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## How long can women delay child bearing?

Women's fertility is known to decrease with age, but the age at which this fall begins has not been determined. As many women are now choosing to delay child bearing this information is of some importance. On p 1361 van Noord-Zaadstra *et al* describe a study of nulliparous women with infertile partners receiving artificial insemination in The Netherlands. They report that fertility began to fall around the age of 31, although this could be partly compensated for by increasing the number of treatment cycles. The chance of having a successful pregnancy also decreased after the age of 30, and combining these two effects they estimate that, compared with a woman aged 25, a 35 year old woman has half the chance of having a healthy baby.

## Unrecognised HIV related deaths

The Centers for Disease Control/World Health Organisation definition of AIDS is a necessary but restrictive means of monitoring the HIV epidemic but may influence clinicians' awareness of the sequelae of HIV infection. A study reported by McCormick (p 1365) suggests that at least a third of HIV positive men who die and for whom certain causes are stated on the death certificate are not known to be HIV positive, probably because the diagnosis has not been considered by the clinician. These results are based on a small sample, but if they are confirmed there are implications for those caring for people with possible HIV related conditions and for those performing postmortem examinations. More extensive testing of patients and cadavers for HIV antibody would clarify the possible relation between HIV infection and conditions not currently associated with the infection.

## Cabergoline versus bromocriptine in inhibition of lactation

Some women may prefer not to breast feed on medical or personal grounds. Dopaminergic drugs like bromocriptine have become the treatment of choice for inhibiting puerperal lactation because they effectively suppress prolactin release. However, bromocriptine causes rebound breast activity in some women and side effects are common. On p 1367 a European multicentre study group report a trial of a new long acting drug, cabergoline, versus bromocriptine in 272 women in the puerperium. They found that a single dose of 1 mg of cabergoline was as effective as bromocriptine 2.5 mg for 14 days (complete success rate 78% *v* 69%) and that there was an appreciably reduced rate of rebound breast symptoms and adverse reactions in women receiving cabergoline (5% *v* 24% and 16% *v* 27% respectively). The authors conclude that these results, along with the simpler administration schedule, suggest that cabergoline should be the treatment of choice for inhibition of lactation.

## Healthier lifestyle and decline in ischaemic heart disease in Iceland

Population surveys in Iceland since 1968 have allowed trends in risk factor levels to be monitored and compared with trends in mortality and morbidity due to ischaemic heart disease. Mortality from ischaemic heart disease in Iceland has decreased by 17-18% in recent years, and during 1981-6 the myocardial infarction attack rate in men under 75 fell by 23%. On p 1371 Sigfusson and coworkers report finding a significant decrease in smoking, serum cholesterol concentrations, and systolic blood pressure in the population since 1968. The fall in serum cholesterol concentration (6-10%) coincided with a reduction in consumption of dairy fat and margarine. During 1968-88 the calculated reduction in risk due to these changes in the age group 45-64 was about 35%—closely similar to the decrease in mortality from ischaemic heart disease in this age group. The authors conclude that the reduction in ischaemic heart disease mortality in Iceland is substantially due to the decreased incidence of myocardial infarction and can largely be attributed to the reduction in three main risk factors documented since 1968.

## GPs' difficulties in attending child protection conferences

General practitioners have an important role in child protection, yet they often do not attend child protection conferences. On p 1378 Lea-Cox and Hall describe a survey of general practitioners in Tower Hamlets. The timing and location of conferences was often inconvenient for general practitioners, and discrepancies between general practitioners' estimates of the number of conferences and the actual number suggest that doctors are often not informed. Better liaison between social workers and general practitioners is needed, and general practitioners should be able to submit written reports when they cannot attend conferences.

## Research in general practice

Although general practice is the largest specialty within the NHS, it receives the least funding for research. Since general practitioners see many more patients than do hospital doctors—for example, they treat 90% of patients with asthma—much potentially valuable information is lost. On p 1380 Pereira Gray advocates better funding and suggests ways to encourage general practitioner research. He suggests that some practices should be recognised as research practices, similar to training practices, and that they should receive extra money for this purpose. In addition second year vocational training posts and research fellowships need to be set up. It is to be hoped that the director of research and development in the NHS will recognise the importance of research in general practice.