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Postponing the onset of diabetic nephropathy

Roughly 35% of all insulin dependent diabetic patients develop diabetic nephropathy, characterised by persistent albuminuria, a decline in the glomerular filtration rate, and raised blood pressure. This complication is the main cause of the increased morbidity and mortality in insulin dependent diabetes. Patients at risk of nephropathy may now be identified fairly accurately by the detection of microalbuminuria. Longitudinal studies have shown that raised urinary albumin excretion below the level of clinical albuminuria—so called microalbuminuria—strongly predicts the development of diabetic nephropathy. In normotensive patients strict metabolic control achieved by means of insulin pumps has until now been the only measure available to influence the progression of microalbuminuria to clinical nephropathy. Based on a four year prospective randomised intervention study, Mathiesen and colleagues (p 81) suggest that early intervention with angiotensin converting enzyme inhibition may postpone and even prevent diabetic nephropathy in normotensive patients with insulin dependent diabetes and microalbuminuria.

Computers in general practice

The Department of Health surveys of computers in general practices have not clearly shown the extent to which the computers are being used. Goves *et al* surveyed all the practices in Wales and found that few practices were using more than a fraction of the full potential of their computer systems (p 93). The government's reimbursement scheme seems to encourage only purchase of computers and has no effect on their use. By contrast practices with no cost options from industry were more likely to have one terminal for each doctor, full electronic case notes, and modems. Has the time come to link future payments for computers to utilisation?

Assessment of blood echogenicity

Measurement of the erythrocyte sedimentation rate is one of the most often used laboratory tests. The value of the test is impaired by its dependency on packed cell volume, but no alternative test for monitoring acute phase reactions has been generally accepted. Aggregation of erythrocytes causes blood to be echogenic. On p 87 Kallio uses his previously developed

method for quantifying echogenicity of flowing blood at low shear rates in 119 subjects. The results were compared with simultaneous measurements of erythrocyte sedimentation rate and packed cell volume. Blood echogenicity did not correlate with packed cell volume. There was a high correlation between echogenicity and erythrocyte sedimentation rate (correlation coefficient = 0.73). The author concludes that measurement of blood echogenicity may become a new method for evaluating the long term changes in acute phase reactions, especially as non-invasive measurements of blood echogenicity in vivo may become possible.

Failure to deliver hepatitis B vaccine

Homosexual men attending genitourinary medicine clinics have been shown consistently to have a high prevalence of past exposure to hepatitis B virus. There is little evidence that targeted immunisation has been effective in this group. On p 97 Bhatti *et al* present the results of an audit of hepatitis B virus screening and immunisation in homosexual and bisexual men in a clinic with an existing immunisation policy. An estimated 24% of susceptible new patients were successfully immunised; the major failure in practice, the authors concluded, was in not screening, with failure to immunise susceptible subjects and compliance with the immunisation programme being subsidiary contributory variables. Other clinics are urged to review their own performance.

Cholesterol and coronary heart disease in elderly people

There is some debate whether raised cholesterol concentration in elderly people is a risk factor for coronary heart disease. As the average age of the population is increasing this information is becoming more important. Most studies of cholesterol concentration have had short follow up, but Shipley *et al* have examined mortality over 18 years in men in the Whitehall study (p 89). They report that the risk of raised cholesterol concentration fell with increasing age at screening and age at death. For any given age at death, however, the longer the gap between measurement and death the more predictive the cholesterol concentration. They recommend that cholesterol concentrations should be measured in people aged 40-50, when the result is more predictive of coronary heart disease and preventive measures can be taken.