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Non-insulin dependent diabetes and reduced growth in early life

The aetiology of non-insulin dependent diabetes is unknown. It is generally believed to have a strong genetic component which interacts with factors in adult life, such as obesity and lack of exercise. On p 1019 Hales *et al* report a study of plasma glucose, insulin, and insulin precursor concentrations in 468 men aged 59-70 whose birth weights and weights at 1 year of age were known. The prevalence of impaired glucose tolerance and of non-insulin dependent diabetes was higher in men who had had lower birth weights and lower weights at 1 year. Higher plasma concentrations of insulin precursors were also associated with lower early weights. Hales *et al* conclude that the environment in very early life is important in the causation of non-insulin dependent diabetes. An adverse environment may impair the growth of the pancreas and predispose to the disease in later life.

Lack of community care for schizophrenic patients

Frequent reports suggest that people with schizophrenia discharged from psychiatric inpatient services face homelessness, poverty, and imprisonment, yet there are few systematic data on the care provided in local community psychiatric services. On p 1023 Melzer *et al* report a follow up study of 124 patients one year after inpatient discharge from two services in inner London health districts. Over half of the patients had current psychotic symptoms and over one fifth were very socially disabled. The majority of patients had seen either a health professional or a social services professional, yet few were in supported housing or using day care, despite most (86%) being unemployed. Small numbers had been homeless or imprisoned, and the overall picture is one of former patients living isolated, inactive, and impoverished lives.

Acetylcysteine in fulminant liver failure due to paracetamol

Intravenous acetylcysteine improves systemic haemodynamics and tissue oxygen transport in patients with fulminant hepatic failure. These changes are associated with an improved outcome in other groups of critically ill patients. On p 1026 Keays *et al* report a prospective randomised controlled trial of intravenous acetylcysteine in 50 patients with established fulminant

hepatic failure due to paracetamol overdose. They found that not only did acetylcysteine improve survival but treated patients had a lower incidence of cerebral oedema and hypotension requiring inotropic support compared with controls. No adverse reactions to acetylcysteine were seen. The authors conclude that acetylcysteine given to patients with established fulminant hepatic failure may improve survival by reducing the incidence of multiorgan failure rather than by having a measurable effect on liver function.

Use of psychiatric services

Associations between physical and psychiatric disorders are well known. A small proportion of patients admitted to general hospitals are referred to psychiatric consultation services. Mayou *et al* (p 1029) used medical record linkage to examine the use of psychiatric services by patients in Oxfordshire admitted to general hospitals with a diagnosis among 14 selected diagnoses and by a control group of patients with acute, short term conditions. In patients with potentially life threatening conditions, chronic disabling diseases, and non-specific symptomatic conditions the rates of use of psychiatric services were significantly higher than those of the general population and the control group. The authors argue that these findings have implications for the priorities in providing psychological care.

Uptake of immunisation

The uptake of immunisation in Britain remains below targets set by the World Health Organisation and in other European countries. Among relevant factors are the attitudes and efficiency of the health care organisations. On p 1035 Li and Taylor report using data from the North East Thames region to compare rates of immunisation between children registered for vaccination at general practices and in child health clinics. They found an overall greater uptake among children immunised at general practice surgeries than at health clinics, and these children were vaccinated earlier. Scheduling was more effective in general practice than in health clinics, although in both locations it was suboptimal. Scheduled immunisations were more likely to be given at the recommended ages than those given opportunistically, when delays were likely. Probably the location of immunisation contributes to low immunisation uptake, especially in inner cities, where fewer children attend general practices for preventive health care.