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## Factors influencing adult lung function

Men who had low birth weight or who had bronchitis or pneumonia in infancy have reduced lung function 60 years later. This is the conclusion of Barker *et al*, who on p 671 describe how in a sample of men born in Hertfordshire, England, and now aged 59-70, forced expiratory volume fell progressively as birth weight decreased. Men who had bronchitis, pneumonia, or whooping cough in infancy also had worse lung function. The authors also conclude that prevention of chronic obstructive airways disease may partly depend on promoting early lung growth and reducing the incidence of lower respiratory tract infection.

## Lp(a) lipoprotein in microalbuminuric diabetic patients

Lp(a) lipoprotein is known to be a potent risk factor for cardiovascular disease, and the recent finding that it shows extensive structural homology with plasminogen has reinforced the interest in Lp(a) lipoprotein as a possible link between coagulation and atherosclerosis. Many insulin dependent diabetic patients with nephropathy develop cardiovascular disease, but we do not know the reason for this. On p 675 Kapelrud *et al* compare serum Lp(a) lipoprotein concentrations in a group of diabetic patients with incipient nephropathy (microalbuminuria) and in a patient control group without microalbuminuria. They found that patients with microalbuminuria had a median serum concentration of Lp(a) lipoprotein twice as high as that in control patients and twice as high as the median value in the background population. Since microalbuminuria is strongly linked with the development of manifest nephropathy increased serum concentrations of Lp(a) lipoprotein in microalbuminuric patients may help explain the increased cardiovascular risk in patients with nephropathy.

## Fluoxetine and suicide: a meta-analysis

Depression is a primary risk factor for suicide. Case reports and limited investigations have indicated that treatment with antidepressants may cause worsening of, no change in, or improvement of suicidality (suicidal acts and ideation). On page 685 Beasley *et al* report a comprehensive meta-analysis of data from clinical trials to assess the possible association of fluoxetine and suicidality. They analysed pooled data from 17 double blind trials in patients with a major depressive disorder comparing fluoxetine (n=1765) with tricyclic antidepressants (n=731) or placebo (n=569), or both. Suicidal acts did not differ significantly in comparisons of fluoxetine with placebo or fluoxetine with tricyclic antidepressants. Substantial suicidal ideation emerged less often with fluoxetine than with placebo and with fluoxetine than with tricyclic antidepressants. Worsening of suicidal ideation was similar with fluoxetine and placebo or tricyclic antidepressants. Suicidal ideation improved more with fluoxetine than with placebo

or tricyclic antidepressants. Data from these trials do not show that fluoxetine is associated with an increased risk of suicidal acts or emergence of suicidal ideation among depressed patients.

## Risk factors for coronary heart disease in Scotland

Scottish people have high average serum total cholesterol concentrations, but there are regional variations in the prevalence of coronary heart disease in Scotland which cannot be explained by variations in serum cholesterol concentrations. On p 678 Hargreaves *et al* report a follow up study of healthy middle aged men from Edinburgh who had taken part in a study in 1976. There were significant detrimental changes in total cholesterol, low density lipoprotein cholesterol, and high density lipoprotein cholesterol concentrations from 1976 to 1988-9. Both low density lipoprotein cholesterol and high density lipoprotein cholesterol concentrations but not total cholesterol concentration were predictors of subsequent coronary heart disease (odds ratio 0.56 for a high low density lipoprotein concentration). The findings suggest a need to reassess lipid concentrations through middle age and hence might have important implications for screening programmes.

## Exercise and reduction of blood pressure in children

Limited data are available on the relation between physical training and blood pressure in children. On p 682 Hansen *et al* describe a randomised controlled intervention study conducted by the Odense School-child Study Group in a population based sample of 132 children aged 9-11 years. Three months of training did not change either blood pressure or physical fitness, but at the end of eight months' training physical fitness had increased significantly and blood pressure had fallen significantly. Hansen *et al* conclude that prolonged exercise training in children may be an important non-pharmacological approach for primary prevention of essential hypertension.

## Self testing for diabetes

Health screening and, in particular, the use of urine analysis for glycosuria in screening for diabetes is both topical and controversial. The requirements of the new GP contract for random testing in all those aged over 5 years mean that a professional consensus is needed on both the method and the groups to be screened. On p 696 Davies *et al* report a large study in an east Suffolk practice in which all those aged 45-70 were screened for diabetes using a simple postal request system for self testing for glycosuria. The simple method was acceptable to patients and cheap, and it revealed substantial numbers of previously undiagnosed cases of diabetes. A single postprandial test was equally effective as testing before and after eating. The authors suggest that this method, targeted at a restricted age group, is a sensible and cost effective method of population screening for diabetes.