

THIS WEEK

Articles in this print journal have already been published on thebmj.com and may have been shortened. Full versions with references and competing interests are on thebmj.com



p3

NEWS & VIEWS

- 1 News and research news
- 6 **BMJ Confidential:**
John Ioannidis

FEATURES

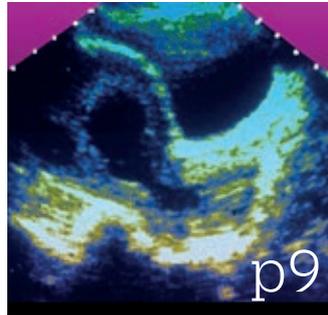
- 15 **COVER** How dietary guidelines are out of step with science
Nina Teicholz

ANALYSIS

- 18 **COVER** Why do rates of knee arthroscopy differ between England and Scotland?
David Hamilton and Colin Howie

VIEWS

- 20 Letters
- 22 Observations
- 23 Margaret McCartney, Blog
- 24 Personal view
- 25 Obituaries



p9

EDITORIALS

- 7 **COVER** Problems with the new junior doctor contract
Why junior doctors need to channel their anger
Jessamy Bagenal et al
- 8 **The FDA's new clothes**
The FDA does not protect patients from harmful or ineffective drugs, but approves both
Donald W Light and Joel Lexchin
● RESEARCH, pp 11, 12
- 9 **Diagnosing a miscarriage**
When is it safe to make the call?
Elizabeth Anne McCarthy and Stephen Tong
● RESEARCH, p 13
- 10 **Catalogue of errors in papers reporting clinical trials**
Errors are linked to retraction, but are an unreliable marker for fraudulent or harmful research
Nick Freemantle and Greta Rait
● RESEARCH, p 14



p14

RESEARCH

- 11 **Characteristics of efficacy evidence supporting approval of supplemental indications for prescription drugs in United States, 2005-14: systematic review**
Bo Wang and Aaron S Kesselheim
● EDITORIAL, p 8
● RESEARCH, p 12
- 12 **Trends in utilisation of FDA expedited drug development and approval programmes, 1987-2014: cohort study**
Aaron S Kesselheim et al
● EDITORIAL, p 8
● RESEARCH, p 11
- 13 **Defining safe criteria to diagnose miscarriage: prospective observational multicentre study**
Jessica Preisler et al
● EDITORIAL, p 9
- 14 **Frequency of discrepancies in retracted clinical trial reports versus unretracted reports: blinded case-control study**
Graham D Cole et al
● EDITORIAL, p 10



p36

EDUCATION

STATE OF THE ART REVIEW

- 27 **COVER** Bisphosphonates for the prevention and treatment of osteoporosis
Spyridoula Maraka and Kurt A Kennel
● thebmj.com 1 CPD/CME hour

PRACTICE

WHAT YOUR PATIENT IS THINKING

- 32 **If you only have a few minutes with a drug addict**
S D Williams
● thebmj.com 0.5 CPD/CME hour
- 33 **COVER** **Inflammatory bowel disease**
Ella Mozdiak et al
● thebmj.com 0.5 CPD/CME hour

- 35 Endgames
- 36 Minerva

BMJ CAREERS

Rudeness in medical teams
• Expedition medicine • Encourage undergraduates into general practice
Followed by jobs and courses



How dietary guidelines are out of step with science

Feature
● p 15

The BMA grants editorial freedom to the Editor of *The BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. *The BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt.htm#independence) and the code on good publication practice produced by the Committee on Publication Ethics (www.publicationethics.org.uk/guidelines/).

The BMJ is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement. To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of *The BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2015 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of *The BMJ*. The *BMJ*, ISSN 1759-2151, is published weekly by BMJ Publishing Group Ltd, BMA House, Tavistock Square, London WC1H 9JR, UK. The US annual subscription price is \$1,660. Airfreight and mailing in the USA by agent named Worldnet Shipping Inc., 156-15, 146th Avenue, 2nd Floor, Jamaica, NY 11434, USA. Periodicals postage paid at Jamaica NY 11431. US Postmaster: Send address changes to *The BMJ*, Worldnet Shipping Inc., 156-15, 146th Avenue, 2nd Floor, Jamaica, NY 11434, USA. Subscription records are maintained at BMJ Publishing Group Ltd, BMA House, Tavistock Square, London WC1H 9JR, UK. Air Business Ltd is acting as our mailing agent. Printed by Polestar Limited.





26 September 2015 Vol 351

The Editor, *The BMJ*
BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com
Tel: +44 (0)20 7387 4410
Fax: +44 (0)20 7383 6418

BMA MEMBERS' ENQUIRIES
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6955

BMJ CAREERS ADVERTISING
Email: sales@bmjcareers.com
Tel: +44 (0)20 7383 6531

DISPLAY ADVERTISING
Email: sales@bmjgroup.com
Tel: +44 (0)20 7383 6386

REPRINTS
UK/Rest of world
Email: ngurneyrandall@bmjgroup.com
Tel: +44 (0)20 8445 5825

USA
Email: mfgler@medicalreprints.com
Tel: +1 (856) 489 4446

SUBSCRIPTIONS
BMA Members
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6955
Non-BMA Members
Email: support@bmjgroup.com
Tel: +44 (0)20 7111 1105

OTHER RESOURCES
For all other contacts:
resources.bmj.com/bmj/contact-us
For advice to authors:
resources.bmj.com/bmj/authors
To submit an article:
submit.bmj.com

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

INDEXING THE BMJ
The BMJ is an online journal and we therefore recommend that you index content from thebmj.com rather than this print edition. We suggest you use the Digital Object Identifier (doi) available online at the top of every article.

