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Eating fast and until full trebles the risk, say Elizabeth Denney-Wilson and Karen J Campbell
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Patients told they can combine private drugs with NHS care
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Treasure chest of medicine past
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Delaying HIV treatment increases risk of mortality
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The Department of Health's decision to give the royal colleges money to develop the tools for the recertification of doctors and to develop online learning programmes has been controversial, as Nigel Hawkes reports
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Worldwide millions of people experience avoidable complications from surgery every year. Jane Feinmann looks at steps being taken to make it safer

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Tessa Richards

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Recent changes to research governance were intended to ensure that clinical trials are safe and effective. But Paul Stewart and colleagues argue that the regulatory burden is now obstructing high quality science

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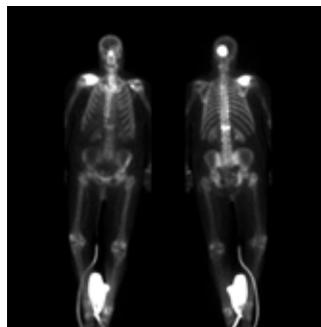
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Eating quickly and eating until full, p 1091



Prevention of type 2 diabetes in British Bangladeshis, p 1094



Managing skeletal related events resulting from bone metastases, p 1101



Control of pain in adults with cancer, pp 1106, 1109

RESEARCH

1088 Prophylactic administration of parenteral steroids for preventing airway complications after extubation in adults: meta-analysis of randomised placebo controlled trials

Pooled analysis of six trials with nearly 2000 adults shows that steroids before extubation reduce the incidence of laryngeal oedema (number needed to treat=10) and the rate of reintubation (NNT=50), with few adverse events

Tao Fan, Gang Wang, Bing Mao, Zeyu Xiong, Yu Zhang, Xuemei Liu, Lei Wang, Sai Yang

[» Editorial p 1063](#)

1091 The joint impact on being overweight of self reported behaviours of eating quickly and eating until full: cross sectional survey

In more than 3000 Japanese adults the multivariable odds ratio of being overweight, with both eating behaviours compared with neither, was 3.13 for men and 3.21 for women

Koutatsu Maruyama, Shinichi Sato, Tetsuya Ohira, Kenji Maeda, Hiroyuki Noda, Yoshimi Kubota, Setsuko Nishimura, Akihiko Kitamura, Masahiko Kiyama, Takeo Okada, Hironori Imano, Masakazu Nakamura, Yoshinori Ishikawa, Michinori Kurokawa, Satoshi Sasaki, Hiroyasu Iso

[» Editorial p 1064](#)

1094 Prevention of type 2 diabetes in British Bangladeshis: qualitative study of community, religious, and professional perspectives

Neither knowledge nor religion pose barriers to prevention of diabetes in this London Bangladeshi community, but lifestyle interventions designed for the white population will need adaptation before they will be meaningful to many Bangladeshis

Clare Grace, Reha Begum, Syed Subhani, Peter Kopelman, Trisha Greenhalgh

[» Editorial p 1065](#)

1097 Prescribing "placebo treatments": results of national survey of US internists and rheumatologists

About half of the surveyed internists and rheumatologists (comprising a 57% response rate) reported prescribing placebo treatments regularly—including antibiotics, vitamins, sedatives, and simple analgesics—and most of them believed this to be ethically permissible

Jon C Tilburt, Ezekiel J Emanuel, Ted J Kaptchuk, Farr A Curlin, Franklin G Miller

CLINICAL REVIEW

1101 Managing skeletal related events resulting from bone metastases

Anna N Wilkinson, Raymond Viola, Michael D Brundage

PRACTICE

1106 Guidelines: Control of pain in adults with cancer: summary of SIGN guidelines

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

P J Cormie, M Nairn, J Welsh, on behalf of the Guideline Development Group

1109 Commentary: Controversies in SIGN guidance on pain control in patients with cancer

J R Ross, J Riley

1110 Uncertainties page: Managing the anticoagulated patient with atrial fibrillation at high risk of stroke who needs coronary intervention

This is a series of occasional articles that highlights areas of practice where management lacks convincing supporting evidence

