

In other journals

7 JULY

NOT SO TINY TOTS

Evidence suggests that the prevalence of overweight and obesity has been increasing among children in the United States. A recent US study looking at trends in body mass index (BMI) in children and adolescents aged 2–19 years has shown some interesting and controversial results.¹ Height and weight measurements were obtained from over 8000 children and adolescents over the period 2003–2006. These data were compared with those for 1999–2003. Overall, 11.3% of the participants were at or above the 97th percentile of growth for age charts created in 2000 by the Centers for Disease Control and Prevention. About 16% were at or above the 95th percentile, and 32% were at or above the 85th. Surprisingly, the prevalence of high BMI for age showed no significant changes between 2003–2004 and 2005–2006, and there were no significant trends detected between 1999 and 2006. An accompanying editorial² comments on the usefulness of BMI as a measure of childhood obesity, and discusses the validity of cut-off points and BMI percentiles in the definition of childhood overweight and obesity. The authors of the editorial also question how well BMI-for-age percentiles predict the risk for obesity-related disease.

1 JAMA 2008; 299: 2401–2405
2 JAMA 2008; 299: 2442–2443

SILICONE SAGA

The use of injected silicone products as cosmetic fillers has again come under fire after an investigation by the US Centers for Disease Control and Prevention (CDC). In a series of case reports, the CDC document three cases of acute renal failure linked to injections of silicone oil for cosmetic purposes. All cases were linked to non-registered untrained practitioners, and doubt exists as to the actual content of the injections. With medical tourism on the rise, particularly in the field of cosmetic medicine, Australian doctors may need to become aware of such complications.

MMWR Morb Mortal Wkly Rep 2008; 57: 453–456



QUITTING IS CONTAGIOUS

Social networks appear to be an important aspect of an individual's ability to stop smoking, according to a large, longitudinal report based on the US Framingham Heart Study. Researchers evaluated a network of over 12000 people who underwent assessment of social connections and smoking behaviour for a period of 32 years. Results show that smokers and non-smokers tend to exist in discernible clusters based on social groupings, and that social cohorts appear to quit in concert within these clusters rather than randomly. Not only did smoking cessation by a social contact decrease a person's chances of smoking, but the closeness of the tie determined the level of chance. Thus a spouse quitting led to a 67% decrease in a person's chances of smoking, while a co-worker ceasing smoking resulted in a 34% reduction. In an interesting twist, smokers were observed to gradually move towards the periphery of the social network. The researchers conclude that smoking behaviour seems to spread through social ties, and that connected clusters of people stop smoking in concert, making the findings a potentially valuable tool for use in future public health interventions.

N Engl J Med 2008; 358: 2249–2258



SYSTEMATICALLY MORE COMPLEX

The use of existing systematic reviews to create more complex reviews is the subject of a recent interesting and useful update.¹ Used increasingly in the development of clinical practice guidelines and as an adjunct to health policy planning, complex systematic reviews tend to evaluate a number of clinical questions, interventions or tests. The ensuing intricacy of the review process calls for a standard method of conducting such analyses. The authors list a series of methodological steps for conducting complex reviews, which include locating existing reviews, assessing relevancy and quality, incorporating studies, and reporting results. An accompanying editorial² applauds the discussion and encourages further work in this area, and in turn quotes super sleuth Sherlock Holmes in *A Study in Scarlet*: “Like all other arts, the science of deduction and analysis is one which can only be acquired by long and patient study... let the inquirer begin by mastering the more elementary problems”.

1 Ann Intern Med 2008; 148: 776–782
2 Ann Intern Med 2008; 148: 786–788

SPIRITUALITY IN MEDICINE

The subtle difference between healing and curing patients with critical illness is the focus of a commentary aimed at encouraging research into the effect of introducing spirituality into medical care. Introducing the concept that healing can occur even when the prognosis for cure is bleak, the author suggests the use of facilitators from a team comprised of physicians, nurses, social workers, and chaplains. These facilitators would act to help the family and patient find meaning in and make sense of their experience. Tackling the reasons why research into the role of spirituality in physical health is often criticised, the author proposes a framework for future investigation, suggesting possible experimental designs that might make such research more acceptable to the mainstream.

JAMA 2008; 299: 2440–2441

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