

This week in BMJ

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Women have less access to coronary catheterisation

Evidence from the United States suggests that certain groups have disproportionate access to invasive cardiological assessment. Utilisation is highest among men, whites, and more highly educated and high income groups. Such trends are evident for some health services in the United Kingdom, but there has been little evidence that women or materially disadvantaged groups have less access to coronary catheterisation. Using routinely available hospital statistics, Kee *et al* in Northern Ireland (p 1305) have shown that, for a given number of admissions for ischaemic heart disease, women had just under half the number of catheterisations and angiographies as men. No differences were apparent between patients from affluent or deprived areas. The study complements one published earlier this year which showed lower rates of coronary revascularisation among British women.

Triglyceride concentration predicts mortality in women

The role of triglyceride concentration in predicting coronary heart disease is not yet established. A univariate relation has been found in most studies but often disappears when other risk factors are adjusted for. Few studies have been done among women. On p 1318 Stensvold *et al* report the results of a prospective study of about 25 000 men and 25 000 women followed for 15 years. Non-fasting triglyceride concentration came out as an independent factor in women but not in men. Other major risk factors such as total cholesterol concentration, systolic blood pressure, smoking habits, and age had equal relative strength in women and men. Total mortality was also related to increased concentrations of triglycerides in women. The mechanisms through which triglyceride concentration is related to increased mortality in women are not yet known.

Cross country skiers are at high risk of persistent asthma

A postal inquiry in Sweden has suggested that obstructive airways symptoms are common in cross country skiers. On p 1326 Larsson *et al* report a cross sectional study of 42 elite cross country skiers and 29 controls and show that bronchial hyperresponsiveness and asthma symptoms are indeed significantly more common in skiers. They found no differences in responses within the groups between winter and summer. Twenty three of the 42 skiers had a combination of asthma symptoms and hyperresponsive airways or physician diagnosed asthma. Thirty three of the skiers had symptoms of asthma or bronchial hyperresponsiveness, or both. Only one control had asthma, and none of the controls used antiasthmatic drugs regularly. Strenuous exercise at low temperatures entailing breathing large amounts of cold air is the most probable explanation.

Childhood mortality is reduced after early measles immunisation

Recent studies have found giving high titre measles vaccine before 9 months of age to be associated with reduced survival. As this suggests that early immunisation could be unsafe, Aaby *et al* examined the results of immunisation campaigns with Schwarz standard measles vaccine carried out in 1980-3 in three areas of Guinea-Bissau (p 1308). Children were followed to death, migration, or the age of 5 years. Children immunised at 4-8 months of age, of whom many were reimmunised, had lower mortality than children vaccinated at 9-11 months. The improved survival was unrelated to better protection against measles. Vaccination before 9 months of age does not seem to be unsafe, and it may reduce childhood mortality compared with the currently recommended strategy of immunising from 9 months of age.

Bed sharing and smoking increase risk of cot death

The practice of bed sharing with young infants is common in many cultures but surprisingly little studied. Limited evidence from epidemiological studies suggests that bed sharing increases an infant's risk of cot death, possibly through mechanisms involving overlaying or hyperthermia. On p 1312 Scragg *et al* examine how, in New Zealand, the risk of cot death from bed sharing is related to other risk factors such as maternal smoking and alcohol consumption. Maternal alcohol consumption was not related to the risk of cot death, but the risk from bed sharing was increased severalfold among infants of smoking mothers. The results for infants of non-smoking mothers were inconclusive, but they suggest a possible small increase in cot death risk from bed sharing for this group. This interaction between bed sharing and maternal smoking suggests that infant bed sharing increases the cot death risk by a passive smoking mechanism and also explains why bed sharing was a risk factor only among Maori infants—a high proportion of their mothers smoke.

Early treatment of HIV infected patients with zidovudine is not cost effective

Treatment with zidovudine prolongs survival in patients with newly diagnosed AIDS, but there is doubt over its effectiveness earlier in the course of HIV infection. All of the large clinical trials of zidovudine failed to show survival benefit for patients treated early though most demonstrated small absolute delays in progression to AIDS. Nevertheless, zidovudine is widely prescribed for patients early in HIV infection. Oddone *et al* (p 1322) studied the cost implications of early rather than later treatment with zidovudine. Early treatment costs an extra \$5432 per additional month of life without AIDS. This is expensive compared with treatments for other chronic diseases that actually confer a survival advantage.