Gregory Y H Lip

RESEARCH PUBLISHED ONLINE

Maternal caffeine intake during pregnancy and risk of fetal growth restriction: a large prospective observational study

BMJ, doi:10.1136/a2332

CARE Study Group

Patients' preferences within randomised trials: systematic review and patient level meta-analysis

BMJ, doi:10.1136/bmj.a1864

Preference Collaborative Review Group

Effect of social deprivation on blood pressure monitoring and control in England: a survey of data from the quality and outcomes framework

BMJ, doi:10.1136/bmj.a2030

Mark Ashworth, Jibby Medina, Myfanwy Morgan

BMJ

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APPAPASHAD BUTT

PICTURE OF THE WEEK

Patients are treated outside a hospital in Quetta, southwest Pakistan, after an earthquake of magnitude 6.5 hit on 29 October. An estimated 30 000 people were affected by the earthquake, with about 15 000 made homeless.

THE WEEK IN NUMBERS

3.13 Multivariable odds ratio of being overweight in men reporting eating quickly and until full compared with neither behaviour (Research, p 1091)

12-51% Patients with cancer who reported unsatisfactory pain control in surveys (Practice, p 1106)

90% Drop in death rate from amputation by adding tourniquets to soldiers' kits (Review of the Week, p 1118)

£2.5m Royal colleges' annual income from the Department of Health to September 2007 (Feature, p 1080)

100 Approximate number of people who have gone to Switzerland to end their lives (News, p 1075)

THE WEEK IN QUOTES

“Serving curries with reduced oil was considered [by British Bangladeshis] inhospitable and shameful to the host” (Research, p 1094)

“All too often the management of bone pain from metastases stops at opioids and non-steroidal anti-inflammatory drugs” (Clinical Review, p 1101)

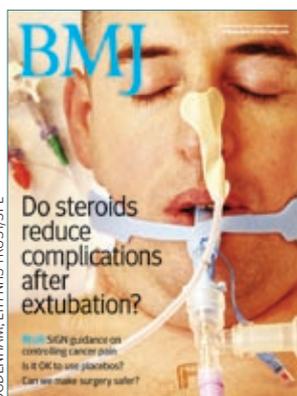
“It’s rather like a dangerous pilot being told: wait until you have your first crash” (Feature, p 1082)

“Clinical audit has lacked a national strategy . . . meaning that inconsistent practice has occurred” (News, p 1073)

“Why not give patients the option to read their notes while they wait to be seen?” (Observations, p 1084)

EDITOR'S CHOICE

Patients are ready for partnership



BODENHAM, LHM NHS TRUST/SPL

Editorial, p 1063
Research, p 1088

Why are we still so bad at providing patients with information? Despite the best efforts of some health professionals, communication is often patchy, many questions are never asked for want of an opportunity or for fear of appearing demanding, and answers can be contradictory and confusing. As a result, patients and their families are all too often cast as supplicants, scabbling for crumbs from medicine's high table. All of which stands in the way of their ability to understand what's happening and to be active in decisions about their health. How could we do better?

Tessa Richards has one simple suggestion (p 1084). Why don't we copy patients in on all medical correspondence? Some doctors already do so, but according to the United Kingdom's Healthcare Commission they are in the minority, despite clear guidance and government pledges. Results of investigations could also be shared, says Richards. "Doctors should not assume that patients won't understand them or don't need to know if the results are normal."

Doctors' assumptions about what patients know or are capable of knowing may be an important barrier to sharing of information, and the impact on health can be substantial. With a four to six times increased risk of type 2 diabetes, South Asians in Europe are a group for whom prevention should be a public health priority, says Shifalika Goenka (p 1065). In a qualitative study of beliefs and attitudes in London's Bangladeshi community (p 1094), Clare Grace and colleagues found that religious leaders and lay people understood that lifestyle change

could prevent diabetes, and they saw no conflict with the teachings of Islam. By contrast, health professionals perceived Bangladeshis as poorly informed and fatalistic about their health.

The challenges of sharing information across language and cultural divides are huge, but they must be overcome. Health literacy is not a "nice to have" it's a "must have." As Richards reports, low health literacy is estimated to cost the US economy between \$106bn and \$236bn each year.

