



## NICE guidelines and other stories . . .

The UK National Institute for Health and Care Excellence (NICE) develops guidelines through a complex and rigorous system in which evidence synthesis is combined with iteration by specialists, generalists, and patient representatives. Yet guidelines are often criticised for making recommendations that go beyond the evidence. A qualitative study of conflicts of interest (COIs) within NICE guideline development committees (*PLoS One* 2015;10:e0122313, doi:10.1371/journal.pone.0122313) finds that most participants regard current policy as comprehensive, leading to transparent and independent guidance. However, certain kinds of non-financial COIs are hard to manage, and the authors conclude that clearer policies and procedures are needed, with appropriate training for chairs of guideline development groups and an evaluation of how the policy is used in practice.

For parents looking haggard due to a sleepless toddler, a study in *JAMA Pediatrics* (2015, doi:10.1001/jamapediatrics.2015.0187) seems to bring little comfort. In a Norwegian cohort of 32 662 children, short sleep duration ( $\leq 10$  hours) in 556 children (1.7%) and frequent nocturnal awakenings ( $\geq 3$  times) in 1033 children (3.2%) at 18 months significantly predicted concurrent and later incidence of emotional and behavioural problems at 5 years. But because the risk ratio is about 1.6 compared with the other 31 000 children, most parents can in fact look forward to a peaceable schoolchild.

Current smoking is associated with a higher risk of type 2 diabetes, and the most beneficial thing anyone with this condition can do is to give up smoking. But it is not quite that simple. A retrospective cohort study of 10 692 adult smokers with type 2 diabetes that used the Health Improvement Network, a large UK primary care database, found that smoking cessation is associated with a deterioration in glycaemic control that lasts for three years and is unrelated to weight gain (*Lancet Diabetes and Endocrinology* 2015, doi:10.1016/S2213-8587(15)00082-0). The tiny additional risk of microvascular events that this might cause does not of course cancel the enormous cardiovascular benefit of smoking cessation.

Debilitated patients who have repeated infection with *Clostridium difficile* are a sad and common feature of medical wards and nursing homes. Minerva can't help wondering if treatment with oral vancomycin may be contributing to the problem. And on this occasion she is even willing to appeal to evidence from mice, which shows that a brief course of vancomycin is associated with marked destruction of intestinal microbiota and greater risk of colonisation by nosocomial

pathogens (*Journal of Infectious Diseases* 2015, doi:10.1093/infdis/jiv256). Perhaps it is time that stool based therapies became first line.

The association between alcohol and heart failure is explored in a study of 33 760 Swedish men aged 45-79 years who were followed up from 1998 to 2011 (*Circulation Heart Failure* 2015, doi:10.1161/CIRCHEARTFAILURE.114.001787). The study uses two kinds of modelling, and the only significant association to emerge is that of a reduced risk of heart failure in men with an intake of 7-14 units per week in one model. The curve is U shaped overall, but even in this large cohort the association does not reach statistical significance at any other point.

Determining what is important to patients lies at the heart of shared decision making, and this should be the case for quality metrics and the prioritisation of research as well. Yet the three often seem to occupy separate worlds. So it is good to see them come together in an initiative by the Outcome Measures in Rheumatology (OMERACT) working group. The initiative aims to determine the core set of domains for measuring shared decision making in intervention studies in adults with osteoarthritis—from the perspectives of patients, health professionals, and researchers (*Journal of Rheumatology* 2015, doi:10.3899/jrheum.141205). Let's have much more of this from every specialist group, please.

Google Glass was introduced in 2012: it is a set of wearable glasses combined with a camera, a computer, and a microphone. If the full promise of this technology is realised (*JAMA Dermatology* 2015, doi:10.1001/jamadermatol.2015.0248), dermatologists of the future will sit by a swimming pool on a sunny island while Google glassed patients share their concerns and pictures with them in real time. It just needs the right kind of billing software.

Shakespeare's King Richard III comes on stage to declare that he is determined to be a villain because he was born into this world "deform'd, unfinish'd." An unattractive hypothesis in itself, but one that gains plausibility when you consider what he might have had to undergo as state of the art treatment for childhood scoliosis in the 15th century. An article in *Medical Humanities* (2015, doi:10.1136/medhum-2014-010647) speculates that this would have included traction and manual manipulation that needed specially designed equipment, space, and assistants. Enough to set anyone planning evil deeds.

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