All BMJ titles are produced with paper supplied from sustainable sources



PICTURE OF THE WEEK

Junior doctors have been using the hashtag #imajuniordoctor on Twitter alongside pictures of themselves holding signs that list the time they have spent training and working as doctors. The pictures are designed to address misconceptions about who will be affected by proposed changes to the standard contract for junior doctors in England. ● EDITORIAL, p 7

THEBMJ.COM POLLS

Last week's poll asked:

Was Public Health England right to endorse electronic cigarettes as a smoking cessation aid?

YES: 84% NO: 16%

Total votes: 2128

● [BMJ 2015;351:h4863](#)



This week's poll:
Are appraisals a useful way to assess performance?

● [BMJ 2015;351:h4437](#)

VOTE NOW ON THEBMJ.COM



facebook

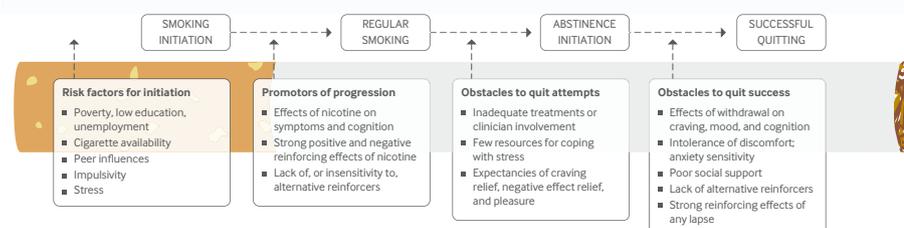
Be kept up to date with the latest developments in health care and interact with other medical professionals.

www.facebook.com/thebmjdotcom

Join our Facebook community

Online highlights from thebmj.com

STATE OF THE ART



This week our state of the art review focuses on smoking cessation and reduction in people with chronic mental illness. Rates of cigarette smoking among adults in the US and UK are two to four times higher in people with current mood, anxiety, and psychotic disorders than in those without mental illness.

Smokers with chronic mental illness are also more dependent on nicotine and are less likely to quit than those without these disorders. Consequently, about 50% of deaths in patients with chronic mental illness are due to tobacco related cancers, respiratory diseases, and cardiovascular conditions.

The review summarises results from studies of smoking cessation treatments in people with schizophrenia, depression, anxiety disorders, and post-traumatic stress disorder. The authors discuss experimental studies aimed at identifying biopsychosocial mechanisms that underlie the high smoking rates seen in people with such disorders. They also review evidence about electronic cigarettes and very low nicotine content cigarettes in people with chronic mental illness.

• [BMJ 2015;351:h4065](http://www.bmj.com/2015/351:h4065)

LATEST BLOGS

Promoting compassion

What exactly is compassion? Can it be taught and promoted? Richard Smith recently pondered these questions as he attended the Global Compassion Initiative. One thing that he is sure about is that we could do with more of it in the NHS and the world—the challenge is to move beyond words to actions and improved outcomes.

• <http://www.bmj.com/compassion>

Forty five years of solitude

Geriatrician Des O'Neill welcomes the increasing inclusion of older actors and gerontological themes in movies, but in his review of the recent film *45 Years*, he finds that this inclusion cannot redeem the film, which felt as if it lasted “a goodly portion of its titular 45 years.”

• http://www.bmj.com/45_years



From an insecure and dangerous present to an unknown future

Alison Criado-Perez, a medical team leader for MSF, writes about her current role on board the *Phoenix*, a search and rescue vessel in the Mediterranean. She describes her work looking after refugees picked up after their boats capsized. She details the range of medical issues—both physical and mental—that she has to deal with.

• http://www.bmj.com/MSF_refugees

The EMA's release of documents: Now you see them, now you don't

The European Medicines Agency (EMA) is now finalising the implementation of its new policy on prospective access to clinical trial data. But is this revolutionary transparency initiative at risk from a new threat? Tom Jefferson and colleagues write about how using redactions to assure the anonymisation of data is emerging as a make or break issue.

• http://www.bmj.com/now_you_see_them

RESPONSE OF THE WEEK

Yes, Margaret, you are partly right . . . At present about 20% of our work involves inefficiently sorting out problems arising from gaps in hospital services. Sick notes, delegated prescribing, onward referrals, and many other nonsensical tasks would soon diminish if each one had a price attached, and the last sentence of any health advice would cease to be, “If you are at all worried about this do make an urgent appointment to see your GP.” What bliss.

But pay GPs more for working in deprived areas? I am not sure. Age is a more significant factor in the need for healthcare, and rural elderly populations are the biggest strain of all. I work for a very mixed population, and I often find less educated patients take less time, not more.

