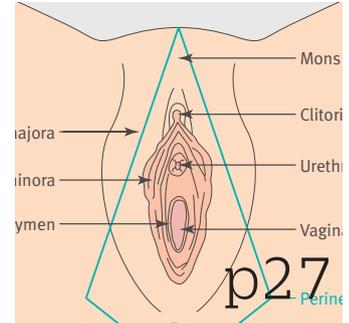
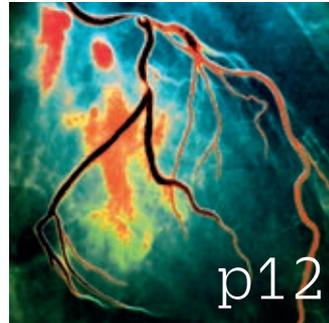


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Articles appearing in this print journal have already been published on thebmj.com, and the print version may have been shortened



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29 November 2014 Vol 349

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**PICTURE OF THE WEEK**

Two paintings from the exhibition War, Art and Surgery at Hunterian Museum, Royal College of Surgeons of England, London, which marks the centenary of the first world war and showcases the work of military artists working 100 years apart. Top is *The Birth of Plastic Surgery* (1916) by first world war surgeon Henry Tonks and below is *Hands, Hands, Hands: MOST Course* by Julia Midgley, a contemporary artist. The exhibition runs until 14 February 2015, and the catalogue is available from the museum's online shop.

MOST READ

- Milk intake and risk of mortality and fractures in women and men
- How should we define health?
- Role of fear in overdiagnosis and overtreatment
- Fire the Medical Schools Council if you want more GPs
- Carpal tunnel syndrome

THEBMJ.COM POLL

Last week's poll asked:

Is measuring wellbeing a waste of time?

Observations [▶](#) *BMJ* 2014;349:g6733

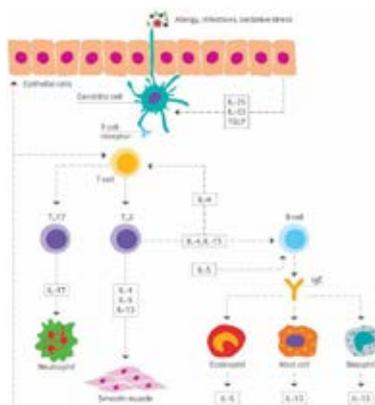
61% voted no (total 256 votes cast)

This week's poll asks:

Should advertisements for e-cigarettes be shown on TV?

News [▶](#) *BMJ* 2014;349:g7100

[▶](#) **Vote now on thebmj.com**

STATE OF THE ART REVIEWS**Asthma: pathogenesis and novel drugs for treatment**

This week our State of the Art review is asthma: pathogenesis and novel drugs for treatment (<http://dx.doi.org/10.1136/bmj.g5517>). Asthma affects about 300 million people worldwide and causes 250 000 deaths per year.

Although mortality from asthma has decreased with the regular use of inhaled glucocorticoids, the global impact of asthma remains high and its prevalence seems to be increasing. Currently no drugs can prevent or cure asthma so novel agents are needed to improve the short and long term outcomes in people with asthma.

This review focuses on the need for new treatments for asthma, important pathophysiological pathways, and drugs that are currently available or in late phase clinical development. Each drug is discussed in terms of its impact on symptoms, physiology, or exacerbations in the context of relevant clinical trials.



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EDITOR'S CHOICE

Nutrition matters

It makes sense that doctors and other health professionals should keep fit and manage their own weight properly, for their own sake and to give greater credibility to their advice to patients



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Nutrition has not traditionally been embraced by doctors as core to their practice. Our training and culture lead us to view food and dietary advice as the province of cranks and faddists. Now, however, doctors are faced every day with the fallout of the obesity epidemic and the chronic diseases that go with it. As in many complex issues in medicine, doctors have a triple role: to support the individual patient; where appropriate, to set an example through their own behaviour; and to understand and act on the underlying causes. Only if we do all three can we hope to make a difference.

Supporting and treating patients who are overweight can be a challenge, as the updated guidance from NICE acknowledges (p 32). It carries few surprises. Diet and exercise remain the mainstay of lifestyle change. But the advice is now more cautious about the use of very low calorie diets and clearer about referrals for bariatric surgery. Patients with a BMI above 35 and recent onset type 2 diabetes should be referred, it says, but only if they will be assessed in a specialist weight management service within a tertiary referral centre and followed up in the long term.

As for setting an example by our own behaviour, this can be more easily said than done. It makes sense that doctors and other health professionals should keep fit and manage their own weight properly, for their own sake and to give greater credibility to their advice to patients. NHS England's chief executive, Simon Stevens, has told NHS staff to join gyms and weight loss clubs to fight obesity. But as Margaret McCartney points out, fat doctors are patients too (p 39). We shouldn't assume that they are not wanting to do something about it, she says. "Those of us who

have gained, lost, gained, lost, and gained weight again are only too aware of our failings." Rather than judging individual colleagues we should concentrate on developing healthier working environments, McCartney says. We should demand better quality food outlets in hospitals and push for reasonable work schedules, regular meal and break times, and initiatives that promote cycling or walking to work.

This brings me to our third role as doctors in the fight against obesity: understanding and acting on the causes. This is complicated by controversy and uncertainty. What is a healthy diet? Is a calorie just a calorie or does the source of the energy and the type and quality of the food matter, as a recent commentary in *Public Health Nutrition* suggests (10.1017/S1368980014002559). And what is the right way to promote healthy diets? Most people (except the food industry and its political allies) are now saying that this cannot be left to economic interests alone. A report from the consultancy firm McKinsey, published this week, concludes that voluntary responsibility deals are not working and that regulation may be needed (<http://bit.ly/1piYh8A>). And the World Obesity Federation and UK Health Forum have joined forces to call on the World Health Organization to establish a global framework treaty similar to the treaty on tobacco control, to reduce saturated fats, added sugar, and salt in food and to control the marketing of highly processed foods (*BMJ* 2014;349:g6851). Doctors need to be in on this debate. It looks like nutrition is more important than some of us thought.

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Cite this as: *BMJ* 2014;349:g7255

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