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Alcohol and coronary heart disease

Epidemiological studies have consistently shown that moderate alcohol consumption protects against coronary heart disease. However, some authors have argued that these findings merely reflect the fact that people who are told that they are at high risk of coronary heart disease stop drinking alcohol, thus raising the proportion of people at high risk among non-drinkers. Jackson *et al* (p 211) addressed this criticism in their population based study in Auckland, New Zealand, by differentiating between former drinkers and those who had never drunk alcohol more than once a month. They still found a protective effect of alcohol: people who drank more than once a month had at least a 40% reduction in their risk of non-fatal and fatal coronary heart disease. Former drinkers also had a lower risk of non-fatal coronary heart disease than those who had never drunk alcohol.

Fibromyalgia: an independent syndrome or not?

A condition with chronic pain in many parts of the body, unrefreshing sleep, anxiety, tension, a feeling of fatigue and weakness, and pressure tenderness at various specific locations has been named fibromyalgia. It has been suggested that fibromyalgia is one of the most common musculoskeletal disorders. On p 216 Mäkelä and Heliövaara report on 7217 Finns who participated in a health survey, including symptom questionnaires and a musculoskeletal examination. The criteria for fibromyalgia were fulfilled in 54 cases, contrasting with 1253 cases of chronic low back syndrome and 1174 of osteoarthritis. People with fibromyalgia had a high prevalence of other disorders, especially musculoskeletal and mental. The authors conclude that fibromyalgia is not a distinct syndrome.

Liver transplantation after paracetamol overdose

Paracetamol overdose causes, through liver failure, at least 100 deaths a year in Britain. Prognostic criteria are now available to identify patients who would merit a transplant on medical grounds; on psychiatric grounds most of these patients have excellent long term prognoses. O'Grady *et al* evaluated the role of liver transplantation in 66 consecutive patients admitted to the liver failure unit at King's College Hospital (p 221). Thirty of 37 patients considered to have a reasonable prognosis with intensive medical care survived. Of 14 patients with indicators of a poor prognosis registered for urgent transplantation, six received grafts and four survived. Seven of the eight patients who could not receive transplants died, and 12 of 15 patients with indicators of a poor prognosis who for various reasons were not registered for transplantation also died. The authors conclude that liver transplantation will have a restricted role in managing paracetamol induced liver failure because of the rapid progress of medical complications and the short time available to obtain a suitable graft.

Trial of minidose warfarin in joint replacement

The risk of thromboembolism is particularly high after total hip replacement operations and no prophylactic regimen has proved ideal: full dose anticoagulation is effective but risky. Because a simple regimen of fixed minidose warfarin has been reported to be successful in major gynaecological operations two groups of workers decided to try the regimen in patients undergoing major joint replacement. Dale *et al* gave 45 patients 1 mg warfarin daily for a mean of 20 days before surgery and up to seven to 10 days afterwards (p 224). They found no difference in the incidence of venous thrombosis over that in historical controls. Fordyce *et al* randomised 148 patients undergoing total hip replacement to receive either 1 mg warfarin daily for one week before and three weeks after surgery or a placebo (p 219). Deep vein thrombosis occurred in 25 (34%) treated patients and 19 (26%) controls. Both groups conclude that minidose warfarin cannot be recommended prophylactically in these patients.

Variations in primary care

Baker and Klein (p 225) adopt a new approach to explaining why general practitioner's activities vary. They examined the variations not between general practitioners but between family health service authorities in England to explain variations in output—rates of uptake of cervical cytology and immunisation and rates of prescribing and night visiting. Their analyses, which account for up to 70% of the variations, show that outputs are influenced but not determined by population characteristics. The proportion of practitioners aged over 65 was the only factor associated with variations in all four outputs. But the way in which practitioners organise themselves and the number of practice staff was also important.

Admission to child health surveillance lists

The new contract for general practitioners introduced a small annual payment to general practitioners providing child health surveillance for their patients from birth to the age of 5 years. A survey by Evans *et al* of general practitioners in Yorkshire and Humberside (p 229) found that some with apparently adequate experience or training were not approved for child health surveillance lists, whereas others claiming no experience or training were approved. A concurrent survey of all family health service authorities in England and Wales shows that the national guidelines have not been applied consistently. This seems unlikely to lead to a uniformly high standard of quality and availability of child health surveillance nationally.