, and only the richest Americans have the same level of health as their English and other European counterparts. These are some of the findings of a study published in the American Journal of Public Health (2009;99:540-8, doi:10.2105/AJPH.2008.139469) by authors from the Erasmus Medical Center in Rotterdam, the Netherlands; Harvard School of Public Health in Boston, Massachusetts; and University College London. They found no difference by sex. “Americans face a health disadvantage such that no matter what their wealth, their health lags behind that achieved by comparable Europeans. The disadvantage is remarkably pervasive and affects even the wealthy, but is largest for the poor,” the study says.

The study looked at data from three similar surveys from 2004: the US Health and Retirement Survey; the Survey of Health, Ageing and Retirement in Europe (covering 10 countries and not including any UK countries); and the English Longitudinal Study of Ageing (ELSA). The authors classified wealth as a household’s total net worth. They categorised participants’ education in three ways: lower secondary or US high school; upper secondary (or more than high school but less than a college graduate in the US), and college graduate or higher.

Participants in the study were asked for self reported doctors’ diagnoses of heart disease, stroke, hypertension, diabetes, or high blood sugar; cancer (except skin cancer); lung disease; and disability. More than half of participants reported at least one chronic disease, and the prevalence of each health condition was higher in the US than in either England or Europe. About 18% of US respondents reported heart disease, compared with 12% in England and 11% in Europe. About 11% of US adults reported having cancer, compared with 6% in England and 5% in Europe. Limitations on mobility were reported by 59% of US adults, compared with 50% in England and 43% in Europe.

The US health disadvantage was “most substantial in the lowest tertile,” the study says.

Cite this as: BMJ 2009;338:b675

Bayer to spend $20m to correct misleading advertising

Janice Hopkins Tanne  NEW YORK
Bayer Healthcare Pharmaceuticals has agreed to spend $20m (£14m; €15.6m) to correct misleading direct to consumer advertising of its birth control pill Yaz (drospirenone and ethinylestradiol), the most popular birth control pill in the United States, with sales of about $616m last year.

The corrective advertisements began running last month and will continue through June, the US Food and Drug Administration (FDA) said.

Bayer reached an agreement with the FDA and 27 state attorneys general, led by Bill McCollum, the Florida attorney general. The agreement follows a warning letter sent to Bayer in October by Thomas Abrams, the director of the FDA’s division of drug marketing, advertising, and communications. It adds new requirements to a 2007 agreement about problems related to Bayer’s non-disclosure of safety risks associated with its marketing of Baycol (cerivastatin), which was withdrawn in 2001.

In the letter, Mr Abrams said two 60 second television advertisements for the drug “are misleading because they broaden the drug’s indication, overstate the efficacy of Yaz, and minimise serious risks associated with the use of the drug.”

“Thus, the TV ads misbrand the drug in violation of the Federal Food, Drug, and Cosmetic Act... They encourage the use of Yaz in circumstances other than those in which the drug has been approved, over-promise the benefits, and minimise the risks of Yaz.”

Mr Abrams said the advertisements promoted the use of the oral contraceptive for premenstrual syndrome, although it was indicated for treatment only of premenstrual dysphoric disorder, a more serious and less common problem, in women who choose an oral contraceptive as their method of birth control. It’s efficacy for premenstrual dysphoric disorder had not been evaluated when used for more than three menstrual cycles.

Similarly, the advertisements said that the drug helped keep the skin clear, although it was indicated for the treatment only of moderate acne vulgaris in women who wished to use an oral contraceptive.

The television advertisements also minimised the risks of the drug with distracting visuals and rapid scene changes, Mr Abrams wrote, stressing that some of the risks were “serious, even life threatening.” The drospirenone component of the pill is a progestin that can increase potassium concentrations.

The prescribing information warns that women who have disease of the kidney, liver, or adrenals should not use this drug. Also, women should have their potassium values measured during their first month of treatment if they take non-steroidal anti-inflammatory drugs or certain other drugs.

The letter asked Bayer to stop disseminating the promotional materials for Yaz that were the same or similar to those in the television advertisements.


