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New evidence raises questions about current practice, say Richard J McManus and Jonathan Mant  
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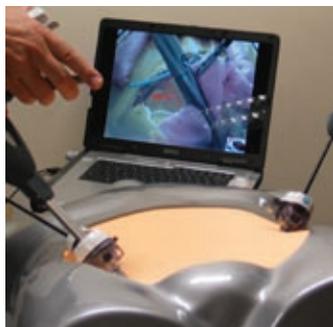
- 1279 Quiz page for doctors in training**

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US residents with insurance are spending more of their incomes on health care than ever before, p 1234





Virtual reality surgery, p 1253



Blood pressure, p 1260



Traumatic brain injury, p 1262



Chronic cough in adults, p 1267

## RESEARCH

### 1245 Use of blood pressure lowering drugs in the prevention of cardiovascular disease: meta-analysis of 147 randomised trials in the context of expectations from prospective epidemiological studies

Use of any of the main classes of drugs to lower systolic blood pressure by 10 mm Hg or diastolic blood pressure by 5 mm Hg was found to reduce coronary events and, separately, heart failure by about a quarter, and stroke by about a third

M R Law, J K Morris, N J Wald » *Editorial*, p 1219

### 1253 Effect of virtual reality training on laparoscopic surgery: randomised controlled trial

With simulator training in this small Danish trial novices' performance was significantly increased to that of intermediately experienced laparoscopists and real operation times were halved

Christian R Larsen, Jette L Soerensen, Teodor P Grantcharov, Torur Dalsgaard, Lars Schouenborg, Christian Ottosen, Torben V Schroeder, Bent S Ottesen » *Editorial*, p 1220

### 1256 Reporting of sample size calculation in randomised controlled trials: review

Adequate sample sizes are crucial in randomised trials, but a survey of recently published papers finds the calculations sample sizes are based on are often wrong

Pierre Charles, Bruno Giraudeau, Agnes Dechartres, Gabriel Baron, Philippe Ravaut

### 1260 Long term monitoring in patients receiving treatment to lower blood pressure: analysis of data from placebo controlled randomised controlled trial

**pico**

Six monthly measurement of blood pressure is too frequent and highly unlikely to show true treatment failure, according to this analysis of the perindopril versus indapamide arm of the PROGRESS trial in patients who had had stroke or transient ischaemic attack

Katherine Keenan, Andrew Hayen, Bruce C Neal, Les Irwig » *Editorial*, p 1219

### 1261 Prevalence of severe congenital heart disease after folic acid fortification of grain products: time trend analysis in Quebec, Canada

**pico**

There was no annual change in the birth prevalence of severe heart defects before fortification but there was a significant 6% annual decrease afterwards, supporting previous evidence that periconceptual folic acid intake is preventive

Raluca Ionescu-Ittu, Ariane J Marelli, Andrew S Mackie, Louise Pilote

» *Editorial*, p 1221

## CLINICAL REVIEW

### 1262 Prehospital management of severe traumatic brain injury

Clare L Hammell, J D Henning

## PRACTICE

### 1267 Diagnosis in general practice:

#### Chronic cough in adults

This case is an example of how "test of treatment" can be used when the diagnosis is uncertain

Kevin Barraclough

### 1270 Diagnosis in general practice:

#### Diagnosis using "test of treatment"

Tests of treatment are commonly used when the diagnosis is uncertain, but can have pitfalls. The accompanying article gives an example of how test of treatment can be used

Paul Glasziou, Peter Rose, Carl Heneghan, John Balla

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# BMJ

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AAMIR QURESHI/AFP/GETTY IMAGES

## PICTURE OF THE WEEK

A convoy of Pakistanis heads away from military operations against Taliban guerrillas in the Odi Gram area of Pakistan's troubled Swat valley. Nearly one million people have fled the conflict in the country's north west, according to the United Nations (see news, p 1235).

## THE WEEK IN NUMBERS

**0.8%** Proportion of 11-15 year olds who described themselves as being completely unhappy (Editorial, p 1222)

**£394 million** Amount saved in 2008 through cost effective prescribing (News, p 1230)

**6.2%** Decrease in the birth prevalence of severe congenital heart defects following mandatory fortification of grain products with folic acid (Research, p 1261)

**11 000** Estimated number of people per year who sustain a severe traumatic brain injury (Clinical Review, p 1262)

**8 weeks** Minimum length of cough for a diagnosis of chronic cough (Practice, p 1267)

## THE WEEK IN QUOTES

**“All clinicians must speak up for patients when they witness poor quality care”** (Editorial, p 1224)

**“Conflicts of interest are common in research papers on cancer”** (News, p 1229)

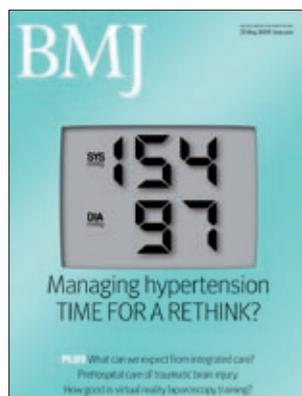
**“There is very little robust evidence that integrated care can reduce admissions”** (Analysis, p 1238)

**“Current monitoring strategies are a poor method of determining adequacy of long term treatment with blood pressure lowering drugs”** (Research, p 1260)

**“Many days in general practice are a swimming gala of awfulness but sunny days are a joy—patients just don't turn up for their appointments”** (From the Frontline, p 1278)

## EDITOR'S CHOICE

## A new era for blood pressure management



**Editorial, p 1219**  
**Research, p1245 p1260**

This week we publish two studies that, taken together, may herald a new era of blood pressure management. So say our editorialists Richard McManus and Jonathan Mant (p 1219). The studies challenge the current orthodoxy, which is still that antihypertensive treatment should be titrated against regular blood pressure measurements. If acted on, these studies will simplify how we manage cardiovascular risk, with antihypertensive treatment being offered regardless of blood pressure, with less frequent blood pressure monitoring, and with checking for adverse events as the main focus of medical care.

