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US (direct) subscription $180.00.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR, telephone 071 387 4499 (editorial fax 071 383 6418).
Printed by BPCC Magazines (Milton Keynes) Ltd, Milton Keynes.
Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

## Treatment of hypertension in older patients

Hypertension in older patients increases the risk of cardiovascular disease, especially stroke. Many trials of the effect of lowering blood pressure have been in small groups or relied on subgroup analyses. On p 405 a Medical Research Council working party reports the results of a trial of diuretic and β blocker treatment against placebo in 4396 subjects aged 65-74 years with a mean systolic pressure of 160-209 mm Hg and a mean diastolic pressure below 115 mm Hg. After nearly six years of observation analysis showed that treatment with diuretics reduced the incidence of strokes, coronary events, and all cardiovascular events, but that the β blocker had no effect on these end points. Some treatment effects in the diuretic group seemed to be confined to non-smokers. It may be preferable to prescribe diuretics rather than β blockers in older hypertensive patients.

## Management of elderly patients with sustained hypertension

Hypertension is prevalent in elderly people and is a well recognised cause of stroke, heart failure, and coronary heart disease. Nevertheless, a lack of data from large controlled trials and fears that drug treatment might do more harm than good have led to a reluctance to actively treat hypertension in older patients. On p 412 Beard *et al* review the findings of six controlled trials, including three published during the past few months. They found conclusive evidence of appreciable clinical benefit from treating hypertension in patients aged 65-80 and suggest that a systolic blood pressure of 160 mm Hg is a practical threshold for starting treatment. Diuretics are now established as first line therapy in uncomplicated hypertension, but β blockers and other antihypertensive agents may be appropriate in the presence of coexisting disease.

## Survival after liver transplantation in children

Liver transplantation offers children with life threatening liver disease the chance of a return to full quality life and normal development. Improved surgical and medical care has increased survival in recent years. The Addenbrooke's and King's College Hospital paediatric liver transplantation programme began in 1983, and on p 416 Salt *et al* present a retrospective analysis of the first 100 children to receive liver grafts at Addenbrooke's Hospital. The authors show a great improvement in survival rate (86%) in the last two years of the study, especially in the younger age group, in which mortality was previously high. Sixty five children were alive from 12 to 86 months after transplantation, of whom 63 were well and leading normal active lives with normal growth and development. Further improvements in outcome will require earlier transplantation in critically ill children. At present early transplantation is constrained by the availability of donors, intensive care facilities, and staff.

## Prescription of thrombolysis treatment

Although audit is an important mechanism for improving quality of care its effectiveness in changing medical practice has not often been shown. On p 423 Hendra and Marshall describe how auditing the prescription of thrombolytic treatment to elderly patients with suspected acute myocardial infarction disclosed a rate of uptake lower than the recognised standard and which increased fourfold after a simple intervention entailing a team approach to patient care. Prospective recording of side effects showed that the treatment is associated with transient arrhythmias or hypotension in about a third of patients, particularly those with electrocardiographic changes in inferior leads.

## Quality of health in France

France has one of the most expensive health care systems of all the countries of the Organisation for Economic Cooperation and Development, yet the absence of a structured policy for audit, coupled with problems of semantics and distrust within the medical profession, have hindered progress in achieving quality in health care. Giraud (p 426) traces the initial struggles and sporadic forays into audit over the past 10 to 15 years, and Amouretti *et al* (p 428) analyse the underlying causes of the escalating costs and inefficiency of the health service and the future prospects of medical audit. As both articles emphasise, the intention to develop audit nationally seems set, but its realisation will take considerably longer.

## Should use of cholesterol lowering drugs be restricted?

Cholesterol lowering drugs, intended to prevent coronary heart disease, are being increasingly prescribed in Britain. On p 431 Davey Smith and Pekkanen analyse the clinical trials of cholesterol lowering through drugs or diet and suggest that pharmaceutical lowering of cholesterol concentrations may be associated with an increase in mortality from non-coronary causes that more than counterbalances the reduction in mortality from coronary heart disease. This is apparently not the case for dietary reductions of cholesterol. Large scale clinical trials of the new generation cholesterol lowering drugs are currently under way, and the authors suggest that cholesterol lowering drugs should be used cautiously until the results of these studies become available.