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Association between certain foods and risk of acute myocardial infarction in women

Although serum cholesterol concentration is considered to be the main correlate of coronary heart disease, specific nutrients or foods may have independent effects on the risk of myocardial infarction. Gramenzi *et al* (p 771) studied the association between a few foods and the risk of myocardial infarction among predominantly young and middle aged women in northern Italy. Women who had had a myocardial infarction tended to consume meat, ham and salami, butter, coffee, and total fats added to food more frequently than did controls. Significant protection was observed with more frequent consumption of fish, carrots, green vegetables, and fresh fruit. No linear trend in risk was found for alcohol, but the protection from a moderate intake was significant. These associations could not be explained by several important risk factors for myocardial infarction including smoking, duration of education, hyperlipidaemia, diabetes, hypertension, and body mass index, but only data obtained by interview were available on these covariates. Although the associations might be partly or largely accounted for by different lipid or lipoprotein patterns, they remain interesting from a preventive and public health viewpoint.

Alcohol is a risk factor for psoriasis

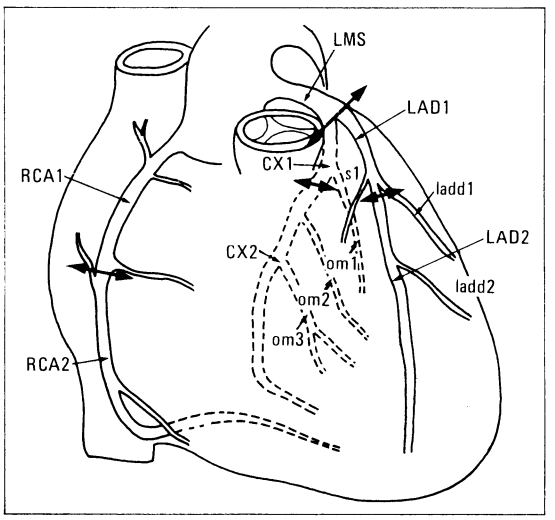
It has been suggested that psoriasis is more common in heavy drinkers, but if true is this an example of cause or effect? Severe psoriasis can cause emotional problems that might lead to alcohol abuse. On p 780 Poikolainen *et al* compare lifestyle, including alcohol intake, in the 12 months before and after the onset of illness in 144 men with psoriasis and 285 men with other skin conditions. Those with psoriasis drank significantly more alcohol than the controls before the onset of their illness, and, as expected, their intake increased after diagnosis. (The control patients actually reduced their alcohol intake after diagnosis.) There were no obvious effects of other factors, including age, social class, marital state, or consumption of tobacco or coffee. It seems that alcohol is a risk factor for the development of psoriasis and that the condition sustains drinking habits.

Cryptosporidiosis in England and Wales

A study of cryptosporidium infection in England and Wales by the Public Health Laboratory Service (p 774) shows that during 1985-7 cryptosporidium was the third commonest cause of acute infectious diarrhoea investigated by general practitioners. In 62 421 patients studied, campylobacter infection was identified in 8% (4775), salmonella in 3% (2050), cryptosporidium in 2% (1295), and shigella in only 0·7% (437). In children 5% of acute diarrhoeas were due to cryptosporidium, which was second to campylobacter in prevalence. Clinical features in most patients were mild but prolonged, with abdominal cramps and watery diarrhoea for one to two weeks. More severe illness was commoner in younger adult men. Twelve per cent of patients with cryptosporidiosis (155) were probably infected overseas. Of the remainder, almost a quarter had had close contact with farm animals or had drunk raw milk; transmission in the remaining three quarters is probably by faecal-oral spread and possibly by waterborne infection. Ten of the 16 collaborating laboratories reported one or two community wide outbreaks during the study; in only one (a nursery outbreak) was the source identified; the remainder were similar to proved waterborne outbreaks.

Coronary arteriography in a DGH: safe but unhelpful

Many cardiologists in district general hospitals have to refer their patients to specialist centres for cardiac catheterisation despite being fully trained in the technique. As demand grows the waiting lists in specialist centres increase. Ranjadayalan *et al* studied the feasibility of performing coronary arteriography in the radiology department of a district general hospital, and on p 777 they present the results of a study in 50 patients. Forty five of the patients subsequently underwent catheterisation in a specialist centre, allowing comparison of the techniques. Arteriography in the district general hospital was safe, but although the specificity of the recordings obtained was high, the images were of poor quality, and less than a fifth of them were suitable to allow the planning of further procedures. Unless adequate equipment is provided in district hospitals there seems little point in pursuing this approach to reducing the waiting list for catheterisation in specialist centres.



Coronary arterial map for locating coronary stenoses and occlusions. Broken lines indicate posteriorly located arteries. Left anterior descending (LAD), circumflex (CX), and right coronary (RCA) arteries are divided into proximal (1) and distal (2) segments as indicated by arrowed lines. Left main stem (LMS), diagonal (ladd), and obtuse marginal (om) branches are given separate designations. (s1 = First septal branch of left anterior descending artery)