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## Lipid peroxides and atherosclerosis

Atherosclerosis and its complications account for half of all deaths in the industrialised world. Many risk factors have been identified but the frequent occurrence of disease in normolipidaemic people is hard to explain. Lipid peroxides, formed by the peroxidation of unsaturated fatty acids, are found in the aortic wall in a concentration that is strongly linked to the severity of aortic disease. Lipid peroxides are distributed throughout the lipoprotein fractions but are carried predominantly by low density lipoproteins, the density most firmly linked with atherosclerosis. Moreover, peroxidation of low density lipoproteins alters their biological properties leading to increased uptake by endothelial cells and macrophages, procoagulant activity in the blood, and other functions relevant to atherosclerosis and its complications.

Further support for lipid peroxides as a factor in atherosclerosis now comes from a study by Stringer and coworkers (p 281), who have found significantly raised plasma concentrations of these compounds in patients with angiographically proved occlusive arterial disease (both ischaemic heart disease and peripheral arterial disease). Lipid peroxides may emerge as a useful index of severity of disease or possibly provide predictive information, particularly as raised concentrations have been reported in the children of parents suffering from premature myocardial infarction.

## Stress and relapse of breast cancer

The role of psychological factors in the development of cancer is controversial and difficult to evaluate. Ramirez *et al* (p 291) in a pair matched case-control study looked at the influence of stress on relapse of breast cancer.

Using a measure of adverse life events and difficulties that overcomes many of the problems of low reliability and validity that have undermined research on life stress, they found an association between severe adverse life events or difficulties and relapse. Examples of such experiences include divorce, death of a close relative, and caring for a handicapped son. The influence of these severe stressors on overall survival from breast cancer has yet to be determined.

## Captopril and early stage diabetic nephropathy

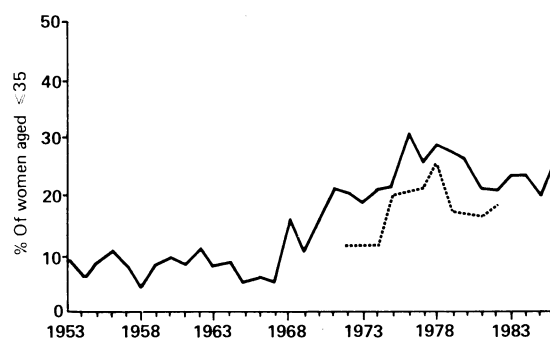
Early diagnosis and treatment of diabetic complications are now one of the main goals in the management of insulin dependent diabetes. The progression of

diabetic nephropathy to renal failure is unavoidable once this complication is clinically evident. The early marker of diabetic nephropathy is microalbuminuria, which is detectable only with radioimmunological methods. The discovery of this marker may permit reversal of early stage nephropathy. Recently it has been found that inhibitors of angiotensin converting enzyme may lower baseline microalbuminuria in normotensive diabetic patients.

On p 284 Romanelli and coworkers show that the increase in urinary albumin excretion seen during an exercise test in normotensive diabetic patients who had normoalbuminuria or microalbuminuria at rest was blunted by captopril, an angiotensin converting enzyme inhibitor. This finding is probably related to a lowering of intraglomerular pressure mediated by captopril; it supports the hypothesis that inhibition of angiotensin converting enzyme could protect the diabetic kidney from haemodynamic stress and perhaps positively influence the course of diabetic nephropathy.

## Changes in age distribution of cervical cancer

For some years gynaecologists managing cervical cancer have thought that the pattern of the disease has been changing, with an increasing proportion of cases being seen in young women. In addition, the histological characteristics of the disease have altered, and some reports have suggested that the prognosis in women with these newer histological types is worse. On p 288 Elliott *et al* present results that support these impressions. In their study of more than 2600 women with cervical cancer the proportion of women aged 35 or less with cervical cancer increased from under 9% in 1953-69 to 25% in 1970-86. In addition, unusual histological types of cervical cancer increased during this period in both young and older women. Overall, the rates of control of tumours improved, but recently an apparent increase in early recurrence has been observed in young women with stage Ib-IIa tumours without nodal disease.



Proportions of women with invasive cervical cancer aged 35 or less referred to King George V Hospital (—) during 1953-86 and reported to Central Cancer Registry of New South Wales (-----) during 1972-82