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In asymptomatic babies the combination of neonatal physical examination plus pulse oximetry screening had a detection rate of 82.8% with a low false positive rate of 0.17% for pulse oximetry. Anne de-Wahl Granelli, Margareta Wennergren, Kenneth Sandberg, Mats Mellander, Carina Beijum, Leif Ingranäs, Monica Eriksson, Niklas Segerdahl, Anele Ågren, Britt-Marie Ekman-Joelsson, Jan Sunnegårdh, Mario Verdicchio, Ingegerd Östman-Smith
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149 Effect of fish oil on arrhythmias and mortality: systematic review
Fish oil supplementation was associated with a significant reduction in deaths from cardiac causes but had no effect on arrhythmias or all cause mortality. Evidence to recommend an optimal formulation of EPA or DHA to reduce these outcomes is insufficient. Hernando León, Marcelo C Shibata, Soori Sivakumaran, Marlene Dorgan, Trish Chatterley, Ross T Tsuyuki
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152 Reporting and interpretation of SF-36 outcomes in randomised trials: systematic review
Among the 52 randomised trials in high impact medical journals that reported SF-36 results during 2005, SF-36 outcomes often contradicted efficacy data but this rarely altered the conclusions. Despina G Contopoulos-Ioannidis, Anastasia Karvouni, Ioanna Kouri, John P A Ioannidis
>> Editorial p 119; Research BMJ 2008;337:a1190

155 Comorbidity and repeat admission to hospital for adverse drug reactions in older adults: retrospective cohort study
In more than 28 000 older patients in Western Australian comorbid chronic and malignant diseases—rather than age—were strong predictors of readmissions for adverse reactions. Min Zhang, C D’Arcy J Holman, Sylvie D Price, Frank M Sanfilippo, David B Preen, Max K Bulsara
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Celia Brown and Richard Lilford describe the recommendations of an MRC sponsored network to improve the quality of research into patient safety.

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A carer describes the experiences of depression that led his wife to have electroconvulsive therapy and the effect of this treatment on the whole family. Matthew Webber

171 10-Minute consultation: Atrial fibrillation
This is part of a series of occasional articles on common problems in primary care. Kathryn E Griffith, Maurice Pye

172 Lesson of the week: Rapidly fatal invasive pertussis in young infants—how can we change the outcome?
Prevention of infection may be the only effective intervention against whooping cough for unimmunised infants. U Theilen, E D Johnston, P A Robinson

RESEARCH PUBLISHED ONLINE
Outcomes of conduct problems in adolescence: 40 year follow-up of national cohort
BMJ, doi:10.1136/bmj.a2981
Ian Colman, Joseph Murray, Rosemary A Abbott, Barbara Maughan, Diana Kuh, Tim J Croudace, Peter B Jones
The ASA's request is unusual because its investigation is not complete. The company has said that the nasal spray is a prescription only drug, and a spokesman for the ASA said that there is a “public safety issue.” The company said initially that it would comply with the investigation but refused to remove the adverts. The ASA has received hundreds of complaints from the public on grounds of vulgarity, and the company thought that the ASA’s objection was to the word “sex.” The ASA asked the owner of the hoardings to intervene, and all the adverts have now been removed, the ASA spokesman said. A spokesman for the Association of the British Pharmaceutical Industry was unaware of the adverts but said, “Any potential breach of the code will be investigated by the Prescription Medicines Code of Practice Authority, which enforces the ABPI’s code of practice and will take appropriate action.” He said that such action might include advertising its ruling in the press.

PICTURE OF THE WEEK
An advertiser of “nasal delivery technology” for premature ejaculation and erectile dysfunction has been asked by the UK Advertising Standards Authority to take down almost 200 billboard adverts. The advertiser, the Australian Advanced Medical Institute, might be in breach of UK laws that prohibit advertising prescription only drugs to the public.

THE WEEK IN NUMBERS

20% Reduction in deaths from cardiac causes as a result of fish oil supplementation; all cause mortality was not significantly affected. (Research, p 149)

1.5 Relative cardiovascular risk with metabolic syndrome after adjustment for traditional risk factors. (Clinical Review, p 164)

1247 Year that Bethlem, Europe’s oldest psychiatric institution, was founded. (Review of the Week, p 180)

£417m London’s loss for 2009-10 because of changes in the way the NHS funds primary care trusts. (Observations, p 139)

25 mSv Average lifetime exposure of UK radiation workers. (News, p 130)

THE WEEK IN QUOTES

“An increasing proportion of babies with duct dependent pulmonary circulation leave hospital undetected” (Research, p 145)

“ECT was like a magic wand. Her interest in life was renewed and she began to smile and laugh again” (A Patient’s Journey, p 169)

“We may be able to use telomere length as an integrated marker for different risk factors for coronary heart disease” (Feature, p 136)

“In the developing world, girls and women don’t have the power to say no” (Obituary, p 175)

“The NHS does not afford PCT commissioning sufficient status” (News, p 127)
Editor’s Choice

Health is a human right

Alex Jadad and Laura O’Grady’s call for a debate on the definition of health has stimulated fascinating responses to both their editorial (BMJ 2008;337:a2900) and their blog (http://blogs.bmj.com/bmj/2008/12/10/alex-jadad-on-defining-health). I particularly like Richard Smith’s response to the blog in which he suggests that health is “the capacity to do what matters most to you.”

