

# This week in BMJ

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## Thiazide diuretics in hypertension: more not necessarily better

Thiazide diuretics have now been used for over 30 years to treat hypertension. They have consistently been shown to reduce blood pressure and the complications of hypertension and are cheap and well tolerated. The usual theory is that they act by reducing plasma volume, and because of this they are normally used in quite high doses, which may cause troublesome biochemical disturbances. The therapeutic effects do not, however, increase in parallel with increasing dose—perhaps because renin activity (and angiotensin) rises in response to salt and water depletion—so McVeigh *et al* (p 95) have now investigated the possibility that a lower dose might be equally effective in controlling hypertension. In a carefully controlled double blind trial they examined the effects of three different doses of cyclopenthiazide: 50 µg/day (a 10th of the normal dose) had no clinical effect, but 125 µg/day (a quarter of the normal dose) was as effective as 500 µg/day in reducing blood pressure, without upsetting the biochemical profile. It was particularly striking that no rise in plasma renin activity was seen with this dose, in contrast with the 500 µg dose, and there was a negligible change in plasma potassium concentration. It looks as though the lower dose is to be recommended.

## Food allergy and sulphoxidation

Why some people are allergic to certain foods is poorly understood, although it has long been recognised that many features of allergy to food resemble those of allergy to drugs. Testing this analogy further Scadding *et al* (p 105) investigated whether patients who react to certain foods show abnormalities of sulphoxidation and alicyclic oxidation, pathways known to be affected in people with abnormal metabolism of certain drugs. They found that the proportion of slow sulphoxidisers in 74 patients with well defined reactions to food was significantly greater than that of a normal population. The relevance of this to people with food allergy may be that slow metabolisers cannot metabolise ingested nutrients and non-nutrients by the usual pathways and therefore suffer increased exposure to food antigens or their more immunogenic metabolites. Many non-nutrients containing sulphur, which undergo metabolic oxidation in the body, are found in food.

## Fetal tachycardias

Fetal heart rates of over 200 beats a minute due to atrial tachycardia may be associated with heart failure in utero, hydrops fetalis, hydramnios, and premature labour. No consensus exists regarding its treatment. On page 107 cardiologists from Guy's Hospital, London, describe seven years' experience of this rare condition. They saw 23 cases, 11 of which had developed non-immune hydrops fetalis before referral. Digoxin, either alone or in combination with verapamil, was given to 22 of the mothers. Control of the arrhythmia was achieved in 60% of fetuses, a similar proportion in

hydropic and non-hydropic fetuses. All the non-hydropic fetuses were delivered near term with no deaths; only one quarter of the hydropic fetuses were delivered close to term, and there were two deaths. The authors conclude that the main benefit of treatment seemed to be the prolongation of gestation of those hydropic fetuses whose arrhythmia was converted to sinus rhythm. They argue that fetal tachycardia should be included in the differential diagnosis of non-immune hydrops and recommend that if diagnosed atrial tachycardia should be treated as it is not possible to predict which non-hydropic fetuses will become hydropic.

## Incubation of AIDS

With most serious infectious diseases we have reliable data on incubation periods, infectivity, mortality, and carrier state. AIDS is still such a new disorder that for this disease we do not have enough of these basic data. Estimates of the incubation time between infection with the human immunodeficiency virus (HIV) and the development of AIDS have mainly been based on patients who have contracted HIV from blood transfusions, but nothing was known about the numbers of people who had been infected but not become ill. Giesecke *et al* (p 99) report from the Karolinska Institute, Stockholm, a prospective study of the distribution of incubation intervals over eight years in 98 patients with haemophilia and 48 recipients of transfused blood who were infected with HIV at a time that was known precisely. The findings show great variation in the incubation interval, with more rapid progression to AIDS in transfusion recipients than in haemophiliacs. On average about half of all infected patients had some clinical signs or symptoms related to HIV within five to six years of infection. This is probably the best estimate of the incubation time of AIDS and its variability produced so far.

## Is inflammatory bowel disease infective?

Standard teaching holds that neither Crohn's disease nor ulcerative colitis is due to infection, yet the clinical features of the two diseases are very similar to those of dysentery and other bowel infections. Furthermore, it has proved extremely difficult to induce experimental colitis in germ free animals. Burke and Axon (p 102) have been following a fresh line in looking for qualitative differences in faecal bacteria isolated from patients with inflammatory bowel disease and controls. They found a substantial difference in the proportion of adhesive strains of *Escherichia coli*: 43% in ulcerative colitis in relapse and 53% in Crohn's disease versus 5% in controls. The adhesive properties were similar to those found in pathogenic intestinal strains of *E coli*, which suggests a role for these organisms in the disease. The organisms are unlikely simply to be secondary colonisers; these results strengthen the view that infectious agents do contribute to inflammatory bowel disease.

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