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## Trends in homosexual behaviour

HIV is well adapted to the sexual lifestyle of permissive homosexual men: anoreceptive intercourse, use of nitrites during intercourse, and high numbers of partners all constitute varying and independent degrees of risk, but, from an epidemiological standpoint, the practice of sexual role reversal is the most important factor. On p 215 Evans *et al* show that there were considerable changes in the sexual lifestyle of this group of men during 1984-7, which correlated closely with a reduction in the incidence and prevalence of HIV infection. Nevertheless, many homosexual men remained at risk of infections such as syphilis, hepatitis B, and anogenital herpes that seem to increase the risk of HIV infection itself. The prevalence of HIV was found to be lowest among those bisexual men who were most active heterosexually. The authors suggest that education programmes specifically aimed at this group should re-emphasise the risks.

## Fall in transmission of HIV

In most countries in the Western world AIDS prevention campaigns are directed at homosexual men, the group at highest risk of infection with HIV. A reduction in the number of sexual partners and practising safer sexual techniques are at present the only means of limiting further transmission of the virus. Several studies have shown important changes in the sexual lifestyle of homosexual men living in the large urban areas of the United States and western Europe. To say to what degree these changes affect the incidence of HIV infection in this group is difficult. Cohort studies in which this relation can be examined are costly and difficult to organise. Since 1984 Van Griensven *et al* (p 218) have succeeded in following up a large cohort of homosexual men in Amsterdam, The Netherlands. Their report shows a relation between change in sexual behaviour and a decline in the transmission of HIV. In addition, they present a reconstruction of the epidemiological curve of HIV infection in their cohort since 1980. The reconstruction was based on the retrospective analysis of stored serum from a study of hepatitis B vaccine in 1980-2.

## Diabetic prisoners

Britain's prisons are overcrowded, with at present some 50 000 inmates. Provision of health services to this population is notoriously difficult, particularly when prisoners suffer from pre-existing chronic medical conditions that are usually managed in specialist hospital clinics. An imprisoned diabetic may thus find good glycaemic control difficult or impossible to achieve because of imperfect diets, little exercise, lack of self monitoring, and absence of specialist help. On the other hand, some of these prisoners may use their diabetes as a manipulative weapon and induce ketoacidosis so that they will be removed from prison to the relative comfort of the local NHS hospital. On p 221 Gill and MacFarlane discuss these and other problems of diabetic care in prisons. Solutions are difficult and to some extent are related to the more general problem of overcrowding. Nevertheless, some improvements should be possible—for example, by drawing up standardised protocols on the care of diabetics for prison medical officers and ensuring regular visits from local diabetes specialists.

## Counselling by health visitors in postnatal depression

The period immediately after childbirth is critically important in establishing the relationship between mother and baby and the family as a harmonious and successfully functioning unit. The implications of depression occurring at a time when exceptional physical and emotional demands are being made on the mother are sufficient for it to merit special attention. If we also consider the long term harmful effects that depression at this time may have on the family early diagnosis and active treatment of postnatal depression should clearly be a priority. Holden *et al* (p 223) looked at the effectiveness of health visitors in alleviating this depression. As the health visitors already had regular contact with postpartum women they were ideally placed to detect postnatal depression. The study showed that with a short training in non-directive counselling they could also offer effective help to women who are depressed at this time, not least by being someone in whom to confide.

## Sodium and blood pressure in hypertensive type II diabetics

Hypertension is a common problem in non-insulin-dependent (type II) diabetes. The reason for the hypertension is not clear, but it may partly be due to an increase in the total exchangeable body sodium. Patients with type II diabetes do not excrete sodium as efficiently after a sodium load as do non-diabetics. The mechanism of sodium retention may be based in the action of insulin, which has a sodium retaining action in the kidney. There is therefore a suggestion that type II diabetics with hypertension may be "sodium sensitive." To try to clarify matters Dodson and coworkers (p 227) have carried out a randomised parallel controlled study of moderate sodium restriction in 34 hypertensive type II diabetics. Seventeen patients were allocated to receive three months of moderate sodium restriction and 17 to continue with their normal diabetic diet. Subsequently nine patients in the sodium restriction group continued with sodium restriction while taking a sustained release preparation of sodium for one month and a placebo for one month in random order. The important finding was that systolic blood pressure showed a clinically significant fall with sodium restriction but rose again during sodium supplementation. This appears to support the concept that sodium plays a part in the hypertension of diabetes and suggests that moderate sodium restriction may be valuable in treatment.