

This week in BMJ

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Threat of unemployment, sleeping patterns, and serum cholesterol concentrations

There seems to be a definite link between changes in the economic stability of a community and the morbidity and mortality from heart disease. Psychosocial reactions to unemployment and the threat of unemployment may result in disturbed sleep, and several studies have reported increased mortality among people with unusual sleeping patterns. On p 461 Mattiasson *et al* examine 19 variables associated with the risk of cardiovascular disease in 715 Swedish male shipyard workers and 261 age matched controls. The first examinations took place during a period of economic stability for the shipyard and the second during its closure phase, a mean of 6.2 years later. Serum cholesterol concentrations showed a highly significantly greater increase among the shipyard workers than among the controls at the time of the second examinations. A correlation was found between scores for sleep disturbance and the changes in serum cholesterol concentration. Increases in serum cholesterol concentrations were greater among men threatened with unemployment (437/976; 44.8%) than among those who were not. In stepwise regression analysis the change in serum cholesterol concentration was correlated with changes in the haemoglobin concentration, body weight, and serum triglyceride and calcium concentrations. A positive bivariate correlation was found between change in cholesterol concentration and change in blood pressure, indicating that the overall risk profile had worsened among men with increased serum cholesterol concentrations. This may partly explain reports of high mortality in association with unemployment and sleep disturbance.

Combinations of drugs for malaria during pregnancy

Malaria infections during pregnancy may result in stillbirth, low birthweight infants, and anaemia in the mother. Chloroquine has been recommended for chemoprophylaxis, but it no longer offers complete protection against falciparum malaria infections. On p 466 Keuter *et al* assess the efficacy of two combination drug regimens, pyrimethamine with sulfadoxine and chlorproguanil with dapsone; they found that either combination cleared parasites better than did chloroquine. Pyrimethamine and sulfadoxine gave the longest protection.

Referral letters and replies from orthopaedic departments

Referral letters and their replies have two functions: to impart information related to the patient and as important vehicles for education. On p 470 Jacobs and Pringle report a method for assessing these letters for their clinical and educational content, which they used on 289 referral letters and corresponding replies

from orthopaedic surgeons. The clinical content of both was found to be unsatisfactory, with no relation between the clinical content of the referral letter and the reply. The urgency stated in the referral letter seemed to be ignored, and half the questions asked by general practitioners went unanswered. This suggests that the referral letter is poorly read by clinicians. The educational value of both the referral letters and the replies was low. A reappraisal of this correspondence by general practitioners and orthopaedic surgeons is called for to improve the utilisation of the opportunities that this correspondence presents.

Adrenaline and nocturnal asthma

Nighttime increases of airways resistance occur commonly in asthma, especially when the disease is unstable. Research into the cause of this is important as most deaths from asthma occur during the night. Adrenaline, and now its more selective related compounds the β_2 agonists, are potent bronchodilators that have been used for many years to treat asthma. On p 473 Morrison and colleagues explore whether the nighttime fall in plasma adrenaline causes asthma at night either alone or by modifying parasympathetic nervous pathways, which have previously been shown to be important in nocturnal asthma. They conclude that adrenaline has no role to play in nocturnal asthma and does not seem to represent the "boiling of the blood" that Sir Thomas Willis in 1679 thought caused asthma at night.

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 are the minimum requirements for manuscripts submitted for publication.

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

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.

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

References must be in the Vancouver style and their accuracy checked before submission.

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.

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