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Parkinson's disease in the community

Parkinson's disease may be both overdiagnosed and underdiagnosed in elderly people, but it is not known whether this represents a serious medical problem. On p 741 Larsen *et al* report a study of the prevalence of Parkinson's disease among 3322 residents in 40 Norwegian nursing homes. About 5% of the residents were found to have clinical idiopathic Parkinson's disease. Roughly 11% of residents first had the disease diagnosed during the study, and a similar proportion were taking antiparkinsonian drugs unnecessarily. In all, 54 patients benefited from starting or adjusting treatment. These findings suggest that the quality of life of many elderly patients with Parkinson's disease could be improved by increasing medical and neurological services to this population.

Identifying and acting on modifiable coronary risk

Existing coronary risk scores, which use many unmodifiable factors to improve their predictive accuracy, are not widely used. General practitioners need a simple way of integrating the major modifiable factors to determine priority for intervention, monitor risk factors, and motivate patients to change behaviour. This is Tunstall-Pedoe's argument (p 744) for introducing the Dundee rank, which places men and women relative to their sex and age (35 to 64) on a scale of 1 (high modifiable risk) to 100 (low modifiable risk). Calculation is done with a circular plastic slide rule, the Dundee coronary risk-disk. The risk formula came from the United Kingdom heart disease prevention project and the ranking came through applying this to the Scottish heart health study. The system is designed to work with the action plan for preventing coronary heart disease in primary care (p 748), which provides practices with a flexible system for deciding which patients should receive the most intensive level of care. It differs from previous guidelines on the prevention of coronary heart disease in primary care in that it can be used by practices with differing levels of resources to target those patients most in need of, and those most likely to benefit from, preventive care.

Risk factors for diabetes

People with untreated hypertension are characterised by insulin resistance, which is considered to be an important mechanism in the pathogenesis of non-insulin dependent diabetes. Most will be treated with antihypertensive drugs, which tend to worsen the insulin resistance. To determine whether antihypertensive drugs could be a risk factor for the development of diabetes, Skarfors *et al* (p 755) followed up 1860 men who had had an intravenous glucose tolerance test an average of 10.2 years before. They found that markers of insulin resistance (such as high blood glucose concentration 60 minutes after the start of the test, high fasting serum insulin concentration, and impaired response to insulin soon after glucose was given) and high systolic blood pressure were risk factors for later

developing diabetes. Whether or not these signs were present, men who were taking antihypertensive drugs (β blockers, thiazides, or hydralazine) at follow up were at increased risk for hyperglycaemia. The authors conclude that such antihypertensive treatment substantially increases the risk of developing diabetes.

Unemployment rates: an alternative to the Jarman index?

Choosing which index to use to measure deprivation is particularly important to health authorities who must ration scarce resources on the basis of need. On p 750 Campbell *et al* look at the association of the widely used Jarman index, alternative indices of deprivation, and unemployment rate with measures of morbidity and mortality at the level of electoral wards. They find a consistent lower correlation for the Jarman index than for the other deprivation measures and suggest that unemployment rate be considered as a simple, up to date marker of deprivation.

Employment of vocationally trained doctors

Concern has been expressed at the discrepancy between the numbers of doctors who complete general practice vocational training and those who take up general practice posts. On p 762 Osler describes a postal questionnaire survey of doctors who had completed their vocational training in the past 10 years and investigates their employment expectations and experiences. Men and women had similar career goals, with most hoping to work in general practice. Women were as likely as men to be working in a medical job but were less likely to have achieved their employment objectives. Only two thirds of the women were working in general practice. The new contract, which has reduced the potential flexibility of the working arrangements of general practitioners and the income and status of those working part time, is likely to increase the wastage of trained women general practitioners.

Paté and listeriosis

The incidence of human listeriosis almost doubled between 1985 and mid-1989, due largely to two strains of *Listeria monocytogenes*. Following the discovery of contaminated paté from the home in a suspected case in 1989, McLauchlin *et al* (p 773) report that patés from a single manufacturer (Y) were more likely to be contaminated by *L. monocytogenes* than those from other producers. Most strains isolated from manufacturer Y's paté were indistinguishable from those responsible for the upsurge of cases in 1987-9. Patients with listeriosis had shown a significant association between recent paté consumption and infection with the types of *L. monocytogenes* found in paté. Moreover, the subsequent decline in cases followed government health warnings on paté and the withdrawal of supplies from manufacturer Y. McLauchlin *et al* believe that paté may have been a contributory cause of the increase in listeriosis in 1987-9. Plainly, vulnerable groups should continue to avoid eating paté.