

THIS WEEK

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A third of NHS contracts have gone to private sector since the reform

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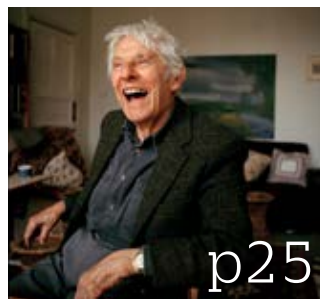




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PICTURE OF THE WEEK

Syrian women and children crowd the paediatric unit at the Domeez refugee camp, in northern Iraq. Some three million Syrian refugees have escaped fighting at home. *The BMJ's* Christmas appeal charity this year is Médecins Sans Frontières, which has sent volunteer doctors to the region. So far we've raised £2383; please help us do better.

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MOST READ

- Milk intake and risk of mortality and fractures in women and men
- How should we define health?
- Crohn's disease
- Asthma: pathogenesis and novel drugs for treatment
- Interpreting an isolated raised serum alkaline phosphatase level in an asymptomatic patient

THEBMJ.COM POLL

Last week's poll asked:

How would the extra £2bn for the NHS be best spent?

News ► *BMJ* 2014;349:g7432

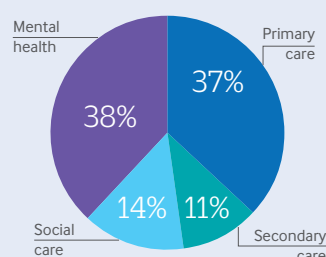
Total 223 votes cast

This week's poll asks:

Should Scotland's reduced drink drive limit apply to the rest of the UK?

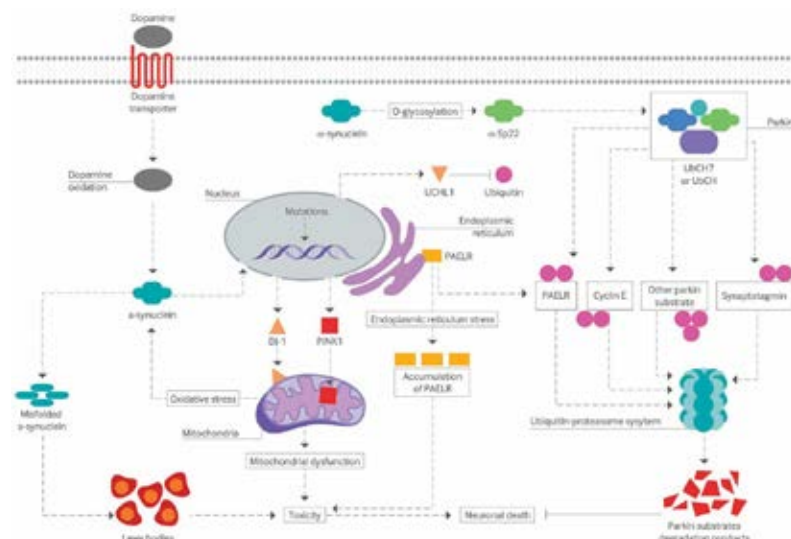
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STATE OF THE ART REVIEWS

Parkinson's disease



This week our State of the Art review is the initial management of Parkinson's disease (<http://dx.doi.org/10.1136/bmj.g6258>). Parkinson's disease is one of the most common neurodegenerative disorders in the US and UK, second only to Alzheimer's disease.

Two mechanisms are responsible for the development of Parkinson's disease—cellular degeneration and the resulting biochemical deficiency of dopamine. No drug currently exists to tackle cellular degeneration but clinical trials are ongoing. In most people the key decision in managing the condition revolves around when to start dopamine replacement therapy and the best drug to choose.

This review focuses on initial treatment strategies for Parkinson's disease including when to start treatment and which drugs to start with. The benefits and harms of the treatments are discussed so that they can be tailored to the patient's level of disability and treatment goals. It summarises the latest research into neuroprotection and the various approaches being used such as the reduction of oxidative stress, alteration of apoptotic pathways, and modulation of cell signaling.

EDITOR'S CHOICE

Drug policy: we need brave politicians

If the UK government is serious about having evidence based policies it must show the political will to accept the evidence even if this is at odds with its prior beliefs



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When it comes to policies for tackling drug misuse, we need an evidence based approach. These are not my sentiments, though I share them; these are the views of the leaders of all the UK political parties as expressed in recent government reports and a debate in parliament that gained cross party support.

So we at *The BMJ* asked ourselves: what would an evidence based drug policy look like? And we invited Nicola Singleton and John Strang to answer (p 8). It is perhaps worth stating at this point that my own view chimes with Margaret McCartney's in her column this week (p 39). "Drug dependence is a problem that needs medical care and attention—not criminal sanctions," she writes. "We need a government grown up enough to put policy where the evidence is."

Singleton and Strang don't quite say this, although they come close. They acknowledge a growing consensus that viewing drug problems as a public health rather than a criminal justice concern tends to be more effective. The negative effects of criminalising and imprisoning drug misusers are well documented, they say, and countries that have taken less prohibitionist approaches have not reported huge increases in harms. They also say that if the UK government is serious about having evidence based policies it must show the political will to accept the evidence even if this is at odds with its prior beliefs.

But their main conclusion is that there is no single simple solution. Drug misuse is multifaceted, and "what works" is rarely clear cut and often contested. Different interventions will need to be properly evaluated, and policies will need to adapt over time and for different circumstances. They want to see "evidence infused policy" in an environment in which politicians, policy

makers, and practitioners are open to evidence of failure as well as success. Above all, they say we need honest and open minded engagement from the public and the media, the implication being that this is not what we have now.

What about how the public and the media engage with the results of medical research? As Ben Goldacre writes in an editorial this week, for anyone with medical training the mainstream media's coverage of science can be an uncomfortable read (p 9). But is this the fault of the journalists or the researchers? Petroc Sumner and colleagues looked at press releases from universities and conclude that most of the blame lies with the researchers—or more specifically with the press releases they allow to go out in their name (p 13). Many contain exaggerated advice and claims of causal effect or unjustified inferences, for humans, from animal studies. Interestingly, they found no evidence that hyping the results led to more coverage.

True to their findings, Sumner and colleagues are scrupulous in stating the limitations of their own study. They make it clear that, because it's a retrospective correlational analysis, it can't show a causal association between hyped press releases and hyped news stories. And I'm pleased to note that our own press release for this study makes no exaggerated claims. "Most exaggeration in health news is already present in academic press releases," it says, and "the scientific community has the ability to improve this situation." Enough said.

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