

This week in BMJ

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The changing face of AIDS

In its first decade the clinical profile of AIDS has been extensively reported and its main complications are now well recognised. Less work has been done on studying the improving prognosis for patients with AIDS and the changing morbidity and mortality trends. On p 203 Peters *et al* report the results of a study of a group of several hundred patients with AIDS attending a London hospital from 1982 to 1989 to identify any major changes in the patterns of disease. They found a dramatic decrease in mortality due to pneumocystis pneumonia from 46% of deaths in 1986 to 3% in 1989. Instead, the secondary tumours associated with AIDS, Kaposi's sarcoma and lymphoma, have emerged as the main causes of death; together these two causes accounted for nearly half of deaths from AIDS in 1989. At the same time the median survival of their patients has doubled from 9-10 months before 1987 to 20 months in that year. These alterations in the clinical picture together with other observed changes emphasise the importance of monitoring the changing profile of the disease. Only by identifying these trends can adequate planning be made for the clinical and research priorities of the future.

Use of non-orthodox health care

The continuing popularity of non-orthodox health care has given rise to calls for more evaluation of its efficacy and for more information on current patterns of use. On p 207 Thomas *et al* present data from a national study of patients of qualified, non-medical practitioners of some of the more established therapies (acupuncture, chiropractic, homoeopathy, naturopathy, and osteopathy). A two stage survey estimated that 70 600 patients attended this group of practitioners in an average week in 1987-8. These patients sought non-orthodox health care for a limited range of problems, dominated by musculoskeletal symptoms. Most patients reported having received previous orthodox medical treatment from a general practitioner or hospital specialist for their main problems; a substantial proportion were receiving concurrent

orthodox care. Almost a quarter reported having seen their own general practitioner, for any reason, in the previous two weeks. The authors conclude that most patients had not rejected orthodox medicine in favour of non-orthodox treatments, rather non-orthodox care was sought mainly as a supplement or complement to conventional health care.

Case finding versus screening for hypertension

When the hypertension research programme in Nord-Trøndelag county, Norway, was started in 1980 it was assumed that many people needing drug treatment and blood pressure monitoring had not been diagnosed. Holmen *et al* found that this was not the case (p 219). Of 4856 patients needing blood pressure monitoring, 79.3% had been identified before screening, and of 6805 patients needing treatment with antihypertensive drugs 94.0% had already been identified. Thus case finding was effective in detecting hypertension.

Treating diabetics with microalbuminuria

Studies have suggested that antihypertensive treatment has a role in preventing or retarding the progress of microalbuminuria in diabetic patients. On p 210 the Melbourne Diabetic Nephropathy Study Group compares the effects of an angiotensin converting enzyme inhibitor, perindopril, with those of a calcium antagonist, nifedipine, in hypertensive and normotensive diabetic patients with microalbuminuria. Over 12 months of treatment both drugs had similar effects on blood pressure and albuminuria. Stopping treatment resulted in an appreciable increase in both of these variables. The group concludes that blood pressure seems to be an important determinant of urinary albumin excretion in diabetic patients. Both drugs seem to be effective in reducing albuminuria in hypertensive patients and preventing increases in albuminuria in normotensive patients.

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 5 January 1991, p 40.

Guarding the Guardians: Research on EDITORIAL PEER REVIEW

Following the success of the American Medical Association's First International Congress on Peer Review in Biomedical Publication, a second such Congress is being planned for September 1993. We aim to present original research on critical issues in the publication of all clinical and scientific research.

What are such critical issues?

- Peer review and editorial decision making in different journals
- Relationships between authors, editors, and reviewers, and how each is selected and evaluated
- Allocation of responsibility for published material
- Quality assurance
- Breakdowns, weaknesses, and biases

For more information on attending or presenting research, contact:

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FORTHCOMING EVENTS

COMING EVENTS

Royal College of Radiologists—Details of meetings "The future of brachytherapy," 8 March; "Advanced oncology: paediatric cancer, 10-11 May, London; and the annual scientific meeting, 25-28 September, Dublin, are available from the conference administrator of the college, 38 Portland Place, London W1N 3DG. (Tel 071 636 4432.)

Edinburgh Postgraduate Board for Medicine—Course on hand surgery, 11-15 March, Edinburgh. Details from the postgraduate dean at the board, Pfizer Foundation, Hill Square, Edinburgh EH8 9DR.

Prader-Willi Syndrome Association—Medical symposium on Prader-Willi syndrome, 16 March, Derby. Details from Jackie Waters of the association, 5 Wollaton Road, Chaddesden, Derby DE2 4XH. (Tel 0332 668790.)

British Hyperlipidaemia Association—Course on "Lipid metabolism," 4 April, Glasgow. Details from Dr M H Dominiczak or Mr A R Pettigrew, Department of Pathological Biochemistry, Western Infirmary, Glasgow G11 6NT. (Tel 041 339 8822 ext 4788.) Approved for postgraduate educational allowance.

International Bioethics Institute—Annual congress of healthcare ethics committees "Ethics committees at work in the 1990s," 5-7 April, San Francisco. Details from the institute, 250 Masonic Avenue, San Francisco, California 94118, USA. (Tel 415 564 1148.)

British Occupational Hygiene Society—Annual conference 9-12 April, Nottingham. Details from the society, Suite 2, Georgian House, Great Northern Road, Derby DE1 1LT. (Tel 0332 298087.)

"Critical review and new trends in diagnosis and rehabilitation of urogenital and intestinal function"—18-19 April, Sirmione, Italy. Details from the secretariat, Organizzazione Servizi Congressuali, Via Santo Stefano 30, 40125, Bologna, Italy.

