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Progression of HIV disease in a haemophilic cohort

HIV infection has had a profound effect on treatment of haemophilia. Although clotting factor concentrates are safe and no longer transmit HIV, a substantial number of haemophilic patients are infected with HIV. On p 1093 Lee *et al* report on the progress of HIV related disease and effect of treatment in a haemophilic cohort followed up for 11 years. They report that age, cytomegalovirus infection, and p24 antigenaemia increased the rate of progression. Their results also suggest that introducing treatment with zidovudine and primary prophylaxis with pentamidine for patients without symptoms has reduced the number of new cases of AIDS.

β Blockade and intermittent claudication

Patients with intermittent claudication commonly have angina or hypertension and may be candidates for β adrenoceptor blockers. Intermittent claudication, however, is widely regarded as a contraindication to β blockers. On p 1100 Solomon *et al* report a double blind randomised four way crossover study comparing the β blocker atenolol, the calcium antagonist nifedipine, and both drugs in combination versus placebo in 49 patients with claudication. Neither atenolol nor nifedipine significantly affected claudication, walking distance, or foot temperature when compared with placebo, but the combination significantly reduced walking distance and lowered the temperature of the more affected foot. Interestingly, these effects seemed independent of blood pressure. The observed effects may be due to the combination of β blockade and reduced peripheral resistance, which may also explain the adverse effects on claudication reported in studies of pindolol and labetalol. Solomon *et al* conclude that atenolol, and probably other β_1 selective blockers, can generally be used safely in patients with intermittent claudication.

Vitamin K and haemorrhagic disease of the newborn

More than 50 years after the discovery of vitamin K babies still die of haemorrhagic disease of the newborn. In a survey of current regimens of vitamin K prophylaxis in the United Kingdom Handel and Tripp (p 1109) report that despite a substantial increase in the proportion of neonates given vitamin K since 1982—particularly as oral rather than parenteral treatment—up to 13% go untreated. In a prospective study of the disease in Britain and Ireland McNinch and Tripp (p 1105) report an incidence of 1·62 cases/100 000 births. Ten babies suffered intracranial haemorrhage and two died. No case was recorded in a baby given intramuscular vitamin K. Minimum approximate relative risks after no prophylaxis and oral prophylaxis were 80 and 10. Exclusive breast feeding and previously unsuspected liver disease were additional risk factors. The authors believe that until more effective oral prophylactic methods are found intramuscular vitamin K should be given to all neonates.

Sodium pump activity in thyrotoxic periodic paralysis

Periodic paralysis is common among thyrotoxic men of oriental race. Paralysis is accompanied by hypokalaemia, which is thought to be due to rapid influx of potassium into cells. On p 1096 Chan *et al* examine the role of the sodium pump in hypokalaemia by measuring platelet sodium-potassium ATPase activity and in vivo sodium pump activity in healthy subjects and thyrotoxic subjects with and without periodic paralysis. Both in vivo and in vitro sodium pump activities were increased in thyrotoxic subjects, and those with periodic paralysis had higher activities than other thyrotoxic subjects. The authors conclude that sodium pump activity is raised in periodic paralysis and may account for the hypokalaemia in these subjects.

Why some children cause more out of hours work

Symptoms in young children always cause anxiety among parents, and visits to young children form a disproportionate number of out of hours calls for general practitioners. To test their subjective impression that a small subgroup of under 10 year olds caused a higher than usual workload out of hours Morrison *et al* identified 40 children who over one year had more than two out of hours visits and compared them with a matched control group (p 1111). The higher rate of visits was not accounted for by greater illness—most of the problems were minor—and social factors were more important. The mothers of the study group children were more likely to be lone parents, to be receiving income support, and to have low educational attainment. When presented with clinical vignettes their response was more likely to be to call a doctor. The authors suggest that these mothers need more education about childhood illness and how to manage it.