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Has moderate validity, but could be improved by incorporating physiological parameters, say Ian Maconochie and Mary Dawood
» *Research, p 792*
- 768 Delays in accessing primary care**
Need to be understood to prevent adverse health outcomes, say Moyez Jiwa and Andrew Knight
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- 769 Adverse pregnancy outcomes after treatment for cervical intraepithelial neoplasia**
Ablation is safer than excision, but any unnecessary treatment should be avoided, say Maija Jakobsson and Fiona Bruinsma
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- 770 Economic evaluation of health interventions**
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A single pill to prevent cardiovascular disease sounds like a perfect solution, but little progress has been made since the idea was first suggested. Geoff Watts investigates why

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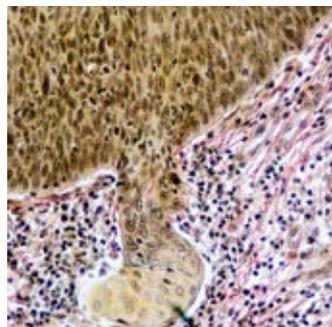
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GP opening hours and seeking medical attention after TIA and minor stroke, p 795



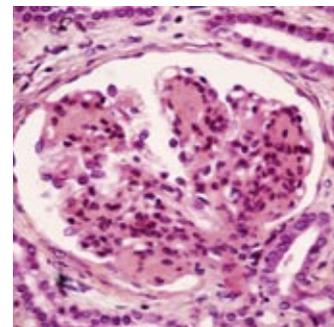
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792 Manchester triage system in paediatric emergency care: prospective observational study

The Manchester triage system had moderate validity in two Dutch paediatric emergency departments and erred on the safe side, with much more over-triage than under-triage compared with an independent reference standard for urgency

M van Veen, Ewout W Steyerberg, Madelon Ruige, Alfred H J van Meurs, Jolt Roukema, Johan van der Lei, Henriette A Moll

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798 Perinatal mortality and other severe adverse pregnancy outcomes associated with treatment of cervical intraepithelial neoplasia: meta-analysis

All excisional procedures seem to have adverse outcomes for subsequent babies, significantly and seriously so with cold knife conisation

M Arbyn, M Kyrgiou, C Simoons, A O Raifu, G Koliopoulos, P Martin-Hirsch, W Prendiville, E Paraskevaidis

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803 Pregnancy outcome in women before and after cervical conisation: population based cohort study

In more than 15 000 Norwegian births after cervical conisation there was an increased risk of preterm delivery, and the excess risk was highest for late abortion and for preterm delivery before 33 weeks

Susanne Albrechtsen, Svein Rasmussen, Steinar Thoresen, Lorentz M Irgens, Ole Erik Iversen

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806 Preparticipation screening for cardiovascular abnormalities in young competitive athletes

Michael Papadakis, Greg Whyte, Sanjay Sharma

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812 Guidelines: Early identification and management of chronic kidney disease: summary of NICE guidance

This is one of a series of *BMJ* summaries of new guidelines, which are based on the best available evidence; they highlight important recommendations for clinical practice, especially where uncertainty or controversy exists

Emily Crowe, David Halpin, Paul Stevens, on behalf of the Guideline Development Group

815 Commentary: Controversies in NICE guidance on chronic kidney disease

Martin J Landray, Richard J Haynes

RESEARCH PUBLISHED ONLINE

Effectiveness of continuous glucose monitoring in pregnant women with diabetes: randomised clinical trial

BMJ, doi: 10.1136/bmj.a1680

Helen R Murphy, Gerry Rayman, Karen Lewis, Susan Kelly, Balroop Johal, Katherine Duffield, Duncan Fowler, Peter J Campbell, Rosemary C Temple

Effects of improved home heating on asthma in community dwelling children: randomised controlled trial

BMJ, , doi: 10.1136/bmj.a1411

Philippa Howden-Chapman, Nevil Piers, Sarah Nicholls, Julie Gillespie-Bennett, Helen Viggers, Malcolm Cunningham, Robyn Phipps, Mikael Boulic, Pär Fjällström, Sarah Free, Ralph Chapman, Bob Lloyd, Kristin Wickens, David Shields, Michael Baker, Chris Cunningham, Alistair Woodward, Chris Bullen, Julian Crane

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JAMES NACHTWEY

PICTURE OF THE WEEK

A man with advanced tuberculosis, photographed in Mumbai by the Pulitzer prize winning photojournalist James Nachtwey. It is part of an international multimedia campaign being launched against the disease this week. See News, p 779.

THE WEEK IN NUMBERS

3 million Deaf people in the UK have mental health problems at some point in their lives (Personal View p 819)

1% Patients who contact NHS Direct for advice after transient ischaemic attack or minor stroke (Research p 795)

5 years Time since the polypill was suggested as a prophylaxis for heart disease (Feature p 786)

9 in 10 Sudden cardiac deaths in young athletes occur during or shortly after exercise (Clinical Review p 806)

137% Use of antibiotics in Northern Ireland compared with England; 20.4 versus 14.9 daily doses per 1000 people (News p 780)

THE WEEK IN QUOTES

“Cervical conisation increases the risk of preterm delivery” (Research p 803)

“Creatinine based formulas [to estimate glomerular filtration rate] are woefully inadequate among 90-95% of the population” (Guidelines p 815)