British Medical Association Junior Members Forum—Quality of health care is the subject of the 1991 forum, which will be held in Birmingham on 20 and 21 April. Speakers include Mr Brian Edwards, regional general manager of Trent Regional Health Authority; Dr Charles Shaw, director of the medical audit programme at the King's Fund Centre; and the Reverend Matthew McManus of the Scottish Association of Local Health Committees. The forum is open to BMA members from all disciplines who are under 40 and within 12 years of qualification. Junior doctors who are interested in attending should contact their regional office or their divisional secretary.

American Lung Association/American Thoracic Society—International conference, 12-15 May, Anaheim, California. Details from Maureen J O'Donnell at the association, 1740 Broadway, New York, New York 10019-4373, USA.

Institute of Psychiatry—Details of conference "Religion and psychiatry," 10 May, and courses "Family solutions in family practice: new perspectives on old problems," 25-26 June, and "Problem parents: advances in clinical care of mentally ill mothers and their infants," 25-26 July, London, are available from Mrs Lee Wilding at the institute's conference office, De Crespigny Park, London SE5 8AF. (Tel 071 703 5411 ext 3170.)

Society of Magnetic Resonance in Medicine—Tenth annual scientific meeting, 10-16 August, San Francisco. Details from the society, 1918 University Avenue, Suite 3C, Berkeley, California 94704, USA.

International Atherosclerosis Society—9th international symposium on "Atherosclerosis," 6-11 October, Chicago. Details from Professor Y Stein, POB 50006, Tel Aviv 61500, Israel. Closing date for abstracts 30 April.

National Children's Bureau—Details and copies of the programme of meetings to September are available from the conference office of the bureau, 8 Wakley Street, London EC1V 7QE. (Tel 071 278 9441.)

University of Dundee—Details and copies of the spring term programme of postgraduate medical and dental education are available from Professor R M Harden, Ninewells Hospital and Medical School, Dundee DD1 9SY. (Tel Dundee 60111 ext 2181.)

SOCIETIES/LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

Monday 28 January

KING'S COLLEGE LONDON CENTRE OF MEDICAL LAW AND ETHICS—At Room 1B23, 1 pm, Ludovic Kennedy: Euthanasia.

MANCHESTER MEDICAL SOCIETY—At Architecture Building, 6 pm, Alan Hilton medal and members' evening: Odontology. (Tea from 5.30 pm.)

ROYAL POSTGRADUATE MEDICAL SCHOOL—At Meghraj Lecture Theatre, 5 pm, Dr Rashmi Sethi: Immunoassays.

UNIVERSITY OF OXFORD GREEN COLLEGE—At Wits Lecture Theatre, Radcliffe Infirmary, 6 pm, Baroness Warnock: Ethical challenges of embryo manipulation.

Tuesday 29 January

UNIVERSITY OF OXFORD DEPARTMENT OF PUBLIC HEALTH AND PRIMARY CARE—At Committee Room, Green College, 1 pm, Shaun Brogan: The polio epidemic in Oman 1988: implications for the eradication of polio by the year 2000.

Wednesday 30 January

ROYAL POSTGRADUATE MEDICAL SCHOOL—At Stamp Lecture Theatre, 10.15 am, medical staff round.

Friday 1 February

UNIVERSITY OF OXFORD DEPARTMENT FOR CONTINUING EDUCATION—At University Museum, Parks Road, 8.15 pm, Professor Louise Johnson FRS: Designer drugs.*

BMA NOTICES

*Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.*

Division Meetings

Brighton—At Old Ship Hotel, Wednesday 30 January, 7 for 7.30 pm, combined meeting with the Sussex Law Society, speaker Dr Pantling: "No fault compensation."* (Guests invited.)

Bristol—At ICI "Avalon" Works, Wednesday 30 January, 6.30 for 7 pm, tour of works followed by buffet supper.* (Guests invited.)

Cambridge—At Conference Centre, Addenbrooke's Hospital, Thursday 31 January, 3 pm, preregistration house officer seminar.*

Dewsbury—At Recreation Hall, Dewsbury General Hospital, Wednesday 30 January, 8.15 pm, Professor R Lacey: "Mad Gummer disease."* (Preceded by buffet supper.* Local veterinary surgeons invited.)

East Surrey—At Postgraduate Medical Centre, East Surrey Hospital, Tuesday 29 January, extraordinary crisis meeting "GP/hospital relations: are these at risk in the changing NHS?" speaker Mr Norman Ellis.*

North Warwickshire—At The Courtyard, Nuneaton, Tuesday 29 January, 7.30 for 8 pm, buffet meal and Professor A M Geddes: "Is our food safe?"*

Redbridge and Stratford—At Postgraduate Centre, King George Hospital, Tuesday 29 January, 8 pm, Dr D Shubhaker: "Basic principles of medical audit in general practice."* (Preceded by buffet supper 7.30 pm.*)

Southend on Sea—At Hollywood Restaurant, Thursday 31 January, 7.45 pm, meal followed by Steve Dowsett speaking on the Southend self governing trust.*

Regional Meetings

North West Thames Regional Consultants and Specialists Committee—At BMA House, Monday 28 January, 5.30 pm, Sir William Doughty will attend.

South West Regional Hospital Junior Staff Committee—At Junior Doctors' Mess, Musgrove Park Hospital, Tuesday 29 January, 7.30 pm.

South West Thames Regional Council—At Postgraduate Medical Centre, Royal Surrey County Hospital, Guildford, Tuesday 29 January, 7.30 pm. (preceded by supper 7 pm.)