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Too much
information and
not enough time?

BMJ Masterclasses

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PICTURE OF THE WEEK

A mock-up of what might be the world's strictest tobacco packaging. Australia wants all cigarette packets to be plain green without logos and covered in health warnings. The only difference between brands will be the name, in a uniform typeface.

Smoking related diseases such as cancer kill 15 000 Australians a year. Depending on legal challenges the law will be phased in over six months, beginning in January 2012.

See **VIEWS AND REVIEWS**, p 878

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- News: Australia to mandate plain packs for cigarettes as part of new tobacco control offensive (*BMJ* 2010;340:c2401)
- News: Tobacco industry makes plain cigarette packs an Australian election issue (*BMJ* 2010;341:c4300)
- Personal View: The cancer emperor's new clothes: Australia's historic legislation for plain tobacco packaging (*BMJ* 2010;340:c2436)

THE WEEK IN NUMBERS

50-80 Number of general practitioners per 10 000 population in primary care trusts in the UK (Editorial, p 838)

46% Proportion of General Medical Council fitness to practise inquiries concerning non-EU qualified doctors that resulted in a "high impact" decision for the doctors concerned; this compares with 43% for EU qualified doctors and 30% for UK qualified doctors (Research, p 860)

1 in 2 Proportion of patients who develop dysphagia after stroke (Clinical Review, p 861)

4-30% Proportion of long term users of angiotensin converting enzyme inhibitors who have a dry cough (Practice, p 868)

QUOTE OF THE WEEK

"Patients are ... assumed to be uniformly rational and committed to making decisions designed to promote their health ... This is a dangerous and oddly pervasive fiction"

Iona Heath, president, Royal College of General Practitioners, on the King's Fund report into general practice (Observations, p 851)

LATEST VIDEOS ON BMJ.COM

Live from Fukushima

The International Forum on Quality and Safety in Healthcare included a link with doctors from Fukushima, including BMJ blogger Ryuki Kassai.

Innovation in healthcare

At the recent Innovation Expo, innovations aimed at poor countries were pitted against others that could transform health in richer nations

See these videos and others on the BMJ's YouTube channel at youtube.com/bmjmedia

EDITOR'S CHOICE

Out of the wasteland

Gradually, marriage, motherhood, fluoxetine, and 23 years of therapeutic care have increased Jackie's ability to have a liveable life.

"On Margate Sands/I can connect/Nothing with nothing," wrote TS Eliot, while convalescing from what was called a nervous breakdown at the time. *The Waste Land's* most famous line, however, is its first: "April is the cruellest month." In this April week Jackie Hopson narrates her own journey through the wasteland of depression, and the cruelty she encountered along the way makes hard reading (p 873). A suicide attempt in the early 1970s led to incarceration where "it seemed that I was to be punished for my illness and sedated if I made demands." Gradually, though, marriage, motherhood, fluoxetine, and 23 years of therapeutic care have increased Jackie's ability to have a liveable life.

Psychotherapist Jeremy Holmes has learnt much from Jackie: "What she needed was validation, confirmation that the world does treat the mentally ill differently, and understanding that to be depressed is at best to live only partly... Painfully, Jackie has taught me how corrosive the 'division of suffering' between patient and doctor can be." He ends by warning that further fragmentation of psychiatric services may militate against long term therapeutic relationships where illness can be explored, accepted, and sequestered.

Targeted group psychotherapy did not, however, reduce the frequency or severity of self harm in the large randomised trial that examined this question (Assessment of Treatment in Suicidal Teenagers, ASSIST) (p 859). In all, 366 adolescents aged 12–17 with at least two episodes of self harm in the past year were randomised to usual care or to six sessions of developmental group therapy with follow-up sessions as required over the next year (with a

mean of 10.2 sessions actually attended). Groups used cognitive behavioural and other techniques to understand the events and emotions leading to self harm and to tackle poor peer relationships, bullying, and family problems. Counterintuitively, this did not cost significantly more than usual care by local child and adolescent mental health teams (£21 781 per person v £15 372, $P=0.132$), albeit with wide confidence intervals for the comparison (95% CI –1416 to 10 782).

Jonathan Green and colleagues find at least some cause for optimism in their trial. As the control group improved as much as the intervention group, their findings may indicate the benefits of usual care or even show that teenagers are growing out of self harm more quickly these days. Or, of course, they may simply show regression to the mean, a possibility the authors acknowledge.

Editorialist David Brent teases out the various elements of the available interventions for teenagers who harm themselves (p 834). He suggests we now need a more personalised treatment model, but acknowledges that this is a tall order and quotes WH Auden's line that "all humans have prejudices of their own that can't be foreseen." So far, he concludes gloomily, if psychotherapy is "the art of wooing nature," then self harm behaviour in adolescents is a condition that has spurned all suitors.

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Career Focus, jobs, and courses appear after p 880

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