A shift towards seeing patients more as partners than as recipients of care could be the change we need. It could advance the debate around research ethics, say Michael Goodyear and colleagues (p 1067). It could also reduce errors by tackling what the Bristol enquiry called the culture of arrogance among doctors. As Jane Feinmann reports (p 1082), WHO's Safe Surgery Saves Lives initiative is promoting a simple perioperative checklist, which may soon be mandatory in the United States but is controversial in the United Kingdom. "There will always be 5-15% of mature professionals who won't join in, including the surgeon who everyone has had to tiptoe around for years," says Tony Giddings, a former surgeon and now chair of the Alliance for Patient Safety. "Perhaps these people will need to move on."

Patients are ready for partnership. Don't let it be doctors who hold them back.

Fiona Godlee, editor, BMJfgodlee@bmj.com

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WHAT'S NEW AT THE BMJ GROUP

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See the diabetes section page for a range of recent systematic reviews on diabetes and associated conditions clinicalevidence.bmj.com

Emergency Medicine Journal

The full back archive is now available for *EMJ*. View over 20 years of archive content back to Volume 1 Issue 1 emj.bmj.com/aboutarchive

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Drug and Therapeutics Bulletin (DTB)—November issue

Reviews on glucosamine for knee osteoarthritis and ivabradine for stable angina dtb.bmj.com

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PLUS

Career Focus, jobs, and courses appear after p 1118.

WHAT'S NEW ON BMJ.COM

In advance of the US election we asked which presidential candidate had the best plans for health reform. We had a very large response - more than 1000 votes - with Barack Obama clinching 85% of the vote. One respondent has the following message for the new 44th president of the USA:

"Since the USA has an extremely low standing in the world regarding health, it would make sense that we work to improve our health standards by developing more preventive health programs and education for all ages and all walks of life.

"Fund and foster those organizations that are non-commercial, non-religious, non-fanatic, and speak scientific truth. Also who practice with integrity and are independent sources such as Johns Hopkins, therefore not beholden to any one except the general citizenry of America."

Which presidential candidate has better plans for US health reform?

You replied:

Barack Obama 85% 877 votes
John McCain 15% 160 votes

This week's poll asks:
 Should influenza immunisation be mandatory for healthcare workers?



LATEST RESEARCH

By 2002 Ontario's Physician Health Program had enrolled 100 doctors for monitoring recovery from substance dependence. What characteristics did doctors display when they enrolled, and what are the outcomes?

Also, how much caffeine can pregnant women safely consume? A prospective observational study looks at the risk of fetal growth restriction.

To read these and other recent research papers, go to bmj.com/channels/research.dtl



LATEST BLOGS

Julian Sheather wants medical journals to "pay tribute to the aesthetics of life, to its underlying sense and shape...its human seriousness."

Nigeria has enjoyed nine years of unbroken civilian government but why has health slipped down the order of priorities? Public health doctors Ike Anya (pictured) and Chikwe Ihekweazu investigate why.

Anna Donald finds travelling light a challenge when she heads "out bush" for a night under the stars near Alice Springs. After agreeing to a filmmaker friend's request to participate in a documentary about living with advanced cancer, her kit includes camera equipment, books, medicines, and bandages.

Also, Frances Dixon blogs about her first four weeks as a medical student, and Domhnall MacAuley is delighted to find that the caring professions now include airline staff.

To find out more about these and other blogs, visit <http://blogs.bmj.com/bmj/>



MOST READ

Aspirin for prevention of cardiovascular events
 Prevention of progression of arterial disease and diabetes

Prescribing "placebo treatments": results of national survey of US internists and rheumatologists

(Not) warts and all

Joint impact on being overweight of self reported behaviours of eating quickly and eating until full

LATEST VIDEO

Why do professionals often wait until something disastrous happens before they agree to change their behaviour? Jane Feinmann's feature looks at ways of cutting out human error, including a training video by the Alliance for the Safety of Patients.

See a clip of the film at:

bmj.com/content/full/337/nov04_2/a2370

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