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## Adolescent smokers seen by GPs

Smoking is a problem of teenagers' lifestyle that is related to health, along with alcohol consumption and overweight. Anti-smoking intervention in general practice is one of the most cost effective methods of improving adults' health; does it have potential for teenagers? Townsend *et al* (p 947) invited adolescents aged 13, 15, and 17 to see their general practitioners for health checks, and found that adolescent smokers have lower blood pressure, higher body mass index, differ from non-smokers in a number of aspects of lifestyle, and have more persistent health problems. Almost two thirds of those counselled were willing to make an agreement with a doctor or practice nurse to stop smoking.

## Coronary angiography in elderly and younger patients

Despite the increasing population of elderly people in the United Kingdom elderly patients still make up only a small proportion of the total number of patients referred for coronary angiography. On p 950 Elder *et al* report an assessment of the value of coronary angiography in 134 elderly patients with chest pain. They found that patients aged 70 and over had more severe symptoms, had had symptoms for longer, and were taking more antianginal drugs at angiography than 134 younger patients. More elderly patients required urgent coronary artery surgery, and although their operative mortality was higher, elderly patients obtained similar symptomatic benefit to younger patients. The authors suggest that referral for angiography should be based on potential benefit and not be influenced by the age of the patient.

## Effect of birth weight on infant mortality

The effect of social class on infant mortality is well established, but the factors underlying this effect are less certain. Leon (p 964) analysed data from the Office of Population Censuses and Surveys to determine the role of birth weight. He found that for neonatal mortality the social class effect was dependent on birth weight, with low birth weight infants showing little social class effect and the heaviest infants the greatest effect. For postneonatal mortality, however, the social class effect was virtually identical for all birth weights. Other factors, possibly environmental ones, must be responsible for most of the social class variation in postneonatal mortality.

## Serum cholesterol and diet

Current guidelines advise that adults at high risk of coronary heart disease, or even all adults, should have their serum cholesterol concentration measured. Those with raised concentrations are to be advised to adopt a step 1 or general lipid lowering diet and to move to a more intensive step 2 diet if necessary. The guidelines predict a 10-25% reduction in cholesterol concentration with a step 1 diet, indicating that most subjects can be controlled by diet alone. On p 953 Ramsay *et al* give an overview of controlled trials that shows that the step 1

diet lowers cholesterol concentration by only 2%; the step 2 diet has not been examined in controlled trials; and diets more rigorous than the step 2 diet lower cholesterol concentration by 12%. Screening of serum cholesterol concentration followed by a diet which is largely ineffective is not cost effective and may lead to wide use of lipid lowering drugs. Current guidelines need to be reappraised, taking a realistic view of the effect of diet on serum cholesterol concentration.

## Homelessness and hospital services in London

It is widely believed that homeless people place considerable demands on emergency hospital services, but quantifying this in a systematic way has proved difficult. On p 958 Black *et al* report their findings on the distribution and health needs of London's homeless population. The results indicate that homeless people use acute inpatient services 2-5 times more than other people living in London. The authors estimate that annually over 7500 unplanned admissions to London acute hospitals are in homeless people. They argue that the allocation of resources to districts must take better account of the heterogeneity, uneven distribution, and extra health needs of homeless people. This is particularly relevant to the new district capitation based funding.

## Peak bone mass and bone loss in predicting osteoporosis

Postmenopausal osteoporosis can be prevented but it is difficult to identify those women at risk. On p 961 Hansen *et al* describe a study of the ability of peak bone mass and three biochemical markers of bone metabolism at menopause to predict bone mass 12 years later. The predictions were very close to the actual mass. Women with Colles' fractures had a significantly lower bone mass than other women and those with compression fractures had a higher rate of loss. The predictive value of these two tests may be increased by including new biochemical markers of metabolism.

## Randomised trials in general practice

The advantages of studying problems in the setting where they are met are increasingly acknowledged. Thus it is important to overcome problems associated with large randomised controlled trials in general practice. On p 969 Tognoni *et al* describe an attempt to conduct a trial of treatment of isolated systolic hypertension in Italian general practice. Although initial enthusiasm was high and general practitioners were consulted about the protocol, only 8% of those interested actually recruited patients and the trial had to be stopped. Reasons for failure included the complexity of the protocol and the necessity to withdraw treatment from patients entering the trial to reassess the diagnosis; general practitioners did not like admitting uncertainty. If large trials are to be successful protocols must be simple and the subject must be clinically relevant to general practitioners.