5. On the same note, and acknowledging that it is our Government's declared intention to monitor and log the content of *all* electronic communication, I can think of a further software modification. When we use certain, shall we say, 'sensitive' words or phrases (I won't mention them here for obvious reasons), a message box springs up and advises "If you use this letter sequence, be aware that you may be visited by Special Branch at four in the morning".

Pause for thought

The following suggestions all relate to a major downside of our modern era, so pay attention.

Responding in writing to letters that cause us to become enraged, used to incorporate what might be regarded as the communication equivalent of the atrioventricular node. An automatic brake was put into the system to avoid rapid conduction and protect the ventricle from overstimulation. We would dictate our infuriated reply but then have to wait for it to be typed, and this pause would give us the opportunity to ponder as to the wisdom of actually posting our vitriol.

This vital delay in the system no longer applies and the result is that all too soon we have sent something that we will live to regret. My system protects us, and the recipients, from such hasty transmissions.

6. First, the audio component of our desktop detects if the email we have opened is producing a higher than normal volume in terms of our welcoming verbal comment (as in, "What the h*** is he on about? He's got a b****y nerve; I'll show him!").

7. The time at which the provocative mail is opened is noted, and the computer does not allow you to send a response without administering a preset time delay to run. (Admit it, you're impressed. But there are even more sophisticated algorithms yet to come into play).

8. The software can detect the phrasing and tone of your response and, as you vent your spleen, will display pop-ups with cautious advice like, "Are you sure you want to use that term?" or, "Suggest you check the anatomical possibility of actually doing that".

In addition, when you press 'reply to all', it will ask you whether you are *absolutely sure* that you want your response to be seen by all the members of the British Cardiovascular Society (who were rather stupidly copied into the original correspondence you received). A sobering message will be displayed: "Two wrongs don't make a right".

9. Let us assume that, as the red mist descends, you plough on with only one goal in mind. As you bang away, touch sensitive keys translate the pressure applied to gradually emphasise the appearance of words on the screen. With slightly increased force, it converts to *italics and a little more effort produces* ***'bold' as well. Finally, when you are hammering as hard as you can with blood oozing from your nail beds, it also underlines, thereby leaving no doubt in the mind of our thus far innocent recipient that you are distinctly unimpressed with his comments.***

10. In severe cases these measures may prove insufficient in distracting you from your single-minded crusade. The modifications described above can be overridden or circumvented, but there is one programme I have devised that is foolproof: the computer screen is not only touch sensitive (just in case, as a result of unrestrained anger, you bash it), but is also chemically coated so as to detect the presence of … saliva. As you type and yell at the top of your voice, spluttering as you do so, the deposit of spittle on the screen and keyboard is detected and as a result the computer shuts down.

11. Finally, a piece of advice: instead of touching 'send', hit 'save' instead. The software then will not allow you to transmit until the following morning, or next working day, thereby permitting you to 'sleep on it'. (The computer will also eject a 5 mg tablet of diazepam at this point – an updating of its 'snooze' function). When you next open the document in the cold light of day, an ingenious device comes in to play: when you press 'send' the computer is programmed to interpret this instruction instead as 'delete'. Think yourself lucky

In brief

New sources of vascular disease information

A new on-line resource from the National Library for Health – the Vascular Specialist Library – has been launched to provide information for both health care professionals and the general public on the prevention, diagnosis and management of diseases of the arteries, veins and the lymphatic system.

The core content of the Vascular Library includes systematic reviews, National Institute for Health and Clinical Excellence (NICE) guidelines, health policy initiatives, evaluated patient information, key vascular-related information from general medical and specialist vascular journals and data from national standards, statistics and audits. Visit: www.library.nhs.uk/vascular

The Department of Health has also published guidance for PCTs regarding risk assessment and management for vascular checks. Visit: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090277

NHS Choices and NHS Direct join forces

Two government websites – NHS Choices and NHS Direct – have joined forces to provide the public with a one stop health information service: www.nhs.uk. The website will give public advice and information about anything from which hospital to choose (including data on hospital comparisons) to checking what symptoms might mean. NHS guides will cover long-term conditions, a health A-Z will cover more than 700 conditions and treatments, answers to common health questions will be given and there will also be an online enquiry service for non-emergency health questions.

