The Editor BMJ
BMA House, Tavistock Square
London WC1H 9JR
editor@bmj.com
T +44 (0)20 7387 4499
F +44 (0)20 7383 6418

BMA MEMBERS' INQUIRIES
membership@bma.org.uk
020 7383 6599

BMJ CAREERS ADVERTISING
sales@bmjcareers.com
020 7383 6531

DISPLAY ADVERTISING
sales@bmj.com
020 7383 6350

REPRINTS
reprints@bmj.com
020 8346 1339

SUBSCRIPTIONS
subscriptions@bmj.com
020 7383 6270

For "Who is Who" at the *BMJ* see bmj.com/contacts

For advice to contributors see bmj.com/advice

To submit an article go to submit.bmj.com

The *BMJ* is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy.

The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt.htm#independence) and the code on good publication practice produced by the Committee on Publication Ethics (www.publicationethics.org.uk/cope1999/gpp/gpp.phtml#gpp).

©BMJ Publishing Group Ltd 2003.

All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the BMJ

US second class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. $507. Weekly

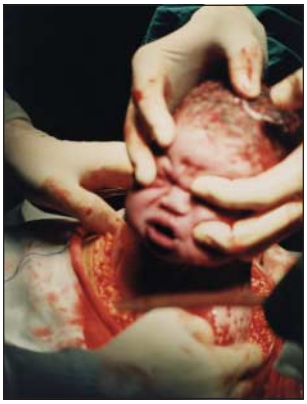
Printed by Wyndeham Heron and Co

This week in the BMJ

Ranking of health systems varies according to measures used

Using different indicators may change the rankings of health systems. Nolte and McKee (p 1129) analysed the data in the 2000 *World Health Report*, ranking the world's health systems. The report used disability adjusted life expectancy, but when mortality amenable to medical care was used, the performance of developed countries changed. Rankings based on a summary of measures may not represent accurately the health systems examined.

Women feel unprepared for operative deliveries



CONSTANTINO MARGIOTTA/SPL

Poor antenatal preparation for operative delivery has a negative impact on women's perception of antenatal classes and feelings about future deliveries. In a qualitative study Murphy and colleagues (p 1132) interviewed 27 women who had undergone an emergency caesarean section or instrumental delivery. They found that antenatal preparation did not prepare women for possible complications and interventions. Carers did not provide satisfactory explanations before discharge. This resulted in anxiety and uncertainty about future pregnancies.

Many investigative tests are not evidence based

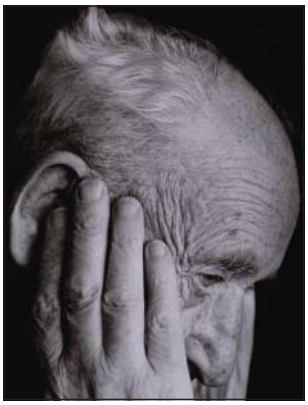
Many clinical tests used in respiratory medicine are not supported by strong evidence of their quality. Borrill and colleagues (p 1136) analysed diagnostic or confirmatory tests, and trials of therapy, in 90 consecutive patients referred to a respiratory clinic. The tests were graded according to a scale from the Centre for Evidence Based Medicine. The authors found that only 50% of diagnostic tests and 20% of tests used to monitor a known condition were supported by a strong level of evidence.

SHEILA TERRY/SPL

Adverse pregnancy outcomes are more likely with change in partner

A change of partner after the birth of the first child can adversely affect the outcome of the next pregnancy. Vatten and Skjaerven (p 1138) analysed data on more than 488 000 women from Norway and compared outcomes of pregnancy when the first and second children had the same or a different father. The authors found that the risk of preterm and low birthweight babies was increased when the father was different, and infant mortality was higher.

Two questions can help detect depression



GLADYS/PHOTONICA

Asking patients two short and simple questions about depressed mood is sufficient to detect depression. Arroll and colleagues (p 1144) examined 421 patients from primary care in New Zealand. They found that two simple screening questions detected 97% of the 28 cases of major depression—but 157 people came out as depressed on the questions. Therefore, additional questions are usually required to confirm the diagnosis.

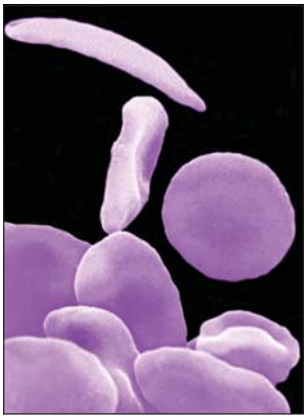
Booking system challenges NHS

A booking system that allocates the date of admission of elective surgery is not easy to sustain. McLeod and his collaborators (p 1147) analysed the impact of a new booking policy in 24 pilot centres in the United Kingdom. They looked at waiting times and attendance when patients could choose their date of day case surgery. Some hospitals improved

their performance, but only temporarily. Capacity constraints, long waiting times, and changes of managers were seen as preventing a sustained improvement.

