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British Medical Journal.

US second class postage paid at
Rahway, NJ. Postmaster: send
address changes to: BMJ, c/o
Mercury Airfreight International
Ltd Inc, 2323 Randolph Avenue,
Avenel, NJ 07001, USA.
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.

Does physical activity reduce stroke in middle aged men?

Physical activity in leisure time is known to protect against heart attacks but little is known about its effects on stroke. On p 597 Wannamethee and Shaper describe the relation with stroke in 7735 middle aged men in the British regional heart study. After 9.5 years' follow up they found a significant inverse relation between the risk of stroke and physical activity. This was independent of other cardiovascular risk factors. The relation persisted after excluding all men who reported regular sporting (vigorous) activity. Moderate levels of physical activity reduced the combined risk of heart attack and stroke in men with or without pre-existing heart disease or stroke and should be widely recommended. Greater levels of physical activity did not seem to confer any additional benefit.

Manipulative therapy and physiotherapy for persistent back and neck complaints

The effectiveness of manipulative therapy and physiotherapy in treating persistent back and neck complaints is still unproved. On p 601 Koes *et al* report the results of a one year follow up in a randomised clinical trial comparing the efficacy of manipulative therapy, physiotherapy, treatment by the general practitioner, and placebo therapy (detuned ultrasound and detuned shortwave diathermy). They suggest that both manipulative therapy and physiotherapy are clearly superior to treatment by the general practitioner and placebo therapy. In addition, after 12 months' follow up patients given manipulative therapy showed slightly greater improvements than those given physiotherapy. Further trials of manipulation are needed to determine the long term effects in specific complaints.

Advice about the use of seat belts in pregnancy

What are maternity units telling pregnant women about the use of seat belts during pregnancy? Griffiths and colleagues (p 614) contacted 30 units and asked them what advice they gave. They found a range of recommendations and beliefs, not all of them correct. The authors suggest that the correct use of seat belts could be taught simply by demonstration or video.

Compliance with immunisation in Bangladesh

One way to reach the more than half of 1 year old children in Bangladesh who are not fully immunised against diphtheria, tetanus, and pertussis is to offer immunisation opportunistically at treatment centres. But parents may fail to bring children back for the complete course. Zeitlyn *et al* have examined the reasons and on p 606 report that children of the poorest

and least educated parents were the least likely to return. Mothers with schooling seemed better able to understand and use preventive health care facilities, which the authors believe may explain the relation between maternal education and child survival. The authors suggest that health education and efforts to motivate mothers should be aimed at those who have had no schooling and that further research should investigate ways to accomplish this.

Physiotherapy intervention late after stroke and mobility

Stroke can cause long term reduced mobility and many patients request (and often receive) further physiotherapy. On p 609 Wade *et al* report a randomised trial of the effectiveness of the intervention of a physiotherapist as part of the Oxfordshire community stroke project. Traditionally, disability is thought to be static after six months, but the data (on 94 patients seen more than a year after a stroke) suggest that mobility declines steadily after stroke. The two most sensitive outcome measures were gait speed and whether patients walked outside. A relatively small intervention by a physiotherapist seeing patients at home reversed this decline, but only temporarily (for about three months). Repeated domiciliary visits by a physiotherapist every six months might maintain mobility long after stroke.

Effect of new contract on GPs' workload

Although several studies have investigated the workload of general practitioners, none has been reported since the introduction of the new contract in April 1990. On p 615 Hannay *et al* compare workload in the same four week period in 1990 and 1991. They discovered that general medical services work had increased and non-general medical service work decreased. Hours on call had not changed, although more doctors were sharing on call duties with other practices. Surprisingly, there was no increase in administrative time, perhaps because of increased work immediately before the contract was introduced and increasing use of practice managers. Overall GPs were working an average one hour a week longer in 1991.

Extended survival of peripheral intravenous infusions

The average survival of intravenous infusions is now about two to four days, but longer survival is feasible. On p 619 Hecker reviews the methods that may increase their survival and finds that heparin plus steroids, buffering, and transcutaneous glyceryl trinitrate are the most effective methods. One or more of these methods should be used in patients who have or are likely to develop poor venous access to conserve the remaining superficial veins.