National search for 'the face of diabetes'

As one person is diagnosed with diabetes every three minutes, faster than ever before, according to the charity Diabetes UK, the pharmaceutical company MSD is trying to build a 'face of diabetes' mosaic to highlight the impact of type 2 diabetes on patients.

People with diabetes are being asked to send photographs or images of themselves, or what diabetes means to them, to be used in the mosaic. Boxes have been placed in selected GP surgeries throughout the UK for pictures to be posted alongside any personal thoughts patients may have on living with diabetes.

Images and comments can also be emailed, text or uploaded to the following link: www.facingdiabetes.co.uk or posted to Facing Diabetes, Merck Sharp & Dohme Ltd, Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU.

Panic attacks linked to higher risk of heart attacks and heart disease

People who have been diagnosed with panic attacks or panic disorder have a greater risk of subsequently developing heart disease or a myocardial infarction (MI) than the normal population, with higher rates occurring in younger people, according to a recent study (*Eur Heart J* 2008;**29**:2981–8)

The study – which looked at 57,615 adults diagnosed with panic attacks/disorders and 347,039 adults who did not have the condition – found that people who were younger than 50 when first diagnosed had a significantly higher risk of MI but this was not the case in older people. It also found there was a significantly higher incidence of subsequent coronary heart disease (CHD) in people diagnosed with panic attacks/disorders at all ages, but this was more marked in the under 50s.

Interestingly, amongst people of all ages, the research showed that the risk of dying from CHD was actually reduced.

New lipid-modifying therapy phase 3 study shows reduced flushing

Phase III clinical study results with a nicotinic acid/laropiprant combination (Tredaptive®), show that in the treatment of patients with dyslipidaemia and primary hypercholesterolaemia, this new lipid-modifying therapy produced less flushing compared with those patients who were treated with extended-release nicotinic acid (*Int J Clin Pract* 2008;**62**:1959–70).

Treatment with 2 g of the nicotinic acid/laropiprant combination produced a significant 18% reduction from baseline in low-density lipoprotein cholesterol (LDL-C) and a 26% reduction in triglycerides compared to placebo across weeks 12-24. In addition, patients treated with the combination experienced significantly less flushing compared with those treated with extended-release nicotinic acid (0.2 days/week versus 0.7 days/week respectively).

Some 69% of patients treated with 1 g of the combination reported either no flushing symptoms, or mild flushing symptoms during the first week of treatment, compared to 44% of those who received extended-release nicotinic acid alone. More than twice as many patients on extended release nicotinic acid (22%) discontinued treatment due to flushing compared with those patients taking the combination (10%).

The nicotinic acic/laropiprant combination has recently received EU marketing authorisation.

New heart failure report

A new report *Focus on heart failure*, by the NHS Institute for Innovation and Improvement, aims to provide primary and secondary care services with guidance on how to achieve high quality care for all heart failure patients. The report is one of a series which highlights best practice within key services in the NHS in order to improve delivery.

Heart failure currently affects one in 1,000 people, and is rising by at least 10% each year. When combined with other heart diseases, the annual cost to the NHS of supporting these patients is £625 million.

For further information and to view a copy of the *Focus on heart failure* document visit www.institute.nhs.uk/heartfailure

A biomimetic coating for vascular access grafts – with antimicrobial (right above) and antithrombotic (right below) properties – has won its developers, BioInteractions, a recent 'Medical Future Cardiovascular Innovation Award'. The judging panel felt this new technology could potentially solve a major unmet medical need in reducing complications, such as infections and thrombosis after vascular graft surgery. In the European health care system alone, the cost of these complications now exceed 340 million euros per annum, according to BioInteractions, who hope to now carry out clinical trials with this new technology