as the basis for determining levels of remuneration, thus helping to improve recruitment, retention, and job satisfaction.

Genetic epidemiology can help control Chagas' disease in Latin America

Chagas' disease (also known as American trypanosomiasis) is the most costly parasitic infection in Latin America. In a clinical review, Miles and colleagues (p 1444) discuss the public health and economic implications of *Trypanosoma cruzi*, a complex zoonosis transmitted primarily by triatomine bugs which infest poor quality housing.

The parasite multiplies inside cells, particularly those of the heart and smooth muscle, and can cause severe abnormalities and cardiomyopathy in up to 30% of infected people. The authors say that molecular epidemiology can be used to guide disease control strategies by distinguishing the genetic diversity of *T cruzi* and clarifying transmission cycles of different species.

POEM*

Breast feeding is associated with fewer hospitalisations

Question Is breast feeding associated with fewer hospitalisations for respiratory problems?

Synopsis This team used a sensible search strategy to perform this meta-analysis. They explored several databases to find studies in industrialised nations reporting rates of hospitalisations for lower respiratory diseases and that examined breast feeding of more than two months' duration. They also attempted to find unpublished studies. The investigators independently abstracted the data using a standard data collection form. They identified nine eligible studies, seven of them cohort studies with follow up from three to 60 months (seven with more than one year of follow up). In examining the individual studies, only two showed a significant protective effect of breast feeding. In the pooled data of the seven cohort studies, however, one sees a significant effect: 75 of 3201 breast fed infants were hospitalised for lower respiratory infections compared with 77 of 1324 (adjusted risk ratio 3.5%; relative risk 0.28, 95% confidence interval 0.14 to 0.54). If this were an unconfounded study, this would translate to a number needed to treat of 29. The authors don't report whether the data were homogeneous across trials.

Bottom line Healthy babies who are breast fed for at least two months have fewer hospitalisations for lower respiratory disease. Whether this is purely due to breast feeding or some other associated unmeasured factors (such as health beliefs) is unknown.

Level of evidence 1a (see www.infoPOEMs.com/resources/levels.html); systematic reviews (with homogeneity) of randomised controlled trials

Bachrach VRG, Schwarz E, Bachrach LR. Breast feeding and the risk of hospitalization for respiratory disease in infancy: a meta-analysis. *Arch Pediatr Adolesc Med* 2003;157:237-43.

©infoPOEMs 1992-2003 www.infoPOEMs.com/informationmastery.cfm

* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

The most important *BMJ* for 50 years?

I suggest, gentle (or even angry) reader, that you keep this issue of the *BMJ*. It may well become a collector's item. It's perhaps more than 50 years since we published something as important as the cluster of papers from Nick Wald, Malcolm Law, and others (p 1419, p 1423, and p 1427).

They argue convincingly that a pill with six ingredients could prevent 80% of heart attacks (or other events caused by ischaemic heart disease) and strokes. Anybody with cardiovascular disease would take the pill, and so would everybody from 55—without any investigation. As heart attack, stroke, and other cardiovascular events kill or disable half the population of Britain—and a similar proportion in other developed countries—widespread use of the pill would, write the authors modestly, "have a greater impact on the prevention of disease in the Western world than any other single intervention."

There are many remarkable things about these papers, and one is that you could almost have thought of it as well. I remember Nick Wald telling me about the idea over a year ago and challenging me to guess the ingredients. I guessed aspirin, a statin, a diuretic, and an angiotensin converting enzyme inhibitor but not the others. It was, I judge, genius to think of the idea and hard work to identify the exact ingredients. The authors have also taken an original step by showing that most of the benefits (and many fewer of the side effects) can be had from taking antihypertensives at lower dose and in combination.

The authors have filed a patent application, but what might be patentable? The idea? The combination of drugs? It's not clear, and the economics and politics of the project are fascinating. The six ingredients are all off (or about to be off) patent, so the pill might be made very cheaply. This is good news for the developing world, as Anthony Rodgers notes in an editorial (p 1407), but large pharmaceutical companies are not keen. Not only will the profit margin be low but also many of their expensive drugs may be made redundant. A large generic company—perhaps one from India—might be best suited to manufacture the pill.

And what will happen to cardiologists and cardiac surgeons? Will they have to retrain as psychiatrists, hoping that nobody invents a "happy pill" to oblige further retraining?

Then there is the question of medicalisation. The *BMJ* last year published a theme issue questioning the medicalisation of birth, death, unhappiness, and risk. Now we are publishing studies that argue that everybody should take pills from 55. But do doctors need to be involved? We could do away with the screening—evaluated so carefully by a group from London on p 1436. Maybe too we could buy the pills in supermarkets and pubs—perhaps even washing them down with a glass of red wine and preventing still more deaths.

Richard Smith *editor*

To receive Editor's choice by email each week subscribe via our website: bmj.com/cgi/customalert