

This week in **BMJ**

All communications to:
The Editor, *BMJ*

Editor

Richard Smith

ABCs editor

Deborah Reece

Design editor

Derek Virtue

Editorials

Tony Delamothe

General office

Leslie Moore

Andrew Woodward

Letters

Alison Tonks

News and

Medicopolitical digest

Linda Beecham

Luisa Dillner

Trish Groves

Jane Smith

Obituaries

Liz Crossan

Papers

Fiona Godlee

Papers secretary

Susan Minns

Registrar

Stuart Handysides

Reviews

Ruth Holland

Associate editors

Tessa Richards

Roger Robinson

Tony Smith

Technical editors

Jacqueline Annis

Tony Camps-Linney

Margaret Cooter

Greg Cotton

Sharon Davies

Executive director

Geoffrey Burn

Group advertisement director

Bob Hayzen

Production director

Derek Parrott

Sales director journals

Maurice Long

Books marketing manager

Neil Poppmacher

Advertisement sales

Sue Bound

Euan Currer

Richard Purdy

© British Medical Journal 1993.
All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the 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 \$250.00.

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.

Health inequalities and the children of single mothers

Conventional analyses of social class variations in childhood mortality underestimate the true extent of health inequalities. One of the fastest growing and most disadvantaged groups—the children of single mothers on income support—are typically excluded from consideration despite having a very high relative risk of death. Reanalysis of data from the childhood supplement of the decennial analysis of occupational mortality produced by the Office of Population Censuses and Surveys illustrates the extent and nature of the problem. Judge and Benzeval (p 677) deduced that the children of economically inactive single mothers have the worst mortality record of all social groups. Currently, more than one million children are in this position. These results focus renewed attention on one of the main defects of the government's strategy to promote the nation's health; its failure to acknowledge the significance of poverty as a factor accounting for observed health differences between socioeconomic groups.

Alzheimer's disease in Scotland

Alzheimer's disease is the focus of considerable research. Causal studies usually examine cases of presenile disease, which are often more fully ascertained and more often have an informative family history and structure than cases of senile disease. On p 680 McGonigal *et al* describe the incidence of Alzheimer's presenile dementia in Scotland and show that women are at increased risk of developing Alzheimer's dementia. These findings were not explained by sex differences in use of services or by the age structure of the population. The authors recommend their data on incidence to help plan neuropsychiatric services for patients with presenile dementia. More research is needed into the role of age and sex determined biological factors in Alzheimer's disease.

Efficacy and acceptability of antidepressant drugs

Selective serotonin reuptake inhibitors have been widely promoted as the best treatment for major depression. They are said to be as effective as tricyclic and related antidepressants without many of the side effects and potential for use in suicide. On p 683 Song *et al* conducted a meta-analysis of all randomised controlled trials comparing serotonin reuptake inhibitors with tricyclic antidepressants. Their results showed that not only were the two classes of drug equally effective but their acceptability to patients was the same. Drop out rates from the two arms of the trial were about 30%, and the number of patients citing side effects as the reason was not significantly higher in the tricyclic group. Since other methods of committing suicide are readily available to the determined and not all tricyclic and related antidepressants are particularly toxic in overdose, widespread use of serotonin reuptake inhibitors in treating depression may greatly increase costs without providing any additional benefit for patients.

Dental state as a predictor of heart disease

There is a reported association between dental disease and the risk of coronary heart disease. DeStefano *et al* (p 688) analysed data from a national sample of 9760 American adults who participated in a health examination survey in the early 1970s and were followed up to 1987. They evaluated the incidence of death from coronary heart disease or admission to hospital and total mortality according to several measures of dental disease. People with periodontitis had a 25% increased risk of coronary heart disease. Men younger than 50 years who had periodontitis had a nearly twofold risk of coronary heart disease. The severity of dental debris and calculus was also associated with an increased incidence of coronary heart disease. The associations with dental disease, however, were stronger for total mortality than for coronary heart disease. Whether dental disease causes coronary heart disease is unclear, but dental health may be an indicator of personal hygiene and, possibly, health care practices.

To fundhold or not?

Fundholding is perhaps the most controversial of the NHS reforms. On p 695 Wisely describes a "shadow" fundholding project run in Scotland that allowed six practices to organise their staff and computers and learn about costs and contracts without the anxiety of handling real money. All the practices became real fundholders in October 1991. Wisely describes how contract discussions with providers enabled GPs to influence hospital behaviour in ways not possible through the old advisory committees, but he sees problems in managing the contracting process as more GPs become fundholders.

Keeley also sees problems ahead for fundholding and on p 697 provides reasons for not becoming a fundholder. Among these are that fundholding conflicts with the GP's role as patient advocate, that it weakens district planning, and that GPs will bear responsibility for increasingly inadequate funds. From the perspective of an outsider McAvoy echoes both the strengths of fundholding cited by Wisely and the weaknesses listed by Keeley (p 694). He thinks the ultimate outcome of the "experiment" remains uncertain.

A balance sheet on the NHS reforms

The government claims that the NHS reforms have increased efficiency, but on p 699 Petachy argues, by analysing tax relief on private health insurance premiums for the over 60s, fundholding, and implementation costs, that the reforms are not responsible for any improvements in efficiency. Where successes have been achieved, as with waiting lists and day surgery, these have been the result of specific investments, often predating the reforms. He concludes that the cost of the reforms has been greater than envisaged and that the corresponding gains are not clear—and may never be.