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Surrogate markers for survival in patients with AIDS

Treatment for HIV infection has moved into earlier intervention stages using zidovudine, and other antiretroviral drugs are in clinical development for patients with AIDS and AIDS related complex. Most patients in trials of such new drugs will live for many months or years; thus the development of surrogate end points for quickly evaluating new antiretroviral treatment has become a high priority. On p 73 Jacobson *et al* examined the early effects of zidovudine treatment on five potential surrogate markers in a group of 90 patients with AIDS or AIDS related complex and correlated these effects with survival. When controlled for pretreatment characteristics that predicted poor survival, they found that CD4+lymphocyte count after 8-12 weeks of zidovudine treatment was a strong predictor of survival at two years and that an increase in serum β_2 microglobulin concentration at 8-12 weeks also independently correlated with survival. In patients with a good pretreatment prognosis 88% of those with a good response on both surrogate markers during early treatment survived at two years compared with 50% of those with a poor response on either marker. CD4+lymphocyte count and, perhaps, change in serum β_2 microglobulin concentration could be surrogate end points for clinical outcome in trials of antiretroviral drugs for patients with HIV disease.

Lung function as a predictor of stroke

Reduced levels of ventilatory function have been associated with an increased risk of death and non-fatal coronary heart disease. On p 84 Strachan reports the relation between lung function measurements and subsequent mortality due to stroke in a prospective study of London civil servants followed up for 18 years. Reduced levels of forced expiratory volume is one second (FEV₁) were the strongest predictor of fatal stroke after blood pressure. The effects of other cardiovascular risk factors, adjusted for FEV₁ and blood pressure, were small. These findings suggest that spirometric measurements may be useful as a clinical predictor of subsequent stroke and that ventilatory function and stroke may have environmental determinants in common.

Magnetic resonance imaging: who does it help?

New and expensive imaging techniques come under close scrutiny nowadays. Dixon *et al* (p 79) studied 200 patients referred for magnetic resonance imaging of the head and spine to see how the results influenced the referring clinicians' diagnoses and intended management plans. This evaluation was coupled with an assessment of the outcome of the patients, as judged by quality of life questionnaires. The clinicians indicated that the results had altered their leading

diagnosis in 35 of 169 (21%) patients, had increased their confidence in this diagnosis in 90 of 167 (54%), and had changed their management plans in 113 of 182 (62%). The responses from 130 patients did not show any overall change in their quality of life over a four month period. It may seem disappointing that a test which is clearly of help to the clinician does not lead to a healthier patient, but it is not known how these patients would have fared without magnetic resonance imaging; some were found to have conditions that were likely to deteriorate.

Prevalence of *Chlamydia trachomatis* infection in women having cervical smear tests

Cervical cancer is known to be associated with exposure to multiple sexual contacts, which also predisposes to the acquisition of sexually transmitted diseases. We do not know the prevalence of sexually transmitted diseases in women with normal and abnormal cervical smears from the same geographical area, however, and on p 82 Smith *et al* report their data from north west Glasgow. They studied randomly selected new referrals to a hospital based colposcopy clinic and compared the findings with those in asymptomatic patients attending their general practitioner for cervical smear tests. Six per cent of patients (6/101) attending the colposcopy clinic for abnormal smears had chlamydial infection, as did 12% of patients (24/197) with normal smears. Antibodies to *Chlamydia trachomatis* were detected in 32% and 34% of patients (32/101 and 67/197) in the two groups respectively. There was no significant difference between the groups in the prevalence of any of the sexually transmitted diseases studied. The authors believe that the high prevalence of chlamydial infection found may justify screening for *C trachomatis* in asymptomatic women attending primary health care centres and before termination of pregnancy in order to reduce the incidence of pelvic inflammatory disease.

Secondary prophylaxis against myocardial infarction

The benefit of treatment with both β blockers and aspirin in patients who have had a myocardial infarction has been proved. As they work in different ways it would seem logical to give both types of drugs if possible. Eccles and Bradshaw (p 91) have found that secondary prophylactic drugs are given haphazardly to patients who have had an infarction. Of 267 patients surveyed, 158 were treated suboptimally in that they did not receive a secondary prophylactic drug to which they had no contraindication. β Blockers were 2.5 times less likely to be given than aspirin. As many as 17 (6%) of the patients received no prophylactic drug treatment at all. The authors recommend that doctors should heed the advice from clinical trials and give β blockers and aspirin to all patients who can tolerate them.