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Omeprazole for upper gastrointestinal bleeding

Acid suppressing drugs are commonly given to patients with upper gastrointestinal bleeding despite lack of evidence of their efficacy. Daneshmend *et al* conducted a randomised controlled trial of omeprazole versus placebo in patients admitted to hospital with suspected gastrointestinal bleeding (p 143). They found no significant reduction in mortality, rates of operation and rebleeding, or transfusion requirements between the omeprazole and placebo groups, even though high doses of omeprazole were given. Nevertheless, early endoscopic signs of bleeding were significantly reduced in the omeprazole group. Despite being the largest published study of acid suppressing treatment for upper gastrointestinal bleeding the evidence was insufficient to justify using omeprazole in such patients.

Fetal and infant growth and plasma fibrinogen and factor VII

Men with high plasma concentrations of the haemostatic factors fibrinogen and factor VII have an increased risk of ischaemic heart disease. On p 148 Barker *et al* examine the link between these factors and growth in fetal life and infancy. In a sample of men aged around 64 years plasma concentrations of both factors were strongly associated with weight at 1 year of age but not with birth weight. In a further sample of men, however, whose birth records were unusually detailed, plasma fibrinogen concentration was highest in men of low birth weight in relation to placental weight. Low birth weight for placental weight can be interpreted as a sign of fetal growth failure. The authors conclude that high plasma fibrinogen and factor VII concentrations in adults are associated with reduced early growth.

Diabetic care in prison

Standards of health care provision in British prisons are variable, and the delivery of modern diabetic care causes particular problems. On p 152 MacFarlane and colleagues from Liverpool report the results of a specialist led diabetic service introduced into one of Britain's largest prisons. Many young diabetic prisoners have defaulted from their home diabetic clinics, and prison is an opportunity to screen for complications and reassess treatment regimens. Despite a diet which is not ideal and limited exercise facilities, glycaemic control in diabetic prisoners improved during their detention, glycated haemoglobin concentrations being better than those reached in the local hospital diabetic clinic. There were no problems with hyperglycaemic emergencies or hypoglycaemia. The authors believe that this good metabolic control may, in part, be due to the rigid dietary regimen, no alcohol, and compliance with treatment. They recommend that similar systems of diabetic care should be adopted in other prisons.

Diurnal variation in stroke

Several studies have reported diurnal variation in the onset of stroke, although the time of peak incidence is unclear and many studies have design faults. Proof of this variation could provide clues to factors that precipitate stroke and lead to better treatment. On p 155 Wroe *et al* report on the time of onset of stroke in patients entered into the Oxfordshire community stroke project. They found that all types of stroke were most likely to occur after waking in the morning; only a quarter of cerebral infarctions occurred while patients were asleep. Although the factors responsible for diurnal variation are uncertain, knowledge of peak incidence times will be important in designing trials of early intervention after stroke as most patients will be admitted to hospital during normal working hours.

Quality of data for audit

Effective medical audit depends on full and accurate information. Barrie and Marsh (p 159) studied the quality of information in the Manchester orthopaedic database, a program which relies for data capture on key words dictated as part of the normal clinical notes. Only 62% of key words that should have been included were actually present, although those that appeared in the database were correct in 96% of cases. Feedback to users at monthly audit meetings improved data quality. Hospital coding in the Hospital Activity Analysis was more complete but contained more errors, and a comparison of the two data sets showed that the overall data quality was similar from both sources.

Quality assurance in Finland

Finnish hospitals are still not doing medical audit, although as early as 1971 they were being urged to do so. Vuori (p 162), a proponent of quality assurance and medical audit whose early research led to the recommendation for hospital audit, describes the path that health care quality has subsequently taken and explains why nurses have taken the lead.

Income distribution and life expectancy

Morbidity and mortality have been associated with various measures of socioeconomic status such as occupational class and education. Nevertheless, in developed countries the relation between average income (measured as gross national product per head) and life expectancy is poor. On p 165 Wilkinson argues that income distribution is the important factor. Analyses of world data show that in the countries in which the gap between rich and poor is narrowest the life expectancy is longest. This association is independent of average standards of living. Up to two thirds of the differences in life expectancy may be attributable to variations in income distribution. Thus redistribution of wealth may improve the health of the poor without adversely affecting that of the rich.