

## Electronic health records reduce office visits



SIMON FRASERSPL

Using an electronic health records system reduced visits

to doctors' offices in Colorado and the northwest United States. Garrido and colleagues (p 581) found that two years after electronic health records had been fully implemented, age adjusted rates of office visits had fallen by 9%. Age adjusted primary care visits decreased by 11% in both of the regions, and specialty care visits decreased by 5% in Colorado and 6% in the northwest. The quality of care was not affected, say the authors, and there was no concomitant increase in use of other services.

### POEM\*

#### Lipid lowering prevents stroke in patients with or without CHD

**Question** In patients with or without heart disease, does lowering the lipid concentration decrease the risk of stroke?

**Synopsis** The authors of this meta-analysis set out to determine whether lipid lowering of any type—we already know that statins work—decreases the likelihood of stroke in patients with or without coronary heart disease (CHD). They started by identifying all 65 randomised controlled trials comparing any intervention with placebo or usual diet, which included a total of 200 607 patients. They conducted the appropriate search of five databases, with articles in all languages, and searched reference lists. Two investigators independently assessed the studies and their quality and evaluated the possible influence of study quality on the results. As has been shown, treatment with a statin decreased the risk of fatal and non-fatal strokes by approximately 25% in patients with or without CHD (primary and secondary prevention). For patients at low risk (0.2% likelihood per year in these studies), this benefit translates into one less stroke for every 2778 patients treated for one year (95% confidence interval 2083 to 5000). For those at high risk (0.9% per year), the benefit was one less stroke for every 617 patients treated for one year (463 to 1111). The benefit was not quite as pronounced in the higher quality studies that used concealed allocation when enrolling patients. Treatment with other cholesterol lowering approaches, including diet, did not affect stroke risk.

**Bottom line** Statins produce a statistically significant 25% average reduction in the risk of experiencing either a fatal or non-fatal stroke. Other approaches to lipid lowering do not. However, before we start putting statins in the drinking water we need to realise that this reduction translates into one less stroke in every 2778 patients at low risk (that is, without heart disease) and one less stroke for every 617 patients with pre-existing heart disease.

**Level of evidence** 1a (see [www.infoPOEMs.com/levels.html](http://www.infoPOEMs.com/levels.html)). Systematic reviews (with homogeneity) of randomised controlled trials.

Briel M, Studer M, Glass TR, Bucher HC. Effects of statins on stroke prevention in patients with and without coronary heart disease: a meta-analysis of randomized controlled trials. *Am J Med* 2004;117:596-606.

©infoPOEMs 1992-2003 [www.infoPOEMs.com/informationmastery.cfm](http://www.infoPOEMs.com/informationmastery.cfm)

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

## Editor's choice

### One child, one world, and one permit expired

Demographer Maurice King calls for a one-child world, in which the planet's inhabitants restrict themselves to a solitary heir or heiress for the betterment of humankind and to deliver us from "entrapment," the deadly curse of exhausted food supplies and civil war that comes with overpopulation. Africa, King argues, is a continent in the throes of entrapment and, although a commission sponsored by politicians and rubber stamped by pop stars has identified governance as the primary obstacle to Africa's emergence from poverty, it would be an error to sideline a debate on demography.

The Commission for Africa promises much—an end to trade distorting subsidies, debt cancellation, and doubling of aid flow—and refreshingly asks rich countries to take responsibility for their contribution to corruption, political instability, and war on the continent. Governance issues in Africa require attention—they always have done—but South Africa's governance, for example, doesn't need an overhaul. African nations have done much themselves to bring a greater political will and urgency to the continent's reform agenda. This debate will live on in our theme issue on Africa, scheduled for September.

A one-child world brings its own problems. The populations of Far East Asia will be dominated by older people with not enough young ones. Japan's population of 127 million will drop by 25% over the next 40 years, but the number of older people will continue to increase. Even China's one-child policy has become too many for some couples enjoying the liberty and wealth of an expanding economy. Ironically, this procreative reluctance casts doubt on economic growth. For now, though, China's rapid expansion is creating a divided society, split between those lifted by the boom and those left behind, an uncomfortable scenario for politicians. We may think we live in one world but it still includes the worlds of the rich and the poor, a debate that will continue in our theme issue on China in early 2006.

Singapore, now certifiably rich, scraps cars after a 10 year permit of ownership expires. Well, my permit, like Martha Stewart's sentence, is up this week. It's been a fun seven and a half months as the *BMJ*'s acting editor, including our indulgence in "peacekeeping operations in the Middle East"—as an imaginative reader described it—a landmark paper on the diagnostic skills of dogs, and the hornets' nest disturbed by our debate on the future of the General Medical Council. Indeed, promoting debate and making the *BMJ* a journal for the world is what it was all about (p 550, p 557). I hope our own growing population of readers believes that we have achieved that to some degree. I've learned a great deal, particularly that a lively journal is only possible with the support of colleagues—sometimes lawyers—and the patience of readers. I'm back to deputy editor next week as Fiona Godlee begins her reign as the *BMJ*'s 13th editor. Kamran Abbasi acting editor ([kabbasi@bmj.com](mailto:kabbasi@bmj.com))

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