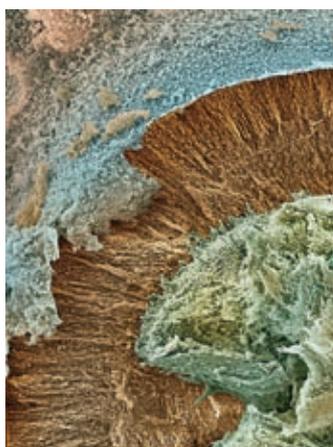




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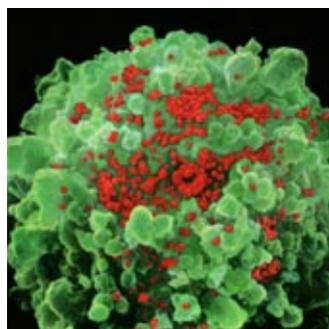




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276 Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care

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International variation in organ donation rates seems to depend on many factors including presumed consent, legislation, availability of donors, organisation of the transplantation service, investment in health care, and public attitudes and awareness

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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

Tim Kendall, Stephen Pilling, Peter Tyrer, Conor Duggan, Rachel Burbeck, Nicholas Meader, Clare Taylor, on behalf of the Guideline Development Groups

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PICTURE OF THE WEEK

A twist on the central London Underground map that shows the average number of steps between stations to encourage people to walk more. The British Heart Foundation recommends walking 10 000 steps a day, which may help to protect against stroke, diabetes, and some cancers. The map was compiled by volunteers who used pedometers. According to the map, walking from the *BMJ*'s offices, near Euston, to Leicester Square, would take $687+469+682+906=2744$ steps, a quarter of the daily recommendation.

THE WEEK IN NUMBERS

13% Percentage of women with depression in the first year after giving birth (Research, p 276)

£13bn Cost of English NHS scheme to computerise all patients' records, criticised in a parliamentary report (News, p 255)

4.4% Prevalence of personality disorders among the general population in Britain (Practice, p 293)

£30 000 NICE's cost effectiveness threshold per quality adjusted life year (Analysis, p 271)

865 000 Estimated UK hospital admissions from a moderate epidemic of avian influenza, with 200 000 deaths (Observations, p 270)

THE WEEK IN QUOTES

“Steroid injection is not a sufficient treatment strategy for patients with rotator cuff disease” (Research, p 273)

“Classic AIDS related conditions are becoming less common” (Clinical Review, p 288)

“NICE's methods have become a beacon to governments wrestling with the issues of efficacy and fairness in healthcare delivery” (Feature, p 266)

“Anyone who has ever watched a cello being played would realise the physical impossibility of our claim” (Letters, p 251)

“You probably work with someone with mental illness” (News, p 257)

EDITOR'S CHOICE

NICE at 10



JOHN DAUGHERTY/SCIENCE PHOTO LIBRARY

EDITORIAL, p 245
RESEARCH, p 273

NICE (the National Institute for Health and Clinical Excellence) is 10 years old. Controversial from its inception and constantly in the public eye, NICE's survival alone is surely something to celebrate. A search on *bmj.com* for the past 10 years finds the institute mentioned in three articles a week on average. Looking back over this coverage, my sense is that the *BMJ* has shown support for NICE by being a critical friend. This week we continue that tradition with a cluster of articles challenging NICE on several fronts, as well as a podcast interview with its chief executive Andrew Dillon (<http://podcasts.bmj.com/bmj>). NICE's chairman Michael Rawlins has been shortlisted for the BMJ Group's lifetime achievement award (p 263). You can vote for the winner on *bmj.com*.

So what are some of the challenges facing NICE? One is its arbitrary threshold for deciding which drugs are cost effective enough for the NHS to pay for. This situation hasn't changed in the past 10 years. In our head to head (p 268) Adrian Towse argues that the threshold is now putting the UK behind countries with the same per capita healthcare spending. He thinks NICE should base its decisions on the public's willingness to pay. But James Raftery argues convincingly that far from being raised the threshold should be lowered if fixed budgets are not to be blown. Both commentators ask what NICE is doing about disinvestment—that is, stopping the NHS from paying for less cost effective interventions already in use. They also

ask how many interventions of equal or greater cost effectiveness are displaced by the need to fund what NICE approves.

