

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."<sup>6</sup> 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 clearcut clinical guidelines are merited.<sup>7</sup> 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<sup>8</sup>), 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.<sup>9</sup>

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.<sup>10</sup> 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.<sup>11</sup> The natural course of recurrent throat infection, the main indication for tonsillectomy, may be one of improvement<sup>12</sup>; 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.<sup>13</sup> 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.<sup>14</sup> Existing criteria for appropriateness may require refinement,<sup>15</sup> 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 ( $\omega$ -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)<sup>1</sup> and in Japanese fish eaters.<sup>2</sup> In the Netherlands 30 g of fish daily was associated with 50% fewer deaths from coronary heart disease.<sup>3</sup> 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.<sup>4</sup> Not

all investigators, however, have confirmed these findings.<sup>5-8</sup>

Suggested mechanisms for this cardioprotective effect focused first on serum lipids.<sup>9</sup> 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<sup>10</sup>; 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.<sup>11</sup> 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**

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**Vascular Disease** Trisha Dunning,2007-01-11 This book brings together important information about complementary therapies and how they are used in diabetes care It addresses the benefits and risks of complementary therapies and takes an evidence based approach Complementary Therapies and the Management of Diabetes and Vascular Disease A Matter of Balance provides health professionals with appropriate information about complementary therapies so they can discuss these therapies with their patients and help them make informed decisions about their diabetes care Managing diabetes depends on achieving life balance not just metabolic control This is the first book devoted exclusively to complementary therapies and diabetes and it has several key features It is an informative evidence based text that will help health professionals understand complementary therapies commonly used by people with diabetes their potential benefits possible adverse events and how these could be minimised or prevented It describes clinical practice guidelines for the safe combination of complementary and conventional therapies in diabetes management It suggests appropriate advice to give people with diabetes and vascular disease about complementary therapies Written by experts in the various fields this book makes important reading for all health professionals managing patients with diabetes and associated vascular disease including nurses doctors dietitians and podiatrists

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