This week in BMJ

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Long term mortality after infarction remains high despite thrombolysis

Clinical trials have shown that thrombolysis and aspirin reduce mortality in acute myocardial infarction in the generally low risk patients who have fulfilled selection criteria but there is little information on the prognostic impact of thrombolysis in routine clinical practice. Stevenson *et al* (p 349) studied prognosis and clinical determinants of outcome in 608 consecutive patients admitted to a coronary care unit of a district general hospital over three years. In patients who received thrombolytic therapy early mortality was similar to that reported in randomised trials. However, longer term mortality and the incidence of non-fatal recurrent ischaemic events was high even in patients treated by thrombolysis. The most important determinant of six month survival was left ventricular failure, while age was the only factor related to long term survival. Effective strategies for identifying and treating high risk patients must now be developed.

UK breast screening programme is working well

The National Health Service breast screening programme is now firmly established, and on p 353 Chamberlain *et al* present its findings during the year ending 31 March 1992. Following the Forrest report, which recommended implementation of the screening programme, a number of target performance indicators were suggested. At a national level these are almost all being met or exceeded, with over 71% of 1·4 million women accepting their invitation to be screened, only 6% of women being referred for investigation, and under 1% having to undergo a biopsy. Six breast cancers were found for every 1000 women screened, although the diagnosis rate of small invasive cancers ($\leq$ 10 mm in diameter), at 1·4 per 1000, was not quite as high as the target of 1·5 per 1000. These findings suggest that the programme is on course to achieve a reduction in mortality from breast cancer, but further monitoring of its performance, particularly in relation to interval cancers and cancers in non-attenders, remains a priority.

Prostitutes risk HIV infection with non-commercial partners

The risk of infection with HIV among female prostitutes who do not use injected drugs is unclear. In two papers (p 356 and p 359) a group led by Ward and Day reports the results of a study of female prostitutes in London and of male sexual partners of prostitutes. Fewer than 1% of the prostitutes were infected with HIV, and these women reported using injected drugs. A potential for increased transmission of HIV was shown, however, by nearly half of the women reporting a history of gonorrhoea and 14% of those who agreed to be tested having one or more acute sexually transmitted infections. Male clients of prostitutes are generally assumed to be at risk of infection from this activity alone, but the men in this study reported a range of other risk behaviours, in particular, sexual contacts with other men. Although condoms were used almost universally for commercial sex, they were rarely used in non-commerical partnerships and condom failures were common. The authors conclude that female prostitutes may be as much at risk of infection with HIV from their male partners as men are from female prostitutes. An independent study of male clients of prostitutes in Glasgow by Barnard *et al* (p 361), supports some of these findings. Condoms were used in most of the contacts with prostitutes, particularly for penetrative sex (all anal intercourse was reportedly protected), but condom failures were common. Most of the men also had non-commercial sexual partners, with whom they rarely used condoms.

Why are benzodiazepines more often given to women?

Benzodiazepines are prescribed fairly infrequently in the Netherlands compared with other west European countries. Nevertheless, as in those other countries, women use twice as many tranquillisers and sleeping pills as do men. On p 363 van der Waals *et al* report a study in a representative sample of Dutch general practices that confirms this. They found that, even after correcting for numbers of consultations with general practitioners, Dutch women in all age groups are prescribed significantly more benzodiazepines than are men. Most of the recorded prescriptions were repeats and given by the doctors' assistants after a request from patients. Women aged 45-64 received their first prescription for benzodiazepines almost twice as often as did men of that age without symptoms or diagnosis being an indication. That women evidently get more medication without reason and subsequently without effect might explain part of the sex differences in benzodiazepine use.

Funding for HIV and AIDS services needs reform

The money that each region in England receives for HIV and AIDS is based on the number of infected people reported and the size of the population, but on p 367 McCarthy and Layzell argue that the system has resulted in unsatisfactory services. Services for HIV infection are best developed in central London, so many patients go there for testing and treatment. Funds have therefore been concentrated in London, leaving poor regional services to fall back on when patients become too ill to travel. Ring fencing of money has meant that there is no integration with existing primary care and palliative care services, and AIDS patients are not benefiting from this expertise. In addition, because money is given to hospitals rather than to health authorities insufficient emphasis has been given to prevention.