All age groups benefit from new management of sickle cell disease

New treatments offer patients with sickle cell disease a prolonged lifespan and better quality of life. On p 1151 Claster and Vichinsky review recent advances and current treatment for these patients.



DR GOPAL MURTI/SPL

They emphasise the multidisciplinary approach, prevention of organ damage, and new treatments, such as hydroxyurea and drugs to increase fetal haemoglobin concentration.

POEM*

Aspirin protects women at risk of pre-eclampsia without causing bleeding

Question Does aspirin prevent pre-eclampsia and associated complications in high risk women?

Synopsis For this meta-analysis the authors sought high quality randomised controlled trials of low dose (by any definition) aspirin versus placebo for the prevention of pre-eclampsia and associated outcomes in women at high risk of pre-eclampsia by history. Risk factors were previous pre-eclampsia, chronic (pre-existing) hypertension, diabetes, renal disease, and extreme age at conception. Fourteen studies including 12 416 women met the inclusion criteria. Analysis for publication bias was somewhat limited because of the small number of included studies but indicated that publication bias was unlikely. The results were generally reported as weighted odds ratios. Results favoured aspirin therapy for diagnosis of pre-eclampsia (odds ratio 0.86; 95% confidence interval 0.76 to 0.96), prevention of perinatal death (0.79; 0.64 to 0.96), prevention of preterm birth (0.86; 0.79 to 0.94). Results were not different for bleeding complications (0.98; 0.79 to 1.21). Average birth weight was 215 (90 to 340) g heavier when mothers had had aspirin. Unfortunately, the methods used didn't include reporting of absolute risk differences, so we can't calculate number needed to treat. It is also not clear whether specific historical factors are associated with more or less benefit from aspirin.

Bottom line The literature published to date consistently shows a protective effect of low dose aspirin for women with risk factors for pre-eclampsia without an increase in bleeding complications, including placental abruption. The methods used did not permit absolute risk reduction and NNT to be determined.

Level of evidence 1a (see www.infopoems.com/resources/levels.html); systematic reviews (with homogeneity) of randomised controlled trials.

Coomarasamy A, Honest H, Papaioannou S, Gee H, Khan KS. Aspirin for prevention of preeclampsia in women with historical risk factors: a systematic review. *Obstet Gynecol* 2003;101:1319-32.

©infoPOEMs 1992-2003 www.infoPOEMs.com/informationmastery.cfm

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

Editor's choice
Dawn of the diagnostic age

Have you often been bothered by feeling down, depressed, or hopeless? Have you often had little interest or pleasure in doing things? We might ask our patients—or even ourselves—these two questions, but how useful might they be in diagnosing depression? Doctors have been asking these and other questions for many years; even the shortest screening questionnaires generally run to at least seven questions and take several minutes in a consultation. Bruce Arroll and colleagues hypothesised that asking these two questions during a consultation would offer a quick and reliable screen for depression in primary care (p 1144). When both answers were no, people were unlikely to be depressed (high number of true negatives, low false negatives). But the method produced many false positives, requiring further questioning from the clinician to confirm the diagnosis. A weakness of the study is the lack of a non-screened comparison group, but the authors argue that their two questions are a "good compromise between the time required to administer the screen and the likelihood ratio."

More and more researchers are evaluating diagnostic tests. Paul Sullivan's team set out to determine how many common clinical tests used in a respiratory medicine outpatient clinic are based on high quality evidence (p 1136). Only half the tests used to make or exclude a diagnosis were supported by evidence of level 1a-1c. Only a fifth of tests that were used to assess a known condition were supported by high level evidence, and trials of therapy had no evidence to support them. Evidence based resources like the Cochrane database and *Clinical Evidence* have traditionally focused on therapeutics—but their focus is shifting to diagnostics. In the first issue of this year we published the STARD guidelines for reporting diagnostic studies. Clearly there is a raised consciousness about diagnostics, which Chris Del Mar and Paul Glasziou describe (p 1117) as "the dawn of a new phase of evidence based practice: the diagnostic age." Some of what we now take for granted, they say, will quickly become outdated as new ways appear, such as the two questions screening for depression as proposed by Arroll's team.

The diagnosis in the book that won the Man Booker prize this year, *Vernon God Little*, is clear: wrongful arrest. A young man's liberty is stolen by a system that has decided on his guilt instead of asking the right questions and performing appropriate investigations—a failure of detective work, you might call it. No such criticism can be made of syphilis detective Deborah Hayden, whose intuition leads her—in her book *Pox: Genius, Madness, and the Mysteries of Syphilis*—to "explosive conclusions" about how syphilis influenced the careers of Oscar Wilde, Vincent Van Gogh, James Joyce, and Adolf Hitler (p 1173) In another book, journalist Jörg Blech casts the medicalisation story in a German context after being enraged by a new psychiatric diagnosis for stressed fathers—"caged tiger syndrome" (p 1173).

Kamran Abbasi *deputy editor* (kabbasi@bmj.com)

To receive Editor's choice by email each week subscribe via our website: bmj.com/cgi/customalert