Editor's Briefing

The first months of 2011 have been among the most momentous in recent memory. Around the globe geopolitical maps are being re-drawn. Mother nature has flexed her muscles across the continents. Healthcare reform is at the forefront of national politics in many countries. Aspects of this international turmoil and a very real sense of interdependence emerge in this month's issue of the *BJGP*.

Looking East, a moving and inspirational account of the aftermath of the Japanese earthquake and tsunami (Hutt and Kassai), and the response of primary medical care is published alongside an editorial from Hong Kong that provides an overview of the role of acupuncture in various health systems (Wong and Chung). The editorial is based around two papers from Paterson and colleagues, from the south-west of England, who report the positive results of a randomised controlled trial of acupuncture in patients with unexplained physical symptoms, and accompany this with a qualitative description of the views of patients taking part in the trial. A series of five-element acupuncture treatments has significant and sustained benefit in patients who frequently attend with medically unexplained symptoms. The patients who were interviewed not only provided insights about what they perceived as valuable in these sessions, but also felt able to undertake more self-care for their problems. In a provocative article reviewing fatalities associated with complementary and alternative therapies, Ernst makes a plea for more systematic monitoring of the possible adverse effects of non-traditional therapies.

The population prevalence of anxiety, defined by standard criteria, is remarkably high around the world, and three papers look at different aspects of this ubiquitous problem. In a valuable analysis from Malaysia, Sherina and co-workers explore the factors associated with anxiety in women attending a primary care clinic and identify intimate partner tensions and violence as key associations. Counter-intuitively perhaps, the paper from Nijmegen, Netherlands, finds that unexplained physical symptoms, while associated with anxiety, are not predictive of it (van Boven *et al*). Tait and Berrisford's editorial extends this discussion and provides useful guidance on a primary care approach to generalised anxiety disorder.

Last month we discussed the importance of access to investigations for patients suspected of having cancer, and this theme is echoed in David Kernick's analysis of the pros and cons of direct access to imaging for adults with headache. Recognising the thinness of the evidence base, Kernick recommends direct access to computed tomography, but says that the costs and high rates of incidental findings make direct access to MRI less compelling. A slightly different set of benefits are described for open-access transvaginal ultrasonography by de Vries and co-workers from Amsterdam, who found it valuable in prompting GPs to reconsider their provisional diagnoses, as well as providing evidence-based reassurance when findings were normal.

Peter Rose and colleagues' review of the risks and benefits of low dose aspirin therapy — which may prevent cancer as well as ischaemic heart disease — is timely, and their advice about cautious prescribing in younger patients and careful explanation and review in older patients are important messages for practice, although the informed discussion with patients about vascular and cancer risk reduction against the increased chances of cranial or gastrointestinal haemorrhage is fairly challenging.

End-of-life research, where traditional ideas about what constitutes palliative care are often re-cast, is increasingly focused on anticipating and responding to the needs of patients as they approach the 'terminal' phase of an illness. Abarshi and colleagues examine the difficult question of how patients likely to die in the near future can best be recognised — important because they are more likely to be well served in their last weeks if this determination can be made accurately. And Patrick White's group from London emphasise the distinctions, as well as the overlap, between anticipatory supportive and palliative care and, end-of-life care in patients with chronic obstructive pulmonary disease.

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