The FDA letter is at www.fda.gov/cder/warn/2008/YAZ_wl.pdf
The Florida attorney general’s press release is at www.myfloridalegal.com/newsrel.nsf/pv/D090251C8468069F852575580061BA5B
Cite this as: BMJ 2009;338:b674
NHS must prepare for non-invasive fetal tests

Susan Mayor | LONDON

The NHS should take steps to respond to new types of fetal testing set to become increasingly available in the next few years, an expert group has recommended in a report published this week.

Non-invasive prenatal diagnosis uses cell-free fetal DNA that circulates in the mother’s blood during pregnancy. It can be used in several ways, including determination of fetal sex by detecting male Y chromosome DNA in fetuses at risk of a sex linked disease; diagnosing some single gene disorders; detection of an abnormal ratio of chromosomes, such as in Down’s syndrome; and determination of blood type in fetuses at risk of incompatibility, particularly the rhesus D blood antigen.

This approach offers several advantages. It is safer than current, invasive methods of testing, such as amniocentesis, with no risk of miscarriage. It can also be used much earlier in pregnancy, from about seven weeks, compared with 11-16 weeks for invasive procedures.

An expert working group set up by the Foundation for Genomics and Population Health, an independent charity that advises on the application of biomedical science, has reviewed the scientific and clinical status of the rapidly growing range of tests.

The group looked at the ethical and social questions associated with using these tests, including safeguarding patient autonomy and avoiding their use in new clinical areas without sufficient clinical or ethical justification. Particular concerns include the potential use of non-invasive prenatal testing for determining paternity and for sex selective abortions.

“Implementation of non-invasive prenatal diagnosis for clinically significant genetic disorders is desirable, both to improve the quality and management of antenatal care and to facilitate parental reproductive choice,” the working group concludes.

But it cautions that the NHS should plan now to ensure that it responds appropriately as the technology evolves. Cell-free fetal DNA testing should be evaluated for each application before it is implemented in the NHS, its report recommends.


Cite this as: BMJ 2009;338:b618

GMC consults on handling of vexatious complaints

Clare Dyer | BMJ

Vexatious or serial complaints to the General Medical Council against doctors will be filtered out at an early stage, if proposed changes to the council’s fitness to practise rules go ahead.

The move follows lobbying by Professionals Against Child Abuse, an organisation set up to defend paediatricians involved in child protection work after one high profile doctor, David Southall, was subjected to a record number of complaints. Dr Southall has been a particular target of the campaigning group, Mothers Against Munchausen Syndrome by Proxy Abuse Allegations, which accuses paediatricians and psychiatrists of using flimsy evidence to label parents as abusers.

Professionals Against Child Abuse, whose members include paediatricians, psychiatrists, lawyers, and others working in child protection, aims to ensure that professionals can “voice reasonable concerns about children without fear of condemnation or censure.”

Although the GMC insists that the number of vexatious complaints is small, it plans to open a three month consultation on the proposed amendment this month. It has taken legal advice and has been advised that the change would be “lawful and reasonable.”

John Bridson, the retired paediatrician who chairs Professionals Against Child Abuse, said, “We are extremely pleased that the GMC has responded constructively to our reasoned arguments about the particular circumstances of complaints in child protection.”

Cite this as: BMJ 2009;338:b625

IN BRIEF

German government to help soldiers with post-traumatic stress: Germany’s defence minister Franz Josef Jung has announced plans for a new “research and competence centre” dedicated to helping soldiers with post-traumatic stress disorder (PTSD), a taboo subject in Germany. But with increased military commitments in Afghanistan and elsewhere, PTSD cases are up sharply. A bill is expected to be introduced soon in the Bundestag.

British GPs are the best paid in Europe: British general practitioners are by far the best paid in Europe according to a study of eight countries by the Dutch Institute for Health Services Research and Maastricht University in the Netherlands. Researchers used a purchasing power standard to eliminate differences in prices and currencies, and concluded that GPs in the UK earned about £155 000 (£108 000; €120 000) in 2005, compared with $100 000 in Germany, and $30 000 in Belgium (BMC Health Services Research 2009;9:26; www.nivel.nl).

