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November Focus

'ALLHAT's now off for ASCOT', writes the tireless Richard Lehman (*Flora Medica*, page 899), and thinks we may now find ourselves shifting patients with high blood pressure from atenolol/bendroflumethiazide combination to ACE inhibitor and calcium channel blocker. But he also predicts that hypertension trials will continue forever, so huge is the current appetite for hypotensive drugs. Compared with the numbers of big trials of drugs, the review on page 875 shows that conclusive evidence on the best ways of managing the care of these patients is more difficult to find. They seem to need the kind of care that we might expect: a vigorous approach to treatment, a properly organised programme of review and reminders to those who fall out of the system. Clinicians who, at least in the past, were happy to accept blood pressures above the treatment target, will find such behaviour labelled as 'clinical inertia'. But the study on page 838 will make everyone think again about whom we should be treating. In a review we published in September 2004, it was pointed out that the Framingham equation may overestimate risk by as much as 50%. Up to a point, Lord Copper: it may underestimate by similar amounts in the most deprived populations. The inaccuracies of the Framingham equation should not surprise, given all that has changed since the data were gathered. For instance, the rate of first myocardial infarction is falling significantly, at least in the Netherlands (page 860). The authors think this may be the result of successful prevention, but it may just be going away, as James Le Fanu suggested in the Christmas *BMJ* a year or two ago.

The mysterious appearance and disappearance of mankind's various afflictions remains an enigma, although the other main theme of this month's *BJGP*, the concern over mental health, may have a simple explanation. Chris Johnstone in his review of 'Let them eat Prozac' (*BJGP* of July 2005, page 570) observed that the research activity directed towards seeking out and treating depression coincided with a new generation of antidepressants. Contrary to some recent findings, GPs emerge as doing rather well when deciding who should and should not get antidepressants, responding both to the severity and to the presence of comorbid anxiety (page 846). Better than the GPs participating in the study on page 854, where the authors report a 'lack of belief by

the GPs that they could have an impact on the outcome of depression' — perhaps laudable humility? The preoccupation with depression may have detracted from the need to recognise and treat anxiety, also common and associated with high use of medical services (page 867). Where adolescents are concerned, Fitzpatrick argues that worse than simply overtreatment, we are undermining their ability to use their own networks in order to deal with distressing life events (page 891). We shall hear a lot more of patients' own resources with the development of the expert patient programme. An impressive report on such a programme reports modest but significant improvements in their ability to care for themselves among a minority ethnic group (page 831). These are the kind of patients, thought hard to reach, who often don't figure in medical research. Impressive that this study was completed at all, whatever the results.

Some years ago I told the story of the late Hermione Gingold being brought up short on stage when a small girl sitting in the front row asked loudly: 'Mummy what is that lady for?' Well, here we are hoist with our own petard. On page 885 Simon Cocksedge and Val Wass ask 'What are the Back Pages for?' (I paraphrase slightly). So it's good to let this month's Back Pages speak for themselves. Alison Woolf takes a swipe at the Department of Health's attempts to improve access to GPs (page 890), and a more serious look at attempts to apply TQM to primary care attracts John Middleton's scorn on page 892. David Haslam shares his lifelong admiration for Bob Dylan on page 894. He wonders about its relevance to the *BJGP*, and I don't have a good answer, except that we don't want everything to be judged on its immediate relevance to our workaday lives, and sometimes we can share with patients the idea that 'the journey is more important than anything else.' But to justify the existence of the Back Pages turn to page 888 for John Frey's heartfelt account of some of the deficiencies in the US's healthcare system. It's not up to us in the UK to tell the US how to organise its health care, but the Department of Health's constant looking there for solutions to our problems is an endless source of wonder, and this essay will increase the sense of disbelief.

DAVID JEWELL

Editor

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