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Does having less cholesterol mean having less risk of CHD?

Coronary heart disease is thought to be prevented by lowering the serum cholesterol concentration. To see whether this is true or an assumption resulting from only favourable trials being cited in reports, Ravnskov (p 15) conducted a meta-analysis of 22 published trials that used coronary heart disease or death as an end point. He found that trials considered supportive by their directors were cited six times more commonly than other trials and that no trial considered unsupportive was cited in reports after 1970. He also found that, overall, total and coronary heart disease mortality was not changed significantly as a result of lowering cholesterol values and that a 0.32% fall reported in non-fatal coronary disease was probably due to bias. Ravnskov concludes that lowering cholesterol values probably does not prevent coronary heart disease and that claims to the contrary may be based on preferential citation of supportive trials.

Azathioprine in ulcerative colitis

The value of the immunosuppressive drug azathioprine in ulcerative colitis remains controversial. Some evidence exists that when azathioprine is given with corticosteroids some patients achieve complete remission of colitis and can stop taking corticosteroids. The question then arises whether these patients should then stop taking azathioprine as well. To answer this question Hawthorne *et al* (p 20) undertook a double blind withdrawal trial in 79 patients. In patients with colitis in complete remission withdrawal of azathioprine resulted in the relapse rate almost doubling in the subsequent year. In the small number of patients with chronically active colitis withdrawal of azathioprine had no effect. The authors believe that their results have implications for a large number of patients with troublesome ulcerative colitis, who may benefit from treatment with azathioprine.

Accidents on farms

The combination of powerful machinery, hazardous chemicals, and temperamental livestock makes farms dangerous places for both adults and children. Cameron *et al* (pp 23 and 25) studied the fatal accidents and presentations to accident and emergency departments with farm related injuries in rural Wales. They found that non-fatal accident rates in both adults and children were higher than those reported under the statutory regulations. In children most accidents were related to machinery or falling from unsecured objects and were probably avoidable. Better safety education is needed if the accident rate is to be reduced.

Blood group and gall stones

The incidence of gall stone disease varies according to age, sex, race, and geography. Juvonen and Niemela (p 26) wanted to find out whether it also varied in

people of different blood groups. Among 171 consecutive patients with symptomatic gall stones attending for cholecystectomy over six months the distribution of ABO blood groups was similar to that in the Finnish population: 44% A, 31% O, and 17% B. However, the 70 patients with blood group A had more (smaller) stones than the other groups and had more stones with no or less than 25% cholesterol. The authors admit that the mechanism for association with ABO blood group remains unclear.

A new marker for Down's syndrome?

To find out whether maternal serum concentrations of pregnancy associated plasma protein A in the first trimester might be useful in diagnosing Down's syndrome Wald *et al* (p 28), measured its concentration in stored serum from 19 women who had had Down's syndrome pregnancies and 101 controls. Concentrations were significantly lower in affected pregnancies, the median multiple of the control group median being only 0.23. The authors conclude that measurement of this protein together with other markers and age may prove useful in screening in the first trimester.

Home accidents in older people

Home accidents in older people are common, potentially serious, and result in high mortality in those requiring admission to hospital. In a large general practice survey of home accidents in a population aged over 65 years Graham and Firth (p 30) found that the incidence of home accidents in this population was high and that most accidents, despite resulting in personal injury, were not reported to any medical services. Three quarters of those reported were presented to general practice. This finding implies that general practitioners and other primary care workers have important opportunities for advising elderly patients on preventing home accidents. Improved publicity on safety in the home should be part of a health education programme for this age group.

Treating ulcerative colitis with drugs

Which drug to use in ulcerative colitis—and when—depends on the extent and severity of the disease. In their regular review of the drug management of ulcerative colitis Kamm and Senapati (p 35) review the three main classes of drug and provide an algorithm showing which drugs should be used for which types of colitis. Steroids are effective in treating severe varieties of colitis but should not be used for maintaining remission. The usual drug for maintaining remission is one of the 5 aminosalicylic acid compounds, sulphasalazine or more recent (and more expensive) compounds such as mesalazine; these are also adequate for controlling mild episodes. When relapses are frequent azathioprine is the most widely used of the stronger immunosuppressants. Regardless of the extent of disease, the authors point out, 80% of acute episodes improve with treatment in about two weeks.