Economic crisis in Asia leads to suicides: The 1997-8 economic crisis in many east and southeast Asian countries was associated with 10 400 more suicides in 1998 compared with 1997 in Japan, Hong Kong, and Korea. Similar increases were not seen in Taiwan and Singapore, where the crisis had a smaller effect on gross domestic product and unemployment. “Findings suggest . . . these increases were most closely associated with rises in unemployment,” say the authors (Social Science and Medicine doi:10.1016/j.socscimed.2009.01.010).

Dads should stay overnight on maternity wards: The Department for Children, Schools and Families has launched its child health strategy, which recommends involving fathers in child’s development. Maternity units should have spaces for partners to stay while the mother to be is in labour, it says (www.dcsf.gov.uk).

Organ removal is a reason for trafficking: People are being trafficked for organ removal as well as for sexual exploitation and forced labour, according to a United Nations global report on trafficking in 155 countries from September 2007 to July 2008. Episodes were detected in Europe, the Middle East, and South Asia, and authorities say the actual numbers could be higher (www.unodc.org).

Fetal DNA tests can be used much earlier in pregnancy than invasive tests, such as amniocentesis.

Cite this as: BMJ 2009;338:b685
Reform of death certificate system doesn’t go far enough, says judge

Clare Dyer BMJ

More than 10 years after the arrest of Harold Shipman, the GP who killed hundreds of patients, a rogue doctor could still get away with murder, the senior judge who led the inquiry into his crimes has said.

Giving her first interview since the inquiry ended nearly five years ago, Janet Smith told the BBC: “I really was shocked to find how totally our system of death certification is dependent upon the honesty and integrity of a single doctor. Once you realise that you can have a dishonest doctor and a malevolent doctor, then it is obvious that under our system that doctor can get away with murder."

Dame Janet’s inquiry was highly critical of the medical profession and the system for regulating doctors, and it led to a radical shake-up of medical regulation. “I became, for a time, almost a hate figure,” she recalled.

But only now has the government introduced a bill, the Coroners and Justice Bill, to improve the coroners’ system and the process of death certification. And reform of the system for certifying death is to be left to secondary legislation, the details of which have not yet been published.

Dr Shipman, who practised in Hyde, near Manchester, was Britain’s most prolific serial killer, dispatching at least 215 middle aged and elderly patients with lethal injections of diamorphine during a 23 year killing spree from 1975 to 1998, the inquiry found.

His activities came to light in 1998 when a local GP reported concerns about the large number of deaths among his patients to the coroner. Shipman was convicted in January 2000 of murdering 15 of his patients and jailed for life but committed suicide in Wakefield Prison in 2004.

The Shipman inquiry concluded that loopholes in the system enabled him to escape notice by signing death certificates himself and avoiding the coroner’s involvement.

Under the proposed reforms a second doctor will be required to review deaths that have not been referred to the coroner.

The justice minister, Bridget Prentice, told the BBC she was confident that “the possibility of something as horrific as Shipman will have very, very little chance of happening again.”

In addition, families will be able to query what is on the death certificate, she added.

“You think a number of aspects like that will make sure that we don’t see another Shipman.”

UK government rejects advice from drugs adviser to downgrade ecstasy

Zosia Kmietowicz LONDON

The Home Office has vetoed a recommendation from the independent drug advisory body to downgrade ecstasy from a class A to class B drug, saying it is not prepared to send a message to young people that it takes ecstasy less seriously.

Ecstasy is currently a class A drug along with heroin, crack cocaine, cocaine, and lysergide (LSD). Anyone found supplying drugs of this category can face a sentence of life in prison.

The Advisory Council on the Misuse of Drugs looked at more than 4000 papers for the first evidence based review into the effects of methylenedioxyamphetamine (MDMA), commonly known as ecstasy, since the drug was classified in 1977. It said that ecstasy was no more dangerous than other amphetamines, which are class B drugs.

Alan Campbell, home office minister, said, “Ecstasy can and does kill unpredictably. The government has a duty to protect the public and firmly believes that ecstasy should remain a class A drug. As the ACMD [Advisory Council on the Misuse of Drugs] says, the long term effects of ecstasy use cannot be ruled out. We are not prepared to send a message to young people that we take ecstasy less seriously.”

