



A 22 year old woman with bilateral panuveitis and parotid swelling

Try the case review in *ENDGAMES*, p 35

Astonishing things are happening in cardiovascular medicine. As event rates plummet and presentations change, textbooks need to be thrown away faster than they can be rewritten. A record linkage study of nearly two million people without previous cardiovascular disease in the United Kingdom identified 114 859 who had cardiovascular events during six years' median follow-up between 1997 and 2010 (*Circulation* 2015, doi:10.1161/CIRCULATIONAHA.114.013797). Two thirds of these events were neither myocardial infarction nor ischaemic stroke, two conditions to which preventive effort is overwhelmingly directed.

“Evidence based medicine: a movement in crisis?” was one of the most widely read and commented on Analysis pieces in *The BMJ* last year (*BMJ* 2014;348, doi:10.1136/bmj.g3725), and it has received 83 876 page views since its publication in June 2014. Now Trish Greenhalgh and colleagues are running a lively series in *BMC Medicine* called “Extending evidence-based medicine.” The first article discusses six important biases against patients and carers in evidence based medicine (2015;13:200, doi:10.1186/s12916-015-0437-x). These include lack of patient input into the design of trials and lack of research interest in patients' experiences.

A population survey of ankylosing spondylitis in Sweden highlights that this is a disease that often occurs in younger women as well as men, and that it carries a considerable mortality burden (*Ann Rheum Dis* 2015, doi:10.1136/annrheumdis-2015-207688). Of 8600 patients with the disease, a third were women, and the overall mean age at diagnosis was 42. The Kaplan-Meier charts in the paper show a steady mortality divergence between the cases and a matched control group without ankylosing spondylitis, giving an age adjusted hazard ratio of 1.53 for men and 1.83 for women.

Puberty seems to affect the shoulder, among other parts of the body. A survey of shoulder dislocations in 1937 patients aged 10 to 16 years found that it is rare between ages 10 and 12, while between 14 and 16 the rate of primary and recurrent shoulder dislocation requiring closed reduction mirrors that of high risk adults (17-20 years of age) (*Am J Sports Med* 2015, doi:10.1177/0363546515591996).



A 45 year old woman preparing for the London marathon noticed that her stamina deteriorated during the week before the race and attributed it to “fatigue.” She did not smoke and had no medical history. She eventually walked the course owing to breathlessness and presented immediately to hospital. The right side of her chest was hyper-resonant to percussion, with reduced audible breath sounds. Her trachea was central. She was haemodynamically stable and oxygen saturations were 88% on air. Although conventional wisdom dictates that a large pneumothorax should be diagnosed clinically, it was radiologically confirmed before thoracocentesis owing to rapid availability of diagnostics and absence of tensioning.

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Everywhere guidelines have become tramlines. Patients then risk getting shoved onto the tram as a way to earn points. This is not a reference to the Quality and Outcomes Framework in UK general practice (although it could be), but to a study of hospital patients with a diagnosis of heart failure in US hospitals (*Circulation* 2015, doi:10.1161/CIRCULATIONAHA.115.014281). To meet “quality measures,” a quarter of these patients (median age 73) had to start two or more new drugs.

Rates of hospital readmission after major surgery have attracted a lot of attention as a metric of quality in the NHS and other health systems. But a retrospective study of readmissions at the Johns Hopkins Hospital surgical departments in Baltimore found that variation in readmission

was overwhelmingly caused by patient level factors, whereas only a minority of the variation was attributable to factors at the surgical subspecialty and individual surgeon levels (*JAMA Surg* 2015, doi:10.1001/jamasurg.2015.2215).

“Hard” metrics like hospital readmissions, weekend mortality, and “never events” dominate public and political discourse about hospital performance. But that is like x raying the bones without considering the soft tissues. An analysis of 107 in depth qualitative interviews with senior leaders, including managers and clinicians, involved in healthcare quality and safety in the English National Health Service argues that most decisions have to be made on the basis of “soft intelligence” rather than on the collection of numerical data (*Soc Sci Med* 2015;142, doi:10.1016/j.socscimed.2015.07.027). The authors add that “using soft intelligence this way can be challenging and discomfiting, but may offer a critical defence against the complacency that can precede crisis.”

Kids have it so easy these days. In the 1870s, Tolstoy would transport his young family by cart hundreds of miles to the Crimea every summer so they could take the “koumis cure,” involving the daily drinking of fermented mares' milk. A new review examines the benefits that probiotics—usually based on lactobacilli—may have for children in sickness and health (*Arch Dis Child* 2015, doi:10.1136/archdischild-2015-308656). The article comes from Warsaw, where the young today still grow up with the daily lactic delights of *zsiadte mleko* (sour milk) and *kwaśna śmietana* (sour cream).

Five thousand years ago the Sumerians drank beer all day long, and their clay tablets show how well they recognised that alcohol increases desire and takes away performance. Unfortunately certain of their religious festivals required sexual congress within the ziggurat temple, and less attractive worshippers tended to be the last to get their turn. Minerva is reminded of these sad facts by a study (*Alcohol Alcoholism* 2015, <http://dx.doi.org/10.1093/alcalc/aggv096>) using 40 portraits of undergraduates shown to 171 men and 140 women in three Bristol pubs. Neither male nor female ratings of facial attractiveness seemed to change with alcohol intake.

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