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Glucose tolerance as a predictor of hypertension

Cross sectional studies have shown an association between blood glucose concentration after glucose challenge and blood pressure, but follow up studies are necessary to determine whether glucose intolerance is an independent predictor of hypertension. On p 493 Salomaa *et al* report a study of middle aged men in Finland. The men were first examined in the late 1960s as part of a general health check up; all were healthy at this time. All men who were willing and not being treated for a cardiovascular risk factor (1203 men) were examined again in 1974. Follow up examinations took place in 1979 and 1986. Men who were hypertensive in 1986 had had higher blood glucose concentrations one hour after a glucose load in all three previous examinations compared with those who were normotensive in 1986, and those whose glucose concentration fell between the second and third tertiles for values in 1968 had a significantly higher risk of developing hypertension than those below the first tertile. The authors conclude that glucose intolerance was a predictor of hypertension in these men up to 18 years before clinical manifestation of the condition.

General practitioners and long term mentally ill patients

One crucial factor for making community care work is the capacity of general practitioners to provide primary medical care to disabled people. How do general practitioners see their role in relation to long term mentally ill patients? On p 508 Kendrick *et al* report the results of a postal survey of general practitioners in South West Thames region. Almost a third of the 369 respondents had noticed an effect of the discharge of adult long term mentally ill patients on their practice. The authors suggest that because of the uneven distribution of long term mentally ill patients—most general practitioners had 10 or fewer on their list—community psychiatric resources might be better targeted at practices with higher numbers of such patients. A shared care plan for psychiatric health with the community nurse as key worker found favour with most general practitioners.

Prognosis and prognostic factors for retinal infarction

Retinal infarction and cerebral infarction are frequent complications of atheromatous cerebrovascular and cardiovascular disease. Unlike cerebral infarction, however, there have been no prospective studies of the prognosis in patients with retinal infarction to enable clinicians to advise patients about the risk of blindness in the other eye, stroke, or other serious vascular events such as myocardial infarction and sudden death of presumed cardiac cause. On p 499 Hankey *et al*

describe a prospective prognostic study of 98 patients with retinal infarction due to presumed atheromatous thromboembolism or cardiogenic embolism. Their study not only offers some guidance on prognosis but also attempts to identify which patients are at higher risk for serious vascular events, for whom higher risk treatments may also be appropriate, in addition to the lower risk treatments that should be targeted to all patients.

Tuberculosis, HIV-I, and HIV-II in the Ivory Coast

The association between HIV-I infection and tuberculosis is well established, and in areas where both infections are common, such as parts of sub-Saharan Africa, an increase in the incidence of tuberculosis is being seen. Whether HIV-II infection also predisposes to tuberculosis has been debated. On p 496 De Cock *et al* report the results of a study from Abidjan in the Ivory Coast, where both HIV-I and HIV-II occur. By comparing the prevalence of HIV-I and HIV-II infections in consecutive patients with tuberculosis and in blood donors they found a significant association between both HIV-I and HIV-II infection and tuberculosis. They estimate that 35% of adult cases of tuberculosis in Abidjan are attributable to HIV-I or HIV-II infection, or both. These results provide further evidence that the clinical spectrum of HIV-II infection resembles that of HIV-I, although the incubation periods for the diseases require prospective comparison. The effect of HIV-I and HIV-II infection on control of tuberculosis in Africa is of grave concern.

Quality of life before and after coronary artery bypass grafting

Recently patients' perceptions of changes in their health have been emphasised as measures of outcome of treatment. On p 511 Caine *et al* present the results of a prospective study of outcome of coronary artery bypass grafting in men assessed at three months and one year according to scores in the Nottingham health profile and responses to a study questionnaire of changes in symptoms, working life, and daily activities. They included discriminant analysis to investigate the predictive value of variables measured preoperatively for outcome. The results showed clear benefits of the operation in a high proportion of patients in improvements in general health, symptoms, and activity; the significant preoperative variables affecting the return to unrestricted home life were working preoperatively, waiting time for operation, quality of life assessment scores, and breathlessness. The authors conclude that reducing waiting time and rehabilitation initiatives and better quality information for patients would improve outcome.