This is the second time that the government has rejected the council’s advice. In May 2008 the government went against the council’s advice to continue to classify cannabis in class C.

The council’s report made 13 recommendations altogether, the government accepted 11.

David Nutt, chairman of the council, emphasised that ecstasy is a public health problem, and its widespread use, especially among young people, continues to cause concern.

However, the report says that although ecstasy can be harmful at high doses, many of its physical harms are associated with the behaviours it induces, such as “energetic dancing for long periods.”

The report concludes that although ecstasy can cause some memory problems in persistent users, it causes few mental and physical effects. Ecstasy tends to be a recreational drug and is not associated with dependency, like other class A drugs, says the report.

Although deaths have been reported, most people who present to emergency departments have also consumed alcohol and other drugs, such as cocaine or ketamine. Ecstasy is implicated in about 30 deaths a year in the United Kingdom, half of which are thought to be a result of ecstasy alone. This compares to 86 deaths a year from cocaine.

The report says that between 2.5 and 5 million people take ecstasy every month in the UK. The number of people who need hospital treatment after taking the drug is not known, but the council estimates several thousand people a year are admitted because of its effects.

Martin Barnes, chief executive of the charity DrugScope and who sits on the Advisory Council on the Misuse of Drugs, said that the decision not to follow the council’s advice was regrettable. “It is crucial that decisions on penalties for the use and supply of controlled drugs should be based on the best available evidence, otherwise the drugs laws themselves lose credibility, especially among young people,” he said.

See News, doi:10.1136/bmj.b612

Cite this as: BMJ 2009;338:b612
African countries are unlikely to reach target level of doctors for more than 30 years

Roger Dobson ABERGAVENNY
It will take more than 30 years for some African countries to reach their recommended numbers of doctors on the basis of current training levels, according to new research.

Even if attrition rates within their health organisations were limited to premature deaths and other involuntary losses, current workforce training means it would take 36 years for numbers of doctors, nurses, and midwives to reach the World Health Organization’s target of 2.28 professionals per 1000 population, according to a study based on 12 countries in sub-Saharan Africa (Bulletin of the World Health Organization; doi:10.2471/BLT.08.051599). And some of the countries, say the authors, will never reach it.

“Our results suggest that the health workforce shortage in Africa is even more critical than previously estimated. In 10 of the 12 countries studied, current pre-service training is insufficient to maintain the existing density of health workers once all causes of attrition are taken into account,” says the report.

It adds, “The problem is so serious that in many instances there is simply not enough human capacity even to absorb, deploy, and use efficiently the substantial additional funds that are considered necessary to improve health in these countries.”

The health worker shortage in sub-Saharan Africa stems, says the report, from several causes, including past shortfalls in investment in training, international migration, career changes, premature retirement, morbidity, and premature mortality.

The study, described as the first to investigate whether current pre-service training can improve the situation, examined estimates of health worker inflow and outflow in selected sub-Saharan African countries; it took into account population increases and attrition as a result of premature death among health workers, retirement, resignation, and dismissal.

Problems with data availability meant that the study was restricted to two groups of health workers, doctors, and nurses and midwives combined, and to 12 countries—Central African Republic, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Madagascar, Rwanda, Sierra Leone, Uganda, the United Republic of Tanzania, and Zambia.

Results for the 12 countries combined show that for every 1000 doctors practising, 59 medical graduates are produced each year. Côte d’Ivoire has the highest graduation rate for doctors (14%).

For the 12 countries as a whole, the health sector is expected to lose some 2.4% of its doctors and 2.1% of its nurses and midwives because of premature mortality, and about 4-6% of both because of all causes combined, each year.

“Our analyses suggest that workforce shortages in the countries under study are

Where children die for little reason

Susan Mayor LONDON
Jonathan Yala, aged 5, died from malaria, not because of lack of medicines or equipment but because neither of the two health workers at his local clinic in Mbili, in the Central African Republic, had the experience to insert the drip he needed. The country’s health system has been shattered by decades of coups and conflicts.

