Loss of reason

Having read seven letters and the authors’ reply on the issue as to whether or not statin treatment should be offered to people at low risk of cardiovascular disease (Nov 24, pp 1814–18), I was marvelling at the process of scientific reasoning that could weigh the pros and cons of a contentious issue in such a mature and logical manner. And then came the letter by Nicholas Wald and Malcolm Law.1 In it they support the letter by Nicholas Wald and Eoin O’Brien which was not relevant to the subject under debate) that “blood-pressure-lowering drugs should be offered... irrespective of a person’s blood pressure”.

There is a broad spectrum of blood pressure behaviour over 24 h that is characterised by periods of hypertensive, hypotension (caused by drugs, meals, and exercise), and patterns of autonomic failure, as well as nocturnal patterns of dipping, non-dipping, reverse, and extreme dipping. These varying manifestations become more common in the very age group (older than 50 years) in which Wald and Law recommend blind treatment.

So let’s not throw aside methods such as 24-h ambulatory blood-pressure measurement. Such methods provide a means for carefully assessing patients with hypertension so that we can prescribe appropriate drugs in appropriate doses and thereby obtain blood pressure control without overtreatment.

One is put in mind of Bulgakov’s thoughtful observation: “There is no greater misfortune in the world than the loss of reason”.

I declare that I have no conflicts of interest.

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Myth of falling productivity in the UK NHS confirmed

Falling productivity in the UK National Health Service (NHS) between 2000 and 2009 has now been confirmed as a myth by the very organisation that created it. In its latest publication,1 the Office for National Statistics has reassessed the period and concluded that, rather than falling by 0·4% a year, productivity rose by about 0·7% a year. This change arises from recognising that growth in the quantity of NHS care provided by non-NHS providers exceeded that by NHS providers. That such a minor alteration can have such a dramatic effect on the overall productivity estimate illustrates the precarious basis of such estimates.

Given that the new estimate still pays scant regard to improvements in the quality of care,2 it seems likely that productivity really rose even faster during this period. Although there is no room for complacency, and even greater improvements in productivity are required over the next decade, official recognition that previous claims of falling productivity were inaccurate is welcome. It is important that the National Audit Office3 and the Public Accounts Committee4 are made aware that they were misled.

I declare that I have no conflicts of interest.

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Department of Error

Last week (Lancet, March 16, 2013) we featured a photograph on the cover of our Iraq-focused issue, for which the copyright credit was not provided. The photographer of this image was Mona Chalabi.