I would like to record my gratitude for the work done, as a Commissioning Editor, by Dame Julia Polak, who died in September. Among other reviews that she commissioned for us she oversaw, with Dusko Illic, a series of 30 reviews on aspects of stem cell research in 2011–12. These were timely and well received. Her life was an inspiration and I will miss her.

The first review for the present edition is entitled Care of the dying: how do we replace the Liverpool Care Pathway? (page 5) by Davis and Tomas from St Richard’s Hospice, Worcestershire, University Hospitals Birmingham.

They say that death is an inescapable certainty of life. Variability in the care for dying persons is a problem. The Liverpool Care Pathway (LCP) sought to guide care for the last days of life but was phased out after intense scrutiny. Any person’s death is inherently challenging. Much consideration must be given to holistic needs when approaching death. Communication skills may be lacking for professionals and patients alike. The LCP became flawed in use rather than intention or principle. Seeming financial gains from death were a great concern. We have responsibility for making choices prospectively in order for them to influence our care when we are dying. Normalization of death is key on both micro and macro communication levels.

The second review is entitled The health needs of young people in prison (page 17) by Lennox, from the University of Manchester, Oxford Road, Manchester, UK.

She says that there has been an unprecedented reduction in the number of young people in prison, however, questions remain about the appropriateness and effectiveness of custody, given the high prevalence of health needs, self-inflected deaths while in custody and high reoffending rates. Young people in prison have much higher rates of multiple and complex health problems compared with young people in the general population. However, many of their health care needs are unrecognized and unmet. Research has neglected physical health and neurodevelopmental disorders and the quality of research for females and black and minority ethnic groups.

The third review is entitled, New methods for identifying infectious diseases (page 27) by Greatorex, Ellington, Köser, Rolfe and Curran from Public Health England, Cambridge and the University of Cambridge, UK.

They state that automation and molecular techniques have brought about a revolution in the clinical laboratory, ensuring ever faster and more accurate diagnoses. In the last few years however, there have been a number of developments that radically alter the way that microbiology and other diagnostic laboratories are advancing. In particular, clinical microbiology will have the opportunity to intervene at the public health level as well as at the individual patient. The review discusses a number of technologies that may alter the way in which clinical microbiology is used to investigate infectious disease.

The fourth review is entitled, The impact of genomics on public health practice (page 37) by Burton, Jackson and Abubakar from the PHG Foundation, Cambridge, University College London and the Centre for Infectious Disease Surveillance and Control, London, UK.

They say that genomic science is developing rapidly and engagement of public health professionals will be necessary to appraise new technologies and use them effectively. Genomic technologies are useful in rare inherited disease, including population screening programmes, in health care and for...
surveillance, diagnosis and treatment of infectious disease. It is less clear when and how genetic susceptibility testing will be used for common chronic disease prevention or protection from environmental hazards. Developments in public health practice will be necessary to ensure rapid and effective implementation of genomic science. Public health researchers should address how to accelerate the implementation of genomics for health benefit in developed and developing countries.

The fifth review is entitled, *Degenerative changes of the sacroiliac joint after spinal fusion: an evidence-based systematic review* (page 47) by Longo, Loppini, Berton, Laverde, Maffulli and Denaro from Campus Biomedico University, Rome, Italy; Queen Mary University of London, Barts and the London School of Medicine and Dentistry, London, UK.

They make the point that the rate of fusion surgery of the lumbar spine has remarkably increased over the past 30 years. The fusion of spinal segments leads to degenerative changes in the mobile segments above or below the fused spine, because of the increase of stress forces at the adjacent levels. There is no consensus about prevalence and potential risk factors contributing to sacroiliac joint (SIJ) degenerative changes in patients undergoing fusion surgery. Studies using radiographic evaluation to detect degenerative changes of the SIJ are being performed. No definitive estimation about the prevalence of degenerative changes of the SIJ after fusion surgery can be provided. Further studies are required to identify the risk factors involved in post-fusion degenerative changes of the SIJ.

The sixth review is entitled, *The molecular genetics of hereditary and sporadic ovarian cancer: implications for the future* (page 57) by Al Bakir and Gabra from Imperial College London, UK.