Two other responses appear in this week’s Letters (p 124). Peter Mansfield recalls the Peckham experiment in London in the 1930s and 1940s, which aimed to investigate the nature of health. An expanded vision of health is unlikely to come from within medicine, he says. “Economic and climatic constraints will force healthy living on us eventually, or we shall perish.” Peter Davies calls on us to embrace the wider context of health beyond the absence of disease. “For too long we as a society have allowed politicians to get away with shunting health off to a ‘medical domain,’ thus avoiding focus on the large scale social and political forces that create health and illness.”

There is no doubting the political forces at play in the world’s major conflict zones. Médecins Sans Frontières’ annual list of the most neglected humanitarian disasters, released last month (http://doctorswithoutborders.org/publications/lopter), highlights Somalia, the Democratic Republic of Congo, Iraq, Sudan, Pakistan, Zimbabwe, and Burma. That was before this month’s terrible events in Gaza. All these disasters are man made, a point hammered home in an emergency report from the US based charity Physicians for Human Rights on the collapse of Zimbabwe’s healthcare system (p 128). The authors say that Zimbabwe’s health crisis is a direct result of violations of human rights, including the right to vote and the right to a standard of living adequate for health.

In the Democratic Republic of Congo, at the hospital made famous last month for the text messages that guided a forequarter amputation by a surgeon working for Médecins Sans Frontières (BMJ 2008;337:a2958), there is no elective surgery, only emergency operations, with sometimes nearly 100 casualties a day (p 132). Meanwhile in Gaza, medical workers are overwhelmed by the number of casualties, reports John Zaracostas (p 127). They are hampered by shortages of critical medical supplies and fuel as Israel’s air and land offensive adds to the already debilitating consequences of a long blockade.

What can the world’s medical profession do in the face of such powerful, long-standing, and complex political forces? Shrink back into the confines of the medical model? Or, as I believe we must, embrace the wider responsibility of championing the right to health in all parts of the world. For this we do need a workable definition of health however hard it is to achieve. And for my part I endorse last week’s call in the Lancet (2009;373:95) for all doctors to see themselves as médecins sans frontières—doctors without borders—and to live up to this name “by calling on their national governments and the international community—perhaps through their national medical organisations—to ensure that civilians injured or affected by conflict receive the medical attention they need.”

Fiona Godlee, editor, BMJ fgodlee@bmj.com

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To receive Editor’s Choice by email each week, visit bmj.com/cgi/customalert
Outcomes of conduct problems in adolescence

A longitudinal study of the British 1946 birth cohort concludes that adolescents who exhibit “externalising” behaviour—defined as conduct problems reported by a teacher—are at high risk of experiencing multiple social and health impairments that adversely affect them, their families, and society throughout adult life.

Use of Framingham risk score and new biomarkers to predict cardiovascular mortality in older people

A team of researchers from the Netherlands concludes that in very old people from the general population with no history of cardiovascular disease, concentrations of homocysteine alone can accurately identify those at high risk of cardiovascular mortality, whereas classic risk factors included in the Framingham risk score do not.

Geriatrician Mark Clarfield blogs about his experiences at a hospital in southern Israel: “While I am still allowed to use my office, it is not only weird to sit here alone, it is also sometimes quite frightening ... just yesterday the alarm went off and I ran into the hall, crouching in the “safe” area which would have done me no good in the case of a direct hit. Several seconds later I heard and felt a tremendous crash as a Grad rocket landed just 100 metres from the hospital. I was lucky this time.”

Mike Gill, co-chair of the Climate and Health Council (http://www.climateandhealth.org/) and a former regional director of public health, summons health professionals to participate after the UK energy and climate minister’s call for mass action to pressure governments into signing a meaningful deal to battle global warming at critical UN talks in Copenhagen in December 2009: “Health professionals can no longer stand by and let others make all the running ... we need to set an example, and emphasise the central importance to global and personal health of global decarbonisation.”

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LATEST RESEARCH

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Find out more about this and other research articles at bmj.com/channels/research.dtl

LATEST BLOGS

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Find out more about these and other blogs, visit http://blogs.bmj.com/bmj/

LATEST PODCASTS

This week we issued two podcasts, one focusing on research and the other on news. Ian Colman, assistant professor of public health at Canada’s University of Alberta, reflects on a study on outcomes of conduct problems in adolescence (see above). And Professor Alastair Gray, from Oxford University, talks about a study that looks at lung cancer deaths from indoor radon and the cost effectiveness and potential of policies to reduce them.

In the news podcast, Annabel Ferriman provides a round-up of the latest UK and international health news. Secondly, the BMJ/MSF Christmas appeal has raised more than £11 000 so far, and Tejshri Shah, head of the medical unit at Médecins Sans Frontières UK, talks about what the money will be spent on, and about the charity’s humanitarian work in Gaza.

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