In a separate article (p 271), Raftery argues that NICE's recent concession on expensive cancer drugs for people at the end of life will do little to increase the availability of these drugs. They will still fall foul of the criterion that there should be no alternative treatment with comparable benefits. Jane Speight and Matt Reaney want to see NICE take more account of patients' perspectives rather than relying mainly on the values of the general population (p 297). Michael Drummond and Anne Mason question the way NICE handles drugs for which companies submit no evidence (p 247). At the moment NICE makes no recommendation in these cases but allows the drugs to be funded, creating a perverse incentive for companies to withhold evidence.

NICE is a national treasure. It needs critical friends. Perhaps beyond sheer survival the clearest signs of its achievement over the past 10 years are its undiminished unpopularity with the drug industry and its growing popularity with governments around the world. As Nigel Hawkes quips in his report on NICE's global expansionism (p 266), "the drug industry would love to have exported it, preferably somewhere like Mars."

Fiona Godlee, editor, *BMJ* fgodlee@bmj.com

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LATEST RESEARCH

Acupuncture treatment for pain This systematic review and meta-analysis of randomised controlled trials with acupuncture, placebo acupuncture, and no acupuncture groups found a small analgesic effect of acupuncture. However, it seems to lack clinical relevance and cannot be clearly distinguished from bias. Whether needling at acupuncture points, or at any site, reduces pain independently of the psychological impact of the treatment ritual is unclear. Interpreting the effects of sham acupuncture holds the answer, says the accompanying editorial.

To access these and other research papers, go to <http://www.bmj.com/channels/research.dtl>

LATEST BLOGS

Former *BMJ* Clegg scholar and medical student Siddharta Yadav visits the 22nd East Asian Medical Students' Conference (EAMSC) and finds his perceptions changed: "I was able to conquer my own fear of people with HIV. It was here that, for the first time in my life, I carried a toddler with HIV on my back without any sense of fear or apprehension ... The responsibility to mitigate the stigma against HIV and AIDS rests on our generation. The best place to start from is ourselves." On the other side of the World, *BMJ* clinical editor Elizabeth Loder attends the 69th Annual Soma Weiss Student Research Day at Harvard Medical School (HMS) and ponders on academic-industry interactions: "The staid title of the panel discussion – "Industry Interactions as a component of an academic career" – hinted to those in the know of excitement and controversy ... Alas, the excitement was not to be." And novice medical student Frances Dixon returns to university after her Christmas break: "So new year, new term of med school. Before we broke up at the end of last term a couple of our lecturers warned us that, having completed one term, we were now doctors (in the eyes of friends and family at least) and would be bombarded by requests for advice all through the holidays. I wasn't asked once!"

To comment on these and other blogs, go to <http://blogs.bmj.com/bmj/>

LATEST ANALYSIS

Breast screening: the facts—or maybe not. Women are still not given enough, correct, information about the harms of screening, argues a team of researchers from the Northern Cochrane Centre.

To access this and other comment articles, go to <http://www.bmj.com/channels/comment.dtl>

LATEST PODCASTS

This week, *BMJ* editor Fiona Godlee speaks to Andrew Dillon, the chief executive of the National Institute for Health and Clinical Excellence (NICE), about health technology assessment and rationing decisions. And features editor Deborah Cohen leads a head to head debate between health economists Adrian Towse and James Raftery on whether NICE's threshold range for cost per QALY should be raised. (Read related articles on pages 266-72)

Download the weekly *BMJ* podcast, which also includes a round-up of the latest news, at iTunes, or by visiting <http://podcasts.bmj.com/bmj/> To access the research papers, go to <http://www.bmj.com/channels/research.dtl>



Last week's poll asked:

"Have NHS targets such as minimum waiting times done more harm than good?"

YES 160 votes (69%)

NO 72 votes (31%)



This week's poll asks:

"Will the WHO's surgical safety checklist change practice?"

Let us know where you stand on this issue at

www.bmj.com/#poll

MOST READ

Festive medical myths

What do you do if your bosses are bullies?

Evaluating cardiovascular risk assessment for asymptomatic people

RCT of Alexander technique lessons, exercise, and massage for chronic back pain

Assessment and management of non-visible haematuria in primary care

MOST COMMENTED ON

Norwegian doctors call for investigation into weapons used on Gaza

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