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March Focus

Let me have men about me that are fat;
Sleek-headed men and such as sleep o'nights;
Yond Cassius has a lean and hungry look;
He thinks too much: such men are dangerous.
(Julius Caesar act 1, scene 2)

We cannot know whether Julius Caesar (or Shakespeare) would feel the same about men that are fat at the beginning of the 21st century; only that there is no shortage to choose from. By now everyone who reads the *BJGP* will be familiar with the worrying data on increasing obesity, and Colin Waine summarises the scale, consequences and costs on page 232. Currently, overweight and obesity account for 30% of coronary heart disease and 70% of new cases of type 2 diabetes. Then there is the collective inactivity, both contributing to the overweight and a risk factor on its own. As is pointed out on page 189: 'Sedentary lifestyle is a major risk factor for cardiovascular disease: smoking 20 cigarettes per day increases the risk of events by 36% in males and 61% in females, and being physically active reduces risk by 40%.'

All of which brings us firmly back into the difficult territory of 'lifestyle advice'. What Shakespeare would have made of this ghastly expression one can only imagine. Quite apart from all the baggage of consumerist superficiality, it fuels doctors' delusions of their ability to bring about change in patients' lives with simple advice. Whereas all the research, let alone our own experience, teaches us that it is a difficult and very demanding area. However, some success is attainable. Of the three methods compared in the trial on page 189, the one requiring effort from both nurses and doctors was most effective. Even advice to take more exercise given outside the context of a trial to patients with peripheral vascular disease was partially effective (page 196). These two papers also illustrate two cautionary principles: in the RCT where data was available the response to an invitation to participate was depressingly low. Many patients may not welcome our initial overtures to encourage them to take more exercise. Second, the authors of the intermittent claudication study concluded that frequent contact with patients trying to establish more regular exercise is likely to be effective. This is indeed labour-intensive work. A similar conclusion emerges from the study of patients with type 2 diabetes measuring their blood sugar levels on page 183. While the overall effects of self-monitoring were mixed, there were some patients for whom testing encouraged adherence to their diet. But the doctors also have to pay attention to the readings and give the patients some feedback. To counter the tendency among professionals to be cynical about patients' ability and willingness to alter their diets, another study of newly diagnosed diabetic patients on page 177 shows that some changes are achievable. We can also report some success of a programme of dieticians working with overweight patients, although unfortunately, and for reasons that can only be ascribed to editorial incompetence, that paper won't appear until the April *BJGP*. As with the studies on advice to give up smoking, one key to success is to set modest, achievable targets for ourselves, rather than expect wholesale and dramatic changes. We are, after all, up against powerful forces, as Colin Waine also points out. But then, if the task is difficult, the rewards are enormous — potentially the survival of the human race for the next 10 000 years (page 234).

Faced with such thoughts going far into the future, we might risk inviting the familiar criticism that the *BJGP* doesn't address the immediate needs of working doctors enough. Dealing with more immediate concerns is the editorial on page 162 that gives the background to current discussions about changes to the coroners' courts that have emerged from the Shipman Inquiry. Nearly as troubling are the recent cases where women imprisoned for murdering their children have been released from jail. Mike Fitzpatrick subjects this to thoughtful consideration on page 225. Finally, for something immediate and practical, turn to Peter Toon on page 236 trumpeting the virtues of poetry in the waiting room. Shakespeare surfaces here, as the intervention in a proposed RCT, but with the most gloriously mad idea for the control group.

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Editor

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