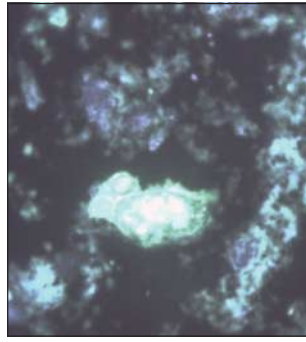


and student feedback. Cantillon and colleagues (p 606) say that it is not just an alternative method for delivering examinations but represents an important qualitative shift away from traditional methods. It can now be delivered anywhere via a secure computer network. In some subject areas, computer-delivered adaptive tests, pitched at the level of expertise of each candidate, allow for shorter testing time and use of fewer questions.



DR CRAIG LYELL/CDC

potential biotechnical, medical, epidemiological, and psychological advantages and disadvantages of screening at individual and public health level. Apart from the infection being mostly asymptomatic and the lack of a cure, universal screening would be inappropriate because adequate information for exercising the right of autonomy would not be met, testing would not benefit babies, and equity might be jeopardised if all patients did not have access to specialists in venereology, say the authors.

Screening for herpes simplex may not be ethical

Universal serological screening for herpes simplex virus type 2 may be ethically unjustified, at least in countries with a low prevalence of infection. On page 618, Krantz and colleagues use an ethical model to consider the

POEM*

Liposuction does not improve cardiovascular risk factors

Question Does liposuction improve cardiovascular risk factor profiles for obese women?

Synopsis The researchers identified 15 obese women, eight with normal glucose tolerance (mean body mass index (BMI) = 35.1) and seven with abnormal glucose tolerance or type 2 diabetes mellitus (mean BMI = 39.9). Each had a series of metabolic parameters measured at baseline, and again after large volume liposuction. This was not a little nip and tuck—the average patient had 7.05 kg (15.5 lbs) removed during the procedure. There was no significant improvement in the cardiovascular risk factors (blood pressure, lipid levels, plasma glucose, plasma insulin) or on measures of inflammation after the liposuction. Though the study was small, it was appropriately powered to find a statistically significant change in the outcomes reported.

Bottom line Liposuction of an average of 7 kg of abdominal fat does not result in an improvement in cardiovascular risk factors, including measures of inflammation and insulin resistance. Diet and exercise are better ideas.

Level of evidence 4 (see www.infoPOEMs.com/levels.html). Case series

Klein S, Fontana L, Young VL, et al. Absence of an effect of liposuction on insulin action and risk factors for coronary heart disease. *N Engl J Med* 2004;350:2549-57.

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

Editor's choice

Parkinson's disease: a journey

Some drugs are like weapons of mass destruction: often heard about but seldom seen. Selegiline, a monoamine oxidase type B inhibitor, was hailed in the 1980s as a drug that might alter the clinical course of idiopathic Parkinson's disease—and not just relieve symptoms (p 581). A research paper published in the *BMJ* in 1995 (bmj.com/cgi/content/full/311/7020/1602) curbed that optimism by indicating that people taking selegiline and levodopa had a higher risk of death than those taking levodopa alone. Now this week's issue carries a meta-analysis of 17 trials comparing monoamine oxidase type B inhibitors with placebo and finds this class of drug improves symptoms, delays the use of levodopa, and lower doses can be used once levodopa is required (p 593).

Reclaiming older, cheaper drugs on the basis of sound evidence has become fashionable and the ALLHAT trial signalled a preference for thiazide diuretics over more modern treatments for hypertension. With a sweet \$800m estimated to develop a new drug, industry's enthusiasm for promoting modern therapies is understandable—but undesirable—as is its reluctance to share negative findings about products (pp 587, 590).

Yet does this latest meta-analysis point to widespread use of monoamine oxidase B inhibitors? Editorialists Yoav Ben-Shlomo and Kailash Bhatia urge caution. Yes, these drugs are beneficial in younger and otherwise healthy people, but their safety in combination and their efficacy compared with other first line drugs has not been proved. A funnel plot, say Ben-Shlomo and Bhatia, hints at publication bias. What does this shadow boxing do for trust in the findings of clinical research? Where does this leave patients? Ben-Shlomo and Bhatia reach the same conclusion that clinicians in many disparate situations are now reaching: the best choice of treatment will be the patient's.

Mary Baker and Lizzie Graham warn that doctors should remember that people with Parkinson's disease “value physical therapy as much as, if not more than, medication to help them move and remain active” (p 611). In the first of a new genre of *BMJ* articles that we hope will help readers understand the experiences of people living with chronic disease—a journey that encompasses good and bad news, companions, coping strategies, much solitude, false trails, and travellers' tales—Baker and Graham map out a life with Parkinson's disease, and Peter Lapsley and Trish Groves explain our rationale for publishing the “patient's journey” articles and how readers can contribute their own (p 582).

Every journey has a beginning and an ending, however fuzzy, and this week's cover captures Muhammad Ali, one of the world's most famous sportsmen, at the start of his journey with Parkinson's disease. Ali's exploits in Africa are well documented. Less well documented is the plight of doctors in Uganda, where nearly a third of graduates from one medical school have had an all too brief life journey, with AIDS (p 600).

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