This photograph of villagers mourning Jonathan’s death, is part of an exhibition by Africa based photographer, Frédéric Courbet, organised by the international medical aid charity Merlin.

It underlines the need for more training of health workers, and is part of the charity’s campaign “Hands up for Healthworkers.”

The photographs can be seen at St Bride’s Church, central London, on weekdays from 23 February to 6 March, 9am–6pm. Entry is free. More about Merlin’s campaign is at www.handsupforhealthworkers.org.

Cite this as: BMJ 2009;338:b695
Searching for a gem with practical uses

Domhnall MacAuley, primary care editor BMJ

No late night meetings in smoke filled rooms were needed. Afternoon tea was enough. We knew what we were looking for when we met to discuss the nominations for the BMJ research paper of the year.

Our priority was original research that could markedly improve health and health care and that, ideally, would have direct benefits for patients.

Fiona Godlee (editor of the BMJ), Trish Groves (deputy editor), and I reviewed the submissions and independently rated our choices. We selected a total of eight.

We were interested in the paper by Green and colleagues on blood pressure because it integrated home care of a chronic disease, modern technology through the use of the internet, and pharmacy care (JAMA 2008;299:2857-67, doi:10.1001/jama.299.24.2857). Interest worldwide in devolving chronic disease management and integrating pharmacists into primary care is considerable.

The inflammatory theories in vascular disease interest us greatly, and the large cohort and cross sectional study by Zacho and colleagues from Denmark explores this concept further (New England Journal of Medicine 2008;359:1897-908, doi:10.1056/NEJMoa0707402). Finding that polymorphisms of the CRP gene were associated with increases in concentrations of C reactive protein but not with a higher risk of ischaemic vascular disease may not provide definitive answers but helps advance our understanding and will focus future research.

Diagnosing coeliac disease used to be difficult, but antibody tests have made it easier. Hopper and colleagues evaluated their algorithm for pre-endoscopy testing in 2000 patients who were referred for gastroscopy (BMJ 2007;334:729-33, doi:10.1136/bmj.39133.668681.BE). They found that pre-endoscopy serological testing, in combination with biopsy in high risk cases, detected all cases of coeliac disease.

We are also interested in the practical application of screening for depression. Thombs and his group in Canada carried out a comprehensive systematic review of screening for depression in patients with cardiovascular disease (JAMA 2008;300:2161-71, doi:10.1001/jama.2008.667). This review concludes that screening for depression in patients with cardiovascular disease and giving antidepressants or cognitive behavioural therapy does improve depressive symptoms, but doesn’t improve cardiac outcomes.

The simplicity of cleansing the skin of newborns with chlorhexidine in Nepal caught our imagination (Pediatrics 2007;119:e330-e40, doi:10.1542/peds.2006-1192). This trial by Tielsch and colleagues found that one wipe of the skin reduced neonatal mortality in low birthweight infants.

When Sullivan and colleagues first presented their study on early treatment with prednisolone or aciclovir in Bell’s palsy at a UK national meeting, it was immediately clear that this was a high quality study (New England Journal of Medicine 2007;357:1598-607, doi:10.1056/NEJMoa0704656). This trial found that early treatment with prednisolone improves the chances of complete recovery at three and nine months, and it shows how hypothesis driven general practice research can produce good evidence that may change medical practice.

Thrombolysis offers a great potential benefit in stroke, but it has to be given early. Hacke and colleagues in Germany have narrowed down that time window, finding that intravenous alteplase administered between 3 and 4.5 hours after onset improved clinical outcomes in patients with acute ischaemic stroke, (New England Journal of Medicine 2008;359:1317-29, doi:10.1056/NEJMoa0704656).

Type 2 diabetes is an increasing problem in the developed world. This paper, from Gillies and colleagues in Leicester, modelled the 50 year outcomes of four screening methods and interventions among middle aged people at risk of the disease (BMJ 2008;336:1180-5, doi:10.1136/bmj.39545.385289.25).

So we have our list; and now it’s down to the judges.

See also the BMJ Group’s lifetime achievement award at bmj.com where you can vote.

Cite this as: BMJ 2009;338:b656