The first paper, by Malcolm Law and colleagues, represents an enormous amount of work (p 1245). The authors looked at data from 147 trials of antihypertensive treatment published between 1966 and 2007 involving 464 000 people aged 60-69. Their aim was to address the continuing uncertainty about which drugs to use and who to treat. They found that any one of the main classes of drug at standard dose reduced the incidence of fatal and non-fatal myocardial infarction by about a quarter and stroke by about a third. Incidence of heart failure was also reduced by about a quarter. These reductions were similar in people with and without clinical cardiovascular disease and regardless of blood pressure before treatment. All classes of antihypertensive had a similar effect for a given reduction in blood pressure.

Two of the authors, Malcolm Law and Nick Wald, proposed the “polypill” (combining a statin, three antihypertensives at half standard dose, folic acid, and aspirin) in the *BMJ* six years ago as “a strategy to reduce cardiovascular disease by more than

80%” (BMJ 2003;326:1419). In their new paper they find some indirect support for the polypill concept. They discuss how combining their new results with two previously published studies shows that three antihypertensive drugs together, each at a low dose to minimise side effects, could increase the preventive effect, reducing heart attacks by about 45% and stroke by about 60%.

As McManus and Mant say, if antihypertensives differ little in their efficacy, then acceptability in terms of adverse effects becomes the key driver in deciding which drugs to use. And given the findings of our other blood pressure paper this week, acceptability rather than blood pressure itself becomes the main focus of medical check ups, which may be needed much less often than currently supposed. Katherine Keenan and colleagues (p 1260) sought to differentiate true changes in blood pressure over time from random variation and measurement “noise”. Using data from the treatment arm of a randomised trial of long term antihypertensive drugs in people who had had a stroke or transient ischaemic attack, they found that when a patient’s blood pressure was seen to exceed treatment thresholds this was most likely to be due to day to day variability rather than to true increases in blood pressure.

In the UK, general practitioners are currently paid to ensure that their patients’ blood pressures have been checked in the past nine months. If such checks are not only costly in terms of patients’ and doctors’ time but also likely to give unreliable information, how soon can we change the policy?

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

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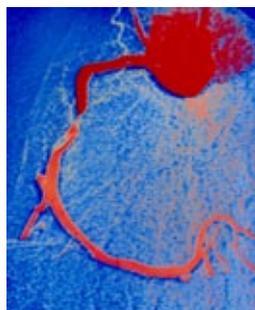
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## PLUS

Career Focus, jobs, and courses appear after p 1278



## WHAT'S NEW ON BMJ.COM

**LATEST RESEARCH****Association of door-to-balloon time and mortality in patients admitted to hospital with ST elevation myocardial infarction**

Any delay in primary percutaneous coronary intervention (PCI) after a patient arrives at hospital is associated with higher mortality in hospital in those admitted with ST elevation myocardial infarction. Time to treatment should be as short as possible, even in centres currently providing primary PCI within 90 minutes, say the authors of this national cohort study from the United States.

Find out more at [bmj.com/research.dtl](http://bmj.com/research.dtl)

**LATEST BLOGS**

In his weekly journal blog, Richard Lehman ponders a multitude of topics, including the usefulness of prognostic markers for heart failure, the pros and cons of aspirin, and the ins and outs of climate change, while boldly stating that, to his knowledge, no one has ever died of crumbly toenails.

Tessa Richards attends a conference in the Czech Republic, on the topic of how countries can continue to meet their rising healthcare costs, especially in view of the continuing economic crisis, and enjoys listening to health policy makers and health economists debate.

Also on the conference circuit, Domhnall MacAuley visits "wonderful, wonderful Copenhagen," to attend the 16th Nordic Congress of General Practice: "Listening to speakers describe their primary care system as the envy of the world, I couldn't help but smile at the familiar rhetoric. We try to convince ourselves of this in the UK as general practice lurches, seemingly rudderless, from one reorganisation to another. But, somehow, I believed it more in Copenhagen."

Joe Collier shares his insights into working with the media, gained over a long career: "Over the years I have worked with the media in many guises (appeared on radio and television, written pieces for the press, offered journalists advice in confidence, provided umpteen background briefings etc). Early on I realised that whatever I said or did, I should not alienate my work colleagues (unless there was very good reason) or undermine my professional position as an academic. To this end I was careful only to speak or write within my area of expertise and to make it clear when or if I was 'out of my depth.'"

Find out more at [blogs.bmj.com/bmj/](http://blogs.bmj.com/bmj/)



DR. P. MARAZZI/SPFL

**LATEST PODCAST**

Evidence for, evidence against: Duncan Jarvies talks to Raluca Ionescu-Iltu, from McGill University, about folic acid fortification. Deborah Cohen finds out from Professor Edzard Ernst about the first homeopathic treatment to be licensed by the UK's medicines regulatory agency, the MHRA. And Birte Twisselmann takes us through the latest news.

**Latest poll**

Should hospices be exempt from following national cardiopulmonary resuscitation guidelines?

Votes received so far:

Yes: 113 votes

No: 80 votes

Submit your vote on [bmj.com](http://bmj.com)

**LATEST VIDEO**

A randomised controlled trial from Denmark that is reported in this issue (p 1253) investigates the effects of virtual reality training on laparoscopic surgery. The paper is accompanied by a video that follows a trainee surgeon through laparoscopic surgery—from practising in virtual reality to a real life procedure.

Watch these and other videos at [bmj.com/video](http://bmj.com/video)

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