function underpins all NHS purchaser and provider activity" and that this requires "an assessment of the health needs of any given population to inform decision-making on aims and priorities so as to achieve appropriate and effective services leading to improved health and value for money." The most recent guidance from the former NHS Management Executive exhorts health authorities to purchase procedures specifically in relation to their effectiveness in conditions for which clearcus clinical guidelines are merited.' Of course, patients on waiting lists have had their needs assessed by individual clinicians. Yet most health authorities—and to an even greater extent general practice fundholders-do not consider the needs of people on waiting lists as requiring further assessment. They are happy to accept the waiting list as reflecting an aggregate of unquestioned clinical decisions, which may be influenced by factors such as the visibility of waiting lists and the perverse incentives built into the NHS market rather than by evidence of effectiveness. The driving force behind this acceptance is the patient's charter.

The assumption that waiting lists reflect need (that is, ability to benefit) may be tested by considering the indications for various procedures. Increasingly, systematic reviews and techniques for identifying consensus have been used to set criteria of appropriateness for clinical procedures. There seems, however, to have been little interest in using this work to tackle waiting lists. The appropriateness of some procedures may be questioned regardless of the clinical indications (for example, dilatation and curettage in women under 40°), but for most procedures for which there is a waiting list, the situation is far more complex. The intended procedure, the precise indication for that procedure (the condition and its severity), and any comorbidity must be assessed. These factors could be used to generate an appropriateness rating."

For example, in coronary artery bypass grafting the procedure has been judged inappropriate in patients with single vessel disease, moderate or severe myocardial ischaemia, and mild left ventricular dysfunction." Yet such patients continue to be operated on. Furthermore, a recent study of a waiting list for tonsillectomy showed that nearly one third of patients had waited more than one year." The natural course of recurrent throat infection, the main indication for tonsillectomy, may be one of improvement"; a prospective study to determine the morbidity caused by a delay in tonsil surgery found that a fifth of patients grew out of their

condition and were spared surgery." This raises the possibility that, in certain circumstances, need may fall with longer waits.

Maximum waiting periods for procedures of accepted effectiveness have some appeal, although surgery may be inappropriate when judged against local guidelines or when resources are constrained." Existing criteria for appropriateness may require refinement," but they offer a reasonable tool, possibly with local modification, for examining waiting lists. The next stage is for commissioners to agree with general practitioners and providers the criteria for appropriateness for entry to and clearance from a waiting list. Such an approach should be widely debated in local community settings. Furthermore, the criteria for appropriateness should be linked with a commitment to audit. This would allow the standards given in the patient's charter to be achieved on the basis of need rather than political whim. For all those concerned with appropriateness, the time spent on waiting lists allows an opportunity to assess the costs and benefits of intended treatment.

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Fish oils and cardiovascular disease

Beneficial effects on lipids and the haemostatic system

Oily fish contains large quantities of the long chain n-3 (ω-3) polyunsaturated fatty acids (eicosapentaenoic acid (C20:5) and docosahexaenoic acid (C22:6)). Low rates of coronary heart disease in various populations with high intakes of fish suggested health preserving effects of these fatty acids. For example, mortality from coronary heart disease was found to be low among Greenland Inuits who ate large amounts of fish and whale meat (400-500 g/day, 14 g n-3 fatty acids/day)' and in Japanese fish eaters.' In the Netherlands 30 g of fish daily was associated with 50% fewer deaths from coronary heart disease.' In the multiple risk factor intervention trial cardiovascular mortality was inversely proportional to the intake of n-3 fatty acids over the 10-5 years of follow up.' Not

all investigators, however, have confirmed these findings."

Suggested mechanisms for this cardioprotective effect
focused first on serum lipids.' In healthy subjects increased
consumption of long chain n-3 fatty acids is associated with
falls in serum concentrations of triglycerides and very low
density lipoprotein"; cholesterol concentration is unchanged
except at high doses (24 g/day), when concentrations of
both low density lipoprotein cholesterol and apoprotein B
fall. Postprandial lipoprotein concentrations also fall."
Concentrations of high density lipoprotein cholesterol
(principally high density lipoprotein-2 cholesterol) increase
with moderate supplementation with fish oil. In the various
dyslipidaemias serum triglyceride concentrations tend to fall.

Fish Oil And Vascular Disease

James M. Roberts, Gary F.
Cunningham, Marshall D. Lindheimer

Fish Oil And Vascular Disease:

Effects of omega-3 fatty acids on cardiovascular disease, 2004 Fish Oil and Vascular Disease R. De Caterina.S.D. Kristensen, E.B. Schmidt, 2013-06-29 Fish Oil and Vascular Disease covers the most relevant aspects of fish oil n 3 polyunsaturated fatty acids on vascular disease The text includes background epidemiological information nutritional aspects effects on various biological functions possibly mediating the effects on atherosclerosis and its clinical sequelae and offers an extensive coverage of the effects upon blood pressure The book is divided into three main sections The first deals with the epidemiological and nutritional background of the n 3 PUFA and their relation to cardiovascular disease Vascular Disease Raffaele De Caterina, S.D. Kristensen, E.B. Schmidt, 1992-10-14 Fish Oil and Vascular Disease covers the most relevant aspects of fish oil n 3 polyunsaturated fatty acids on vascular disease The text includes background epidemiological information nutritional aspects effects on various biological functions possibly mediating the effects on atherosclerosis and its clinical sequelae and offers an extensive coverage of the effects upon blood pressure The book is divided into three main sections The first deals with the epidemiological and nutritional background of the n 3 PUFA and their relation to cardiovascular disease Functional Foods and Cardiovascular Disease Mohammed H. Moghadasian, N.A. Michael Eskin, 2012-02-10 Cardiovascular disease remains the number one killer in North America and around the world The staggering medical costs involved in treating patients suffering from this disease demand an alternative approach to prevent or minimize its development In Functional Foods and Cardiovascular Disease international researchers reveal essential up to date information on the role that functional foods and nutraceuticals play in preventing the development of heart disease Highlighting the physiological benefits of a host of functional foods the book examines The pathogenesis of coronary artery disease Genetic methods for enhancing bioactives in foods and new techniques for extracting bioactive components for developing functional foods Clinical and experimental evidence of the cardiovascular benefits of fish oils and plant oils particularly flaxseed oil The importance of folic acid in homocysteine metabolism and its impact on cardiovascular disease Clinical and experimental evidence for the cardiovascular benefits of plant sterols. The beneficial effects of wine garlic products eggs fiber cocoa and chocolate and coffee and tea on cardiovascular health While there have been great improvements in treating coronary heart disease through surgery and medications prevention through diet and exercise should remain an essential priority in maintaining the health of the aging population Nutritionists food scientists and those working in the health industry will find that this book enhances their understanding of the potential role of functional foods in combating cardiovascular disease before more aggressive treatment is needed Fish Oil Joseph C. Maroon, Jeffrey Bost, 2006 Chronic inflammation can cause chronic pain a breakdown of cartilage and muscle increased blood clotting and may cause genetic changes leading to various cancers This book discusses a method of mitigating the effects of chronic inflammation through the power of fish oil Complementary Therapies and the Management of Diabetes and

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