weight loss. Thirteen of the 16 women who continued to have increased intracranial pressure experienced improvement in many of their symptoms, including visual changes and tinnitus. This is not surprising, because idiopathic intracranial hypertension is probably a chronic disorder and lumbar punctures done years after the diagnosis have shown raised intracranial pressures.[2]

What are the implications of these results for practising clinicians? The uncontrolled and now prospectively controlled evidence suggests that weight loss may be an effective treatment for patients with idiopathic intracranial hypertension. Clinicians could recommend the replacement liquid diet used by Sinclair and colleagues, or another low energy diet, and stress to patients that weight loss may improve symptoms and signs.

This study does not clarify the role of diuretics, especially acetazolamide, because the authors allowed patients to continue taking their usual drugs, and almost half were on a steady dose of acetazolamide. A randomised placebo controlled trial is now under way in the United States to try to answer this question. It is also unknown whether weight loss would also improve quality of life and reduce depression.

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Corporate responsibility in public health

The government's invitation to the food industry to fund social marketing on obesity is risky

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Cite this as: *BMJ* 2010;341:c3758
doi: 10.1136/bmj.c3758

The secretary of state for health in England, Andrew Lansley, is certainly getting attention. This week, his department is involved in mooted plans to dismember the Food Standards Agency (FSA).[1] A fortnight ago, at the BMA conference Mr Lansley seemed to dismiss the efforts of celebrity chef Jamie Oliver to improve school food.[2] Last week at the Faculty of Public Health conference, he raised eyebrows with proposals for the Change4Life social marketing campaign. "We will be progressively scaling back the amount of taxpayers' money spent on Change4Life and asking others, including charities, the commercial sector, and local authorities, to fill the gap," he said.[3] With charities and local government seriously squeezed, this will hand the campaign over to the food industry.

Change4Life was set up by the recent Labour government to encourage the population to "eat well, move more, live longer" in an attempt to reduce rocketing rates of obesity.[4] The Conservatives praised it when they were in opposition, but few expected them to hand it over to food companies. It is widely accepted that the causes of obesity are complex and multifactorial. Putting the food industry in the driver's seat of the policy strand oriented at culture change, which prided itself on reaching hard to reach social groups, is not only regrettable but puts the fox in the hen coop. The food industry spends around £0.5bn (€0.6bn; $0.75bn) a year on advertising, often for high calorie products.

Mr Lansley's speech is in danger of embracing self regulation in the name of fiscal constraint. It would herald a return to 1980s rhetoric, when commercial interests were in the driving seat of health, even though experience showed by the 1990s that a more consensual and multisectoral approach is needed. When the 2004 World Health Assembly Resolution 57.17 urged powerful companies to join the fight against non-communicable disease, responses were later found to be thin, suggesting reluctance to take on any role, let alone responsibility.[5] Today, a plethora of food company initiatives stress exercise rather than eating less by funding sports, free equipment, and more. Evidence suggests that no single lever can reverse trends.

The sad thing is that Mr Lansley has now enmeshed obesity in ideology, with some arguing that it is overweight people's "own fat fault"—as the current mayor of London Boris Johnson once put it—and others arguing that obesity is anywhere from genetically to culturally hard wired. Although strong evidence exists on the role of energy dense foods and drinks, their ubiquitiousness and grip on mass consciousness make their consumption difficult to reduce.[6]

Obesity has long suffered from policy cacophony, with many academic analyses each claiming that their solution is right.[7] In the 2000s, authorities, companies, and the public gradually began to realise this, and unpicking the complexity has been slow. In 2001, the UK National Audit Office calculated the financial costs.[8] In 2003, the chief medical officer called obesity a "health time bomb."[9] A parliamentary health committee inquiry in 2004 urged a new government framework to give policy coherence.[10] The

chief scientist's Foresight office agreed in 2007, producing even stronger data and warnings of costs.[11] This protracted learning process finally yielded urgency, leadership, and budgets (£0.3bn over three years). Healthy Weight Healthy Lives was a cross departmental strategy launched in 2008, and Change4Life formed part of this strategy.

The role and influence of food companies are important. They need to move further in improving diets, not only by taking action on ingredients such as the type of fats and levels of salt and sugar, but also the size of portions and the role of advertising, particularly when targeted at children. But the question is: should companies dominate policy and delivery? Most policy makers favour equal partnerships. The European Commission is currently supporting a 28 country project to examine the ways in which food companies, governments, and civil society are working cooperatively to tackle obesity. But corporate responsibility should not dominate policy.

The chief scientist's multidisciplinary Foresight team confirmed that obesity is the equivalent of public health's climate change, a problem that reflects multiple rather than single drivers. Action is needed on all fronts. Supply chains overproduce food; prices send inappropriate signals; cultural messages are warped; the physical environment fails to encourage physical activity; and cheap fossil fuels encourage cars over bicycles. Hence the verdict that obesity is a logical physiological response to an obesogenic environment.[12]

Mr Lansley's thoughts imply that a combination of corporate and individual responsibility will do the trick. This is risky thinking. The Healthy Weight, Healthy Lives programme he inherits did not underplay the personal responsibility that individuals have for their weight, and it recognised that without system-wide action there would be little hope in turning around what already seemed to be the worst public health crisis since HIV.

All of this is well known but worth rehearsing for the new secretary of state. He would do well to pause. Many countries, not least across the EU, see the United Kingdom as setting a lead on tackling obesity; they'll be alarmed at this faltering leadership. The real worry is that the changes to Change4Life are a harbinger of changes elsewhere, such as the downgrading of Healthy Weight Healthy Lives in its entirety and the curtailing of the Food Standards Agency's "tough but kind" efforts to change the behaviour of food companies. If the talk of axing the entire FSA turns out to be true, this could set back the public health cause. Initially charged with tackling the UK's food safety crisis in the 1980s-1990s, the FSA has begun to take on a broader consumer mantle. It is this that some—not all—voices in the food industry have disliked. Ironically, by showing his hand early, Mr Lansley has done public health proponents a service. Tackling obesity requires bold efforts to shift how we live, but fiscal constraint should not be an excuse for ideological reassertion.

Competing interests: Both authors have completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declare: no support from any company for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years; TL and GR are members of the Expert Advisory Group on Healthy Weight Healthy Lives; TL is a commissioner on the Sustainable Development Commission. GR is consultant to an EC funded study of public private partnerships in obesity.

Provenance and peer review: Commissioned; not externally peer reviewed.

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The coalition government's plans for the NHS in England

Much more work is needed to ensure they can deliver improvements in care

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Cite this as: *BMJ* 2010;341:c3790
doi: 10.1136/bmj.c3790

The coalition government's plans for the future of health care in England herald fundamental changes to both the anatomy and physiology of the NHS.[1] These changes take forward reforms set out by the Labour government led by Tony Blair in 2002 and developed further by Ara Darzi in 2008, but they are much more ambitious and risky.[2 3]

The anatomy of the NHS will be affected by the setting up of an independent commissioning board, the abolition of strategic health authorities and primary care trusts, and a new role for local authorities in promoting public health. Its physiology will be altered by the use of markets instead of targets to drive improvements in performance.

On the provider side of the market, NHS foundation trusts will have greater autonomy, and independent sector providers will be encouraged to compete for patients. On the commissioner side, groups of general practices will take responsibility for most of the NHS budget and use their clinical expertise to bring about improvements in care. The operation of the market will be overseen by a new economic regulator. Its role will be to promote