Edmund Willis, general practitioner, Brigg, UK, in response to, “Margaret McCartney: For better primary care, pay GPs for service”

• [BMJ 2015;351:h4839](http://www.bmj.com/2015/351:h4839)

OVERHEARD ON TWITTER

@SharonBarbour

Some of best journalism this weekend, I think, in @bmj_latest

@VauxEmma

However hard I try, somehow I am always drawn first to the obituaries in the @bmj_latest

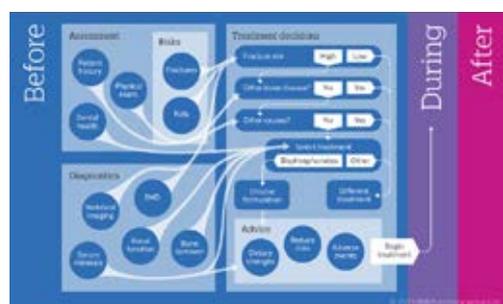


Oliver Sacks: obituary ([BMJ 2015;351:h4800](http://www.bmj.com/2015/351:h4800))



Twitter @bmj_latest

INFOGRAPHIC



Treating osteoporosis with bisphosphonates

Bisphosphonates can reduce the risk of fracture for patients with osteoporosis, increasing bone strength and reducing fracture risk. This figure provides an overview of patient assessment and the appropriate treatment pathways and decisions to be made at each stage.

Go online to view the interactive infographic at <http://www.bmj.com/infographics>

POPULAR ONLINE

Increased mortality associated with weekend hospital admission: a case for expanded seven day services?

• [BMJ 2015;351:h4596](http://www.bmj.com/2015/351:h4596)

Mental illness, challenging behaviour, and psychotropic drug prescribing in people with intellectual disability

• [BMJ 2015;351:h4326](http://www.bmj.com/2015/351:h4326)

Raised inflammatory markers

• [BMJ 2012;344:e454](http://www.bmj.com/2012/344:e454)

EDITOR'S CHOICE

The harmful haste of modern healthcare

The FDA has learnt little from the Vioxx disaster in the early 2000s

"Nature does not hurry," said the Chinese philosopher Lao Tzu, "yet everything is accomplished." In our rush to achieve targets, profits, success, and even happiness, it seems we have pitted ourselves against nature. We allow no time for reflection. Modern medicine and healthcare are in the business of haste, to provide rapid diagnoses and innovative treatments, to deliver immediate care. Therein lie problems, especially when an urgent political or commercial agenda is superimposed.

In England, the anger of junior doctors at the government's plan to introduce a new contract in August 2016 is a result of the government's political expediency (p 7). Extending working hours while holding firm on salaries, and possibly reducing them, is the behaviour of a bullying employer that cares little for its employees' wellbeing. The government's plan for junior doctors and the health service has obvious benefits for a future political marketing campaign that is based on a 24/7 health service, but the consequences for patients are poorly understood. Junior doctors are considering strike action. Our editorialists urge caution. This is an opportunity for advocacy and to channel public support for junior doctors, so as to achieve better working conditions and, ultimately, better patient care.

Other editorialists criticise the US Food and Drug Administration's responsiveness to commercial expediency, namely the industry's profit drive (p 8). Patients and doctors, we are told, want newer drugs to be available sooner. Faster regulatory approval means that patients benefit more quickly, says the industry propaganda, and the revenue that companies generate can fund more research. Evidence is clear that the FDA

is reviewing new drugs more rapidly and using quicker supplemental approval for existing products (pp 11, 12). Our editorialists Donald Light and Joel Lexchin argue against this approach. They believe that the FDA has learnt little from the Vioxx disaster in the early 2000s. Drugs are approved quickly with marginal evidence of real benefit, and Canadian data show that faster review increases the risk of serious harm.

Nina Teicholz's investigation (p 15) exposes questionable processes in the production of the next US Dietary Guidelines for Americans. A report underpinning the new guidelines reinforces the status quo: to eat less fat and fewer animal products and eat more plant foods, which fails to reflect much of the current science. For example, the report ignores evidence in favour of low carbohydrate diets. The concern about the report is such that the US Congress has intervened.

You may disagree with some of the strong editorial viewpoints expressed this week, but at *The BMJ* we are equally open to airing disagreement with what we publish, even with fashionable haste. In the same issue, the editorialists Nick Freemantle and Greta Rait (p 10) critique data presented by Cole and colleagues (p 14) on the significance of errors in papers reporting clinical trials and question the researchers' interpretation. The errors are not necessarily a marker of fraudulent or harmful research, as suggested by the researchers, but do raise more fundamental questions about the rigour of journal editors and journal processes.

Kamran Abbasi, international editor, *The BMJ*
kabbasi@bmj.com

Cite this as: *BMJ* 2015;351:h5083

Twitter

Follow the editor, Fiona Godlee @fgodlee, and *The BMJ* at twitter.com/bmj_latest

thebmj podcasts

Talk medicine

Listen to what you want, when you want, and how you want



thebmj.com/podcasts

Download any QR code reader on your smartphone and scan this code to start listening