This week in BMJ

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Tissue plasminogen activator inhibitor and thrombosis in patients with systemic lupus erythematosus

A history of thrombotic episodes or recurrent abortions in patients with systemic lupus erythematosus is often associated with the presence of the lupus anticoagulant. Past studies have found decreased fibrinolytic activity in patients with systemic lupus erythematosus. On p 1099 Violi *et al* examine this important risk factor and the relation between the lupus anticoagulant and thrombosis in 23 patients with systemic lupus erythematosus. Eleven patients had a history of thrombosis or recurrent abortions, or both, and 12 did not. Measurements of tissue plasminogen activator antigen, its inhibitor activity, the lupus anticoagulant, and anticardiolipin antibodies were compared in the two groups and between the patients with complications of their disease and a series of normal controls. A significant correlation was found between tissue plasminogen activator and its inhibitor activity in patients with systemic lupus erythematosus complicated by a history of thrombosis or abortions. The lupus anticoagulant was detected in six of the 11 patients with complications of their disease when tested by measuring the activated partial thromboplastin time but was detected in all these patients when the diluted phospholipid test (diluted activated partial thromboplastin time) was used. Hence tissue plasminogen activator inhibitor activity seems to be increased in patients with systemic lupus erythematosus complicated by a history of thrombosis or recurrent abortions, irrespective of the severity of the disease. The frequent association between this factor and raised values of the lupus anticoagulant suggests that the increased activity may be linked with the presence of the lupus anticoagulant.

Diabetes in tropical Africa

Until the 1960s diabetes mellitus was considered rare in tropical Africa. Nowadays, however, diabetic clinics can be found in large hospitals throughout the region. Little is known about the characteristics of diabetic patients in Africa or the true prevalence of diabetes; many in the West consider diabetes a disease predominantly of affluent people in developing countries. As well, little is known about the course of the disease compared with that in developed countries. The clinical characteristics and prognosis of 1250 newly diagnosed diabetic patients seen over a six year period in Dar es Salaam, Tanzania, have been studied by Swai and colleagues (p 1103), who found that diabetes affects people of all ages and from all educational and socioeconomic backgrounds. Twenty per cent of the 1250 patients required insulin for control of symptoms and hyperglycaemia. In many patients diabetes is a serious disease with a poor prognosis: within five years of diagnosis two fifths of diabetic patients requiring insulin died, in contrast with developed countries, where only one third are dead after 30 years. Prognosis of patients with non-insulin dependent diabetes is also poor: at least 15% of patients die within the first five years.

INSTRUCTIONS TO AUTHORS

The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style (BMJ, 6 February 1988, p 401) and will consider any paper that conforms to the style. More detailed and specific instructions are given below.

The following include the minimum requirements for manuscripts submitted for publication.

All material submitted for publication is assumed to be submitted exclusively to the *BMJ* unless the contrary is stated.

Manuscripts will be acknowledged; letters will not be unless a stamped addressed envelope is enclosed.

Papers will normally be refereed and may be statistically assessed before acceptance.

Authors should give their names and initials, their posts at the time they did the work, and one degree or diploma. All authors must sign their consent to publication.

Three copies should be submitted. If the manuscript is rejected these will be shredded.

Typing should be on one side of the paper, with double spacing between the lines and 5 cm margins at the top and left hand side of the sheet.

Abbreviations should not be used in the text.

Drugs should be given their approved names, not their proprietary names, and the source of any new or experimental preparations should be given.

SI units are used for scientific measurements, but blood pressure should continue to be expressed in mm Hg.

Statistical procedures should be described in the methods section or supported by references.

Tables and illustrations should be separate from the text of the paper. Tables should be simple and should not duplicate information in the text of the article.

References must be in the Vancouver style and their accuracy checked before submission. They should be numbered in the order in which they appear in the text.

Letters to the editor submitted for publication must be signed personally by all authors, who should include one degree or diploma.

The editor reserves the customary right to style and if necessary shorten material accepted for publication and to determine the priority and time of publication.

Detailed instructions are given in the *BMJ* dated 6 January 1990, p 38.