

This week in BMJ

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Cholesterol lowering ineffective in low risk patients

A new overview of clinical trials of cholesterol lowering (p 1367) found that a significant reduction in total mortality was achieved only among patients with very high overall risk of death from coronary heart disease. In patients with lower risk cholesterol lowering was ineffective or harmful. Separate analyses of drug and non-drug interventions showed that raised mortality from non-coronary causes was restricted to patients undergoing pharmacological treatments. Davey Smith *et al* conclude that population cholesterol screening, together with the undue weight that cholesterol measurement has in determining treatment, could waste resources and even result in net harm in substantial groups of patients. Overall risk of coronary heart disease should be the main focus of clinical guidelines, and a cautious approach to the use of cholesterol lowering drugs should be adopted.

Prognostic index to identify risk of epileptic seizures recurring

Many patients with a history of epilepsy will enter a prolonged period of remission of their seizures after starting antiepileptic treatment. Such patients are then faced with the question whether they require continued antiepileptic drug treatment to avoid recurrence of seizures. The Medical Research Council Antiepileptic Drug Withdrawal Study Group (p 1374) has used data from the only prospective randomised study of withdrawal of antiepileptic drugs from patients in remission to identify risk factors predictive of seizures recurring. These factors have been used to develop a prognostic index, which can easily be calculated with a pocket calculator, to estimate a person's individual risk of recurrence of seizures within one and two years of slowly stopping antiepileptic drug treatment.

Risky jobs, risky lifestyle

The healthy worker effect is well known and has been observed even in dangerous occupations such as fishing. Among Icelandic fishermen the rate of fatal accidents at sea is high and has not improved over the past 30 years. Might these seamen take more risks than other men when they are not at work? On p 1379 Rafnsson and Gunnarsdóttir report their study of nearly 28 000 seamen who were members of a pension fund from 1958 to 1986. They found that mortality from accidents, poisonings, and violence—and not just from accidents at sea—was higher than in the general male population. They conclude that the risky occupation of fishing causes seamen to adopt a risky lifestyle.

Night visit rate related to deprivation

Although there has been considerable debate about general practice deprivation payments, there is little direct information on the effects of deprivation on consultation and visit rates. Carlisle *et al* (p 1383)

looked at night visit rates in different electoral wards in a general practice that does not qualify for deprivation payments and found a 2.8-fold variation in night visits between wards. Although 49% of the variation could be predicted by the Townsend score, there was no significant association with the Jarman score, which determines target payments in the 1990 contract. If more practices report how their consultation and visit rates vary between wards, then deprivation payments could be allocated more objectively.

How common are asthma and wheeze in preschool children?

In recent years hospital admission rates for children with wheeze and asthma have increased strikingly, particularly among preschool children. Surprisingly, most data on the prevalence of asthma and its symptoms have been based on epidemiological studies in children of school age. Luyt *et al* (p 1386) surveyed 1422 Leicestershire children aged 5 and under. Overall, 11% of children had been diagnosed as having asthma and the cumulative prevalence of wheeze was 15.6%. These are almost certainly underestimates as they found convincing evidence of imperfect parental recall. These findings from a population based, stratified random sample of children are a baseline for future studies.

Suggested code of conduct for genetic testing

In investigating genetic diseases researchers often take samples from healthy family members. New molecular tests for specific gene mutations may later detect a genetic defect in relatives who had neither expected this possibility nor given consent to it. On p 1391 Harper calls for a code of conduct for such tests. He suggests that samples should not be taken from family members unless necessary and that if a sample is stored new consent should be obtained if the implications of the new test are very different from those for which consent was originally given. If such consent is not given or obtained then the samples must be made anonymous.

Consultants pay for their own education

To assess consultants' discontent about study leave Kerr and colleagues conducted a survey of one in five consultants (268) in North West Thames region (p 1398). Few of the 204 consultants who responded had been refused study leave, though many had difficulty in getting funds. Ninety five consultants had used part of their holiday (mean 7.5 days) for study, and 90 of these had paid their own expenses. As well as attending meetings, lecturing, and learning new techniques consultants subscribed to a mean of four journals and had bought a mean of 5.2 textbooks over the past five years. The authors argue that both the right and the obligation to take study leave should be contractual.