This week in BMJ

The burden of overweight

It is commonly believed that being overweight is tempting fate. The true extent of health risks of overweight have, however, rarely been studied. On p 835 Rissanen *et al* present data from a large Finnish population survey that may help clarify the issue. They found that modest overweight strongly predicted chronic disability but was only weakly related to mortality. As a major cause of work disability overweight deserves a high priority in national prevention and rehabilitation programmes.

Intermittent treatment for schizophrenic outpatients

The continuous use of neuroleptic drugs to prevent relapse in schizophrenia is now well established. Although it is effective in preventing exacerbation of symptoms, this strategy is associated with common and distressing extrapyramidal side effects, some of which may be irreversible and have deleterious consequences for patients' general wellbeing and social functioning. Jolley *et al* evaluated an alternative strategy of prophylaxis in which intermittent courses of neuroleptic were administered for early, non-psychotic signs of relapse, patients remaining otherwise drug free (p 837). Survival rates for both relapse and hospitalisation were significantly worse with intermittent treatment than for continuous treatment over a two year period. Non-psychotic morbidity was also greater with intermittent treatment. Intermittent treatment had no effects on the point prevalence of tardive dyskinesia, and, although extrapyramidal side effects were less prevalent with intermittent treatment, there were no overall social benefits accruing from this. The results support the superiority of continuous neuroleptic prophylaxis for both psychotic morbidity and neurotic or dysphoric morbidity in schizophrenia.

Cost of surfactant replacement treatment for severe neonatal respiratory distress syndrome

Replacement treatment with natural surfactant is effective in the neonatal respiratory distress syndrome, but few studies have calculated its cost. On p 842 Tubman *et al* report an analysis of the costs of treatment in 33 neonates with severe respiratory distress syndrome, of whom 19 were given surfactant and 14 served as controls. The cost of achieving one extra survivor in the treatment group was about £13 700, or about £710 per quality adjusted life year. The authors believe that the treatment is fairly inexpensive and cost effective when this cost is weighed against the low probability that the baby will have a neurological abnormality and his or her potential for a healthy, productive life of up to 70 years.

Follow up of infants with bacteriuria on screening

The episodes of urinary tract infection resulting in renal scarring and sometimes leading to progressive renal damage occur early in life. In a prospective study to clarify whether mass screening for bacteriuria in infants might identify individual children at risk of developing renal damage Wettergren *et al* followed up 50 infants with bacteriuria verified by suprapubic aspiration from a screened unselected population of 3581 infants (p 845). During six years' follow up 45 of the infants were left untreated, and in these children the bacteriuria cleared spontaneously or in response to antibiotics given for respiratory tract infections. Recurrences of infection were few, and development of renal damage was not observed. Thus the authors conclude that mass screening for bacteriuria in infants seems to detect innocent bacteriuric episodes and is not recommended.

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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.

Abbreviations should not be used in the text.

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.

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.