feelings of anger, frustration, and anxiety. Prisoners attributed drug misuse to social isolation. Prison staff said that fewer staff, more prisoners, high staff sickness rates, and prison staff management styles increased their stress levels. The authors state that health professionals, primary care trusts, policy makers, and prison management need to address prison environmental factors and the mental health of prison staff to have an impact on the mental health of prisoners.

POEM*

Diuretics should be first line treatment for hypertension

Question What agent is preferred as first line treatment for hypertension?

Synopsis Current evidence clearly supports using diuretics as the first line treatment for hypertension in most patients, including those with diabetes, coexisting risk factors for cardiovascular disease, and asymptomatic left ventricular hypertrophy (see the *Seventh Report* of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure for exceptions). The authors combined 42 clinical trials including 192 478 patients randomised to seven major treatment strategies, including placebo. Most recently included in this meta-analysis were the antihypertensive and lipid-lowering treatment to prevent heart attack trial (ALLHAT) and the Australian national blood pressure study. None of the other first line treatment strategies, including β blockers, angiotensin converting enzyme (ACE) inhibitors, calcium channel blockers, α blockers, and angiotensin receptor blockers, were significantly better than low dose diuretics for any outcome (despite the fact that most cost considerably more). Compared with calcium channel blockers, diuretics were associated with a reduced risk of cardiovascular events and congestive heart failure. Compared with ACE inhibitors, diuretics were associated with reduced risks of congestive heart failure, cardiovascular events, and stroke. Compared with β blockers, diuretics were associated with a reduced risk of cardiovascular events. Blood pressure changes were similar with the different drugs (so much for that as a surrogate marker). In the largest trial (ALLHAT), low dose diuretics were also shown to have the lowest rate of dropouts due to intolerance and were also superior or equal to other agents, including ACE inhibitors, in patients with diabetes and asymptomatic left ventricular hypertrophy.

Bottom line It can't get clearer. Diuretics—the least expensive and most effective agents—should be the first line treatment for almost everyone with hypertension, including patients with diabetes and asymptomatic left ventricular hypertrophy. Remember that the dose of the diuretic cannot be higher than an equivalent dose of 25 mg hydroclorothiazide. A higher dose creates an increased risk of mortality and morbidity without any additional benefit. Anyone who continues to prescribe a calcium channel blocker as a first line agent for uncomplicated hypertension should have their car trunk checked for large amounts of drug company paraphernalia and interrogated about who paid for their dinner the night before.

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

Psaty BM, Lumley T, Furberg CD, et al. Health outcomes associated with various antihypertensive therapies used as first-line agents. A network meta-analysis. *JAMA* 2003;289:2534-44.

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

Editor's choice

Champions and betrayers of public health

The World Health Organization has spent much of this year in limbo waiting for its new director general to take office. Even so it has managed three surprises. Gro Harlem Brundtland's decision to decline a second term was followed by the unexpected election of Jong-Wook Lee when all eyes were on an African succession. And WHO's quick and determined response to SARS was almost as unpredictable as the outbreak itself.

Lee took charge in July and immediately introduced a team of management consultants. Brundtland may have raised WHO's profile and its credibility, but she didn't do enough for staff morale or for relations between headquarters and the regions. Many felt downtrodden and disillusioned by incessant change. Brundtland began with goodwill from within and without, and Lee was close enough to the regime—as head of WHO's Stop TB programme—to see Brundtland's weaknesses and witness how that internal support withered.

Lee, entrenched in WHO's culture, has an advantage in keeping the organisation behind him, but the question is whether it is possible, in management consultant speak, to keep all stakeholders—staff, regions, member states, private and public partners—bought in and on message. At the very least, Lee must be careful not to repeat the mistakes of the past, and setting over ambitious targets (p 466) and reviving Health for All may do just that.

Fiona Fleck's profile of Lee—now the most high profile public health doctor—highlights disparities between the perception of him as a circumspect leader and the inside view of him as a fixer (p 468). Which impression of Lee is nearer the truth remains to be seen—perhaps he is both. And then there are those management consultants. "Cynics say that a consultant borrows your watch and then tells you the time," says Lee. "But maybe from time to time we don't know what time it is, and it is nice to be reminded."

One of Brundtland's triumphs was the framework convention on tobacco control, which was adopted—along with Lee—by the World Health Assembly in May. The *BMJ* is also "passionately antitobacco," although many readers thought otherwise when we published a paper by James Enstrom and Geoffrey Kabat, which implied that the risk from passive smoking had been overestimated. We received over 140 responses, many accusing us of being hoodwinked by tobacco money and publishing bad science (p 501). Many respondents were angry at the *BMJ* for betraying public health and doubly cross at the "tabloid" cover on that week's journal and the "sensational" press release. Unusually, this week's letters section comprises solely responses to that particular article, including an explanation of our decision to publish and our policy on tobacco funded research (p 505).

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