disease poses substantial challenges to the international community.

Current assessment methods overestimate coronary risk

Current scoring methods for coronary heart disease may overestimate risk. Brindle and colleagues (p 1267)

prospectively studied 6643 men participating in the British regional heart study and found that scoring methods derived from the Framingham study overpredicted risk by about 50%. The scores could be adjusted by dividing the calculated score by the amount of overprediction observed. This would improve predictive accuracy in the British population, but further refinements are required if treatment decisions are to be optimal.

POEM*

Only a third of people with chronic fatigue have chronic fatigue syndrome

Question How common is chronic fatigue syndrome among patients with chronic fatigue?

Synopsis In this cross sectional British study, patients aged 16 to 75 years with fatigue lasting more than six months were evaluated with the Centers for Disease Control's 1994 case definition for chronic fatigue syndrome (CFS). The criteria require patients to have severe chronic fatigue of six months or longer, with other known medical conditions excluded by clinical diagnosis, and concurrently to have four or more of the following symptoms: substantial impairment in short term memory or concentration; sore throat; tender lymph nodes; muscle pain; multijoint pain without swelling or redness; headaches of a new type, pattern, or severity; unrefreshing sleep; and postexertional malaise lasting more than 24 hours. The patients in the study completed questionnaires assessing depression, anxiety, function, and perception of the aetiology of their fatigue. They had had normal laboratory results, including thyroid, blood count, and erythrocyte sedimentation rate, in the preceding six months. The authors excluded patients with psychotic illness, organic brain syndrome, or substance dependency; those with concurrent physical problems that the doctor felt could have caused fatigue symptoms; and those obtaining mental health care. Of 178 eligible patients, 141 consented to participate in the study. Only 44 (31%) of the patients had CFS. Patients with CFS average about one consultation a month compared with one consultation about every two months for the patients with chronic fatigue. Additionally, patients with CFS were more likely to be unemployed (27% v 12.4%; $P = 0.03$), to be in a self help group (20% v 0%), and to have concomitant depression (48% v 18%). Half of all patients, regardless of CFS status, attributed their fatigue to psychological causes.

Bottom line Among patients with chronic fatigue, only a third meet the criteria of the Centers for Disease Control for chronic fatigue syndrome.

Level of evidence 4 (see www.infoPOEMs.com/resources/levels.html); case series (and poor quality cohort and case-control studies).

Darbishire L, Ridsdale L, Seed PT. Distinguishing patients with chronic fatigue from those with chronic fatigue syndrome: a diagnostic study in UK primary care. *Br J Gen Pract* 2003;53:441-5.

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

Editor's choice

The NHS experiment

Ownership and integration—two attributes that typify Kaiser Permanente, a healthcare organisation that provides managed care to 8.2 million Americans. Last year's *BMJ* paper by Richard Feachem and colleagues compared the NHS unfavourably with Kaiser and produced a strong reaction. Many of you argued this was a comparison of apples and oranges, fatally flawed; others believed that Kaiser could be a model for the NHS. A major difference between the two systems was bed usage—the NHS used three times the number of acute bed days. One GP reader wrote: "Senior NHS representatives should visit the US system described, try to work out why patients spend far less time in hospital, and then start applying the lessons learned."

Chris Ham and colleagues followed most of that advice. They examined routine data for the 11 leading causes of acute hospital admission (p 1257). Ham interviewed Kaiser's senior clinical and managerial staff, and 35 clinicians and managers from the NHS visited California to observe Kaiser's facilities and services. Can apples learn anything from oranges? Ham's team broadly confirm Feachem's findings. The differences in bed day use, they say, depend more on length of stay than admission rates. The NHS has scope to use acute hospital beds more effectively. Jonathan Shapiro and Sarah Smith believe that Kaiser is successful in large part because it is a "value driven organisation" (p 1241). Patients and doctors have signed up to the Kaiser philosophy of egalitarianism, a system that offers less choice but equitable service.

Five years ago when I researched a series of articles on the World Bank I was struck by the way people outside Britain were fascinated by the NHS. Here was a natural experiment of a health system offering universal coverage, a model that most modern policy makers bewitched by privatisation and insurance schemes would hesitate to recommend. How long before it collapsed? How to evaluate the effect of political interventions? A report from the Nuffield Trust describes the current UK government's strategy as "the most ambitious ... national initiative to improve healthcare quality in the world" (p 1250). But as with other national health systems, there are insufficient good data—or analytic and evaluative capacity. Richard Smith considers the state of the NHS and concludes that we need better data to drive quality improvement (p 1239), although he doubts that "a state of quality and grace will be achieved in the NHS in another five years."

Elsewhere in this week's issue, researchers question the treatment of unilateral visual impairment detected at preschool vision screening (p 1251, p 1242); find that a smoking cessation programme delivered by cardiac nurses reduces smoking rates (p 1254); explore how health economics dictates that aspirin should be offered before statins to prevent heart disease (p 1264, p 1237); and show that the Framingham score overestimates the absolute coronary risk (p 1267). All these provide data that NHS policy makers would do well to consider.

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