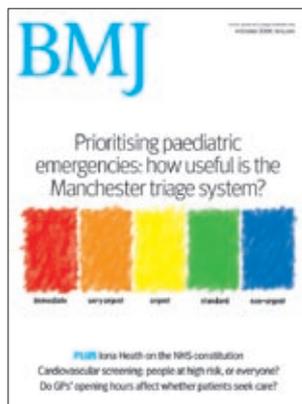
“It is unclear how healthcare providers should communicate about screening” (Analysis p 789)

“NICE’s claims of scientific objectivity are undermined by its refusal to come clean about the full details of its economic models” (Observations p 787)

“Scientists and doctors acted as expert witnesses against the dangers to health of tobacco” (News p 775)

EDITOR'S CHOICE

A plea for broader perspectives on health



Editorial, p 767, Research, p 792

Many factors influence health and are influenced by it. What does this mean for how we decide which interventions to invest in? In an editorial this week (p 770) Michael Drummond and colleagues say we must do what the textbooks tell us: consider all costs and benefits, no matter whether it's the health service or other sectors that pick up the bill.

The National Institute for Health and Clinical Excellence gives “mixed messages” on this at the moment, says the editorial. When it appraises drugs and procedures, NICE takes the narrow health service view. When it appraises public health interventions it looks at the impact on employment, education, crime. (As an aside, NICE itself gets a mixed appraisal from Nigel Hawkes on p 787. He concludes that at least some of the media's recent nastiness is down to NICE's failure to engage critical clinicians, its refusal to offer up its economic models for scrutiny, and its arbitrary and out of date threshold for approving drugs. With a few changes, NICE could strengthen its hand.)

Our health economists' plea for a broader perspective finds voice elsewhere this week. Should we take a population approach to preventing cardiovascular disease or treat only those people at high risk? It's not a new question. Many may have thought it was resolved years ago by Geoffrey Rose's neat demonstrations of how shifting the whole population average would deliver greater benefits than treating people at the extreme. In our Head to Head, Simon Capewell agrees that reducing risk across a population is more cost effective (p 785), but Rod Jackson and colleagues argue for targeting drug treatment at

people who have already had a cardiovascular event (p 784).

There is a third option: drug treatment for entire populations. Five years ago in the *BMJ* (2003;326:1419-24) Nick Wald and Malcolm Law proposed that everyone over 55 should be offered a “polypill” made up of a statin, aspirin, three antihypertensive drugs, and folic acid. On p 786 Geoff Watts asks what happened to this idea. Trials are under way in secondary prevention but not yet on healthy populations, as originally proposed.

All three options stand accused of medicalising healthy people. Watts quotes Wald defending the polypill on this score by attacking the high risk approach. “[If you give people] a disease label, and then have them come back regularly to find out if things have changed, you've created a patient.”

I'm sure Iona Heath, trenchant critic of the expanding ambitions of preventive medicine, would have something to say about that, but this week she reserves her ire for the proposed NHS constitution (p 787). The current draft is, she says, a mix of platitude, mendacity, and hypocrisy. She adds her own plea for a broader perspective on health: “There is a lot about the responsibility of individuals and families to contribute to their own good health but absolutely nothing about . . . how the organisation of society systematically undermines the health of its poorest and most vulnerable.”

Fiona Godlee, editor, BMJfgodlee@bmj.com

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PLUS

Career Focus, jobs, and courses appear after p 822.

WHAT'S NEW ON BMJ.COM

Meeting the challenge of antibiotic resistance was one of the five most read articles last week, and this week we publish a short video interview with Professor Otto Cars, one of the article's authors. Are we on the verge of a new pre-antibiotic era? What can national governments and WHO do to address the issue? Find out more on bmj.com



LATEST RESEARCH

For pregnant women with diabetes, continuous glucose monitoring is associated with improved glycaemic control in the third trimester, lower birth weight, and reduced risk of macrosomia, according to a randomised controlled trial.

Also, what effect does improved home heating have on the health of children with asthma?

Find out about these and other recent research at bmj.com/channels/research.dtl

LATEST BLOGS

At the Great Oxford Debate last week, *BMJ* editor Fiona Godlee (right) was joined by GP columnist Des Spence and medical broadcaster Phil Hammond to oppose the motion: "This House believes it's madness that pharma cannot speak to patients."

Most people in the room seemed to agree that there's a gap in the quality and quantity of information for patients. The motion's supporters argued that this could best be provided by the people who know these drugs best. But should information come from a sector with such an obvious and irreducible conflict of interests? Fiona discusses the event in her blog.

Also, GP trainee Bruno Rushforth (right) asks who'd be a psychiatrist, Harriet Adcock lifts the lid on pharmacist bashing, Pat Sidley ponders the future of South Africa after Thabo Mbeki's resignation as president, and Joe Collier reminisces about problem based learning and the effect that conflicting advice can have on students.

Join these debates and others at <http://blogs.bmj.com/bmj>



Last week's poll asked

Should medical records remain confidential after a patient's death?

You replied:

YES 431 (69%) **NO** 195 (31%)

This week's poll asks

"Should there be a ceiling on what percentage of GDP countries spend on health?"

MOST COMMENTED ON

Valuing the well connected

Influence of GP opening hours on delay in seeking medical attention after TIA and minor stroke

What skills do doctors and nurses need?

Modern approaches to teaching and learning anatomy

Dr Nurse will see you now

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