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Gestational age, birth weight, and respiratory health

Although an association between birth weight and lung function is well established, there is less consensus about the relation between birth weight and respiratory illness. Rona *et al* (p 817) examined the contribution of length of gestation independently of birth weight on respiratory illness and lung function. Their results confirmed the association between birth weight and lung function, but they found that only gestational age was associated with respiratory illness, particularly with wheezing most days. The results suggest that lung function and respiratory illness may be affected by two different mechanisms during gestation. Lung function may be related to intrauterine environment while respiratory illness is related to prematurity.

Psychiatric evaluation of elderly people

Faced with rapidly increasing demand and continuing economic constraint, a growing number of psychogeriatric services are organising themselves around multidisciplinary community teams in which the assessment and management tasks are shared among various health professionals, and not all patients referred are necessarily seen by a scarce and expensive psychiatrist. On page 821 Collighan *et al* compare the psychiatric diagnoses of 100 new referrals made by two such teams with the formal assessment and diagnosis made by independent research psychiatrists. Agreement between team and research diagnoses was 90% and over for all categories of disorder studied, and diagnostic accuracy was associated with length of experience as a team worker rather than with medical qualification. This limited evaluation indicates that the multidisciplinary assessment process carried out by these psychogeriatric community teams is not associated with psychiatric misdiagnosis.

Residential care for elderly people: a decade of change

Results of the changing policy on residential care for elderly people over the past decade have tended to be subjective or to report small studies in specific sectors. On p 827 Stern *et al* report a third census of all types of residential care for elderly people over 65 in Leicestershire, one of the largest district health authorities in England. The previous census was carried out in 1979. Not surprisingly, the private sector had increased dramatically with a trebling of residents between 1979 and 1990. Dependency levels in the private sector showed the highest increases, although residents in all sectors were more highly dependent in 1990, apart from the NHS geriatric sector. Dependency levels are likely to increase further when local authorities purchase residential care only for those most in need. If these forecasts are correct then more appropriate staff training for and medical input to these homes will be necessary.

Problems with perinatal mortality rates

Evaluation of the quality of health services is becoming increasingly important. Clarke *et al* (p 824) evaluate use of perinatal mortality rates as a means of auditing obstetric and neonatal care in Leicestershire health district. They show that when perinatal mortality rates were calculated on the basis of where women were booked to be delivered general practitioner and consultant units had similar rates. The usual method of calculating such rates, however, is on the basis of where the woman is delivered. On this basis general practitioner units had significantly lower perinatal mortality rates than consultant units because of the selective referral of high risk women from general practitioner units to consultant units. These differences persisted after adjustment for most accepted social and obstetric risk factors. In addition, less than half of the perinatal deaths were amenable to intervention. The authors conclude that comparisons between hospitals by means of crude, unadjusted perinatal mortality rates should be viewed with extreme caution.

How common is urinary incontinence?

Patients are thought to be reluctant to complain of incontinence, and when they do their management is often suboptimal. To assess the burden of incontinence in the community the British Association for Continence Care commissioned a MORI poll of 4007 adults. On p 832 Brocklehurst reports that 297/2124 women (14%) and 125/1883 men (6.6%) either were or had been incontinent. Over 80% had consulted their general practitioner, and only 13% said they had felt embarrassed. Less than a quarter of the sufferers had been given an abdominal, rectal, or vaginal examination, though 36% had been prescribed medication; 42% had been referred to a specialist (more men than women) but very few to an incontinence clinic. Men and older sufferers curtailed their social activities more than women and younger sufferers. Brocklehurst concludes that the social effects of incontinence are considerable and treatment remains suboptimal.

Resource allocation in the NHS

When data from the 1991 census become available the Department of Health will again review its resource allocation formula. On p 835 Sheldon *et al* argue that the resulting orgy of statistical analysis will obscure the important issues. They argue that mortality remains the best available proxy for morbidity, avoiding measures based on utilisation. They argue that an accurate empirically based resource allocation formula cannot be achieved because it demands answering unanswerable questions about what merits funding. The best option is to recognise this, use a robust simple mechanism such as the original RAWP formula, and focus instead on how resources are used.

was twice diagnosed as having hypokalaemia and anaemia. When 24 years old she noticed prolonged menstrual bleeding. Acute myeloblastic leukaemia (French-American British classification, M1 type) was diagnosed, and she underwent chemotherapy.

Comment

According to the Ministry of Health and Welfare, the mortality from leukaemia in Japan was 1·2/100 000 women aged 20-24 in 1992. Although this is not the prevalence, the figure indicates the rarity of the illness. The patients described in cases 1 and 2 were among 89 patients with eating disorders who were referred to us for psychiatric research on eating disorders. The prevalence of leukaemia among patients with eating disorders seems higher than that in the general population.

We do not suggest that a specific relation exists between a type of eating disorder and a type of leukaemia, but a protracted malnutritional state may affect general systems such as the immune system.

Some research suggests that cellular immunity is decreased in patients with eating disorders,¹ but other results differ^{2,3}: Dowd *et al* suggested that the protein concentration in anorectic people is relatively normal and that this helps to maintain the immune function.² It is not uncommon, however, to find very low protein concentrations in patients with eating disorders, and we have found that the protein and fat contents of the diet of many patients are deficient. Our results suggest that more research is needed on the physiological and immunological changes caused by eating disorders, especially bulimia.

1 Cason J, Ainley CC, Wolstencroft RA, Norton KRW, Thompson RPH. Cell-mediated immunity in anorexia nervosa. *Clin Exp Immunol* 1986;64:370-5.

2 Dowd PS, Kelleher J, Walker BE, Guillou PJ. Nutritional and immunological assessment of patients with anorexia nervosa. *Proc Nutr Soc* 1984;43:90A.

3 Golla JA. An immunological assessment of patients with anorexia nervosa. *Am J Clin Nutr* 1981;34:2756-62.

4 Kay J, Stricker RB. Haematologic and immunologic abnormalities in anorexia nervosa. *South Med J* 1983;76:1008-10.

5 Mant MJ, Faragher BS. The haematology of anorexia nervosa. *Br J Haematol* 1972;23:737-49.

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General points

- All material submitted for publication is assumed to be submitted exclusively to the *BMJ* unless the contrary is stated and should conform to the uniform requirements for manuscripts submitted to biomedical journals (the Vancouver style; *BMJ* 1991;302:338-41).
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Points specific to each section

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Papers report original research relevant to clinical medicine. They are usually up to 2000 words long with up to six tables or illustrations (short reports are up to 600 words with a maximum of one table or illustration and five references).

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References

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Full instructions to authors appeared in the issue of 2 January 1993, p 55