Epithelial ovarian cancer (EOC) is a heterogeneous condition with poor survival outcomes. Most EOCs develop sporadically and are divided into low grade/genetically stable type I tumours and high grade/genetically unstable type II tumours. The different histological types of EOC may not solely originate from the ovary but from the fallopian tube and endometriosis deposits. The proportion of heritable EOC is larger than previously estimated and not all patients have a clear family history for this. There is increasing recognition that the different histological sub-types need to be treated as separate entities. Trials into new drugs should report responses for the different histo-geno-types rather than simply using staging.

The seventh review is entitled, *Memory difficulties are not always a sign of incipient dementia* (page 71) by Blackburn, Wakefield, Shanks, Harkness, Reuber and Venneri from the University of Sheffield, UK and San Camillo Foundation Hospital, Venice, Italy.

Memory problems are a very common reason for presenting to primary care. There is a need for better treatments for dementia. Increased government and media interest may result in greater number seeking help for memory problems which may not reduce the dementia gap but rather increase numbers seen who do not have dementia. This review highlights the issues surrounding the diagnostic criteria and terminology used for people with memory complaints. There is a need for early accurate detection of dementia syndromes so that trials of new treatments can begin earlier on the disease process. This article reviews subjective memory decline and whether this can be used to predict Alzheimer’s disease. We need studies of treatment options for people with benign non-progressive memory problems and longer-term follow-up to determine which patients develop chronic problems.

The eighth review is entitled, *Platelet-rich plasma injections for chronic plantar fasciopathy* (page 83) by Franceschi, Papalia, Franceschetti, Paciotti, Maffulli and Denaro from Campus Biomedico University of Rome, Italy, Barts and The London School of Medicine and Dentistry, UK and University of Salerno, Italy.

There is an increasing interest in platelet-rich plasma (PRP) injection as treatment for chronic plantar fasciopathy. Only three randomized studies were identified; none of them had a true controlled group treated with placebo, and one of the three studies had a very short follow-up. A non-randomized study evaluating PRP versus corticosteroids (CCS)
injections and a randomized controlled trial comparing PRP and dextrose prolotherapy reported no statistical significant differences at 6 months. Most studies did not have a control group and imaging evaluation. Evidence for the use of PRP in plantar fasciopathy shows promising results, and this therapy appears safe. However, the number of studies available is limited, and randomized controlled studies are required.

The ninth review is entitled, Non-invasive monitoring of liver fibrosis (page 97) by Scott and Guha from Queen’s Medical Centre, Nottingham, UK.

Assessing the formation and regression of fibrosis in chronic liver disease is important. Current methods of assessment employed in clinical practice are inadequate. We present a review of the utility of non-invasive biomarkers of liver fibrosis. Liver biopsy is an imperfect ‘gold standard’. Biomarkers are excellent at detecting significant fibrosis across different aetiologies of chronic liver disease. There is growing evidence that they also predict clinical outcomes. Non-invasive biomarkers can be used in clinical practice to screen for significant fibrosis, but the utility of liver biopsy is retained in answering specific questions. Biomarkers cannot be used robustly in clinical trials as doubts remain over their ability to detect small changes in fibrosis, inflammation and what influences them. Novel imaging techniques have huge potential advantages, particularly in secondary care for risk stratification.

The tenth review is entitled, High-resolution imaging of bone and joint architecture in rheumatoid arthritis (page 107) by Paccou, Edwards, Moss, Dennison and Cooper from the University of Southampton, UK.

Rheumatoid arthritis (RA) is characterized by local and systemic bone loss caused by increased bone resorption. We describe the current utilization of high-resolution peripheral quantitative computed tomography (HR-pQCT) in the evaluation of bone and joint in RA. HR-pQCT may simultaneously allow assessment of trabecular and cortical bone parameters and be a useful method for depicting bone erosions. HR-pQCT only assesses bone microarchitecture at the distal radius and tibia. Controversy exists regarding the optimal way to differentiate cortical and trabecular regions. Although HR-pQCT is currently a research tool, there is potential for its use in the clinical diagnosis and management in RA.

Norman Vetter
Department of Epidemiology, Cardiff University, Cardiff, UK
E-mail: normanvetter@ymail.com