

This week in BMJ

All communications to:
The Editor, *BMJ*
BMA House,
Tavistock Square
London WC1H 9JR
Fax: 071 383 6418
Phone: 071 387 4499

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Donor deferral excludes high risk blood donors in west Africa

Blood transfusion in many parts of Africa is still associated with high risk of HIV infection. Not all blood is screened, quality control of laboratories is limited, and high incidence of HIV infection in donors may result in a high proportion of units in the antibody negative "window period." Donor deferral is not widely implemented because of the belief that when heterosexual transmission of HIV is the dominant mode of spread most people are potentially at risk. On p 1517 Schutz *et al* in Abidjan, Côte d'Ivoire, report the theoretical impact of excluding donors based on self reported behavioural characteristics. Among male blood donors with a prevalence of HIV infection of 11.4% simple questions—for example, about prostitute use—would exclude almost three quarters of infected donors while reducing the total units donated by less than one third. Schutz *et al* argue that donor deferral merits further evaluation in resource poor areas.

Cardiovascular disease is linked to in utero development in women

A series of studies on men from Hertfordshire has suggested that cardiovascular disease in adults originates from impaired development in utero and the first year. Trends in women are more difficult to study because most British women change their name on marriage and are therefore harder to trace. On p 1519 Osmond *et al* present the first analysis of women in Hertfordshire and data on a further group of men. Death rates from cardiovascular disease fell progressively from the lowest birth weight group to the highest. A similar trend in mortality was seen with weight at 1 year in men but not women. This is further evidence of a programming effect, which the authors speculate is due to changes in regulation of hormones controlling early growth.

High cholesterol values may be due to impaired growth in utero

Although serum cholesterol concentrations are influenced by diet and inheritance, much of the variation between people remains unexplained. Studies in animals show that changing the diets of pregnant animals or their newborn offspring may permanently change the rate of cholesterol synthesis and excretion. Continuing their studies of the effects of fetal and infant development on coronary heart disease, Barker *et al* (p 1524) show that men and women who had had a small abdominal circumference at birth had raised serum concentrations of total and low density lipoprotein cholesterol at age 50. The association was independent of social class, current body weight, cigarette smoking, and alcohol consumption. Abdominal circumference at birth reflects the size of the liver, which has a central role in cholesterol synthesis and excretion. The authors conclude that impaired liver growth in late gestation permanently changes low density lipoprotein metabolism.

Family history of heart attack is reliable screening criterion

With the advent of a growing range of genetic tests the identification of high risk groups for targeted screening and intervention has gained some support among those seeking to reduce the burden of coronary heart disease. Those with a family history are one such group. Indeed, referral to a specialist may be influenced by the family history. Few previous studies have comprehensively assessed the reliability of self reported family histories. On p 1528 Kee *et al* report the results of one such study. They found that nearly a third of patients with affected relatives are "missed" by taking a casual family history and slightly more than two thirds of such reports turn out to be positive. The findings suggest that targeted screening for risk factors for ischaemic heart disease in the community may have limited overall effectiveness.

Participation in nuclear weapon tests has no effect on mortality

Concern has been expressed about the effect of participation in the United Kingdom's atmospheric nuclear weapon tests on the health of the participants. Few people were recorded as having received material doses of radiation, however, and a report in the *BMJ* in 1988 showed that participants' mortality was lower than expected from national rates and practically identical with that of a matched control group, except that the participants had higher rates of leukaemia and myelomatosis. On p 1530 Darby *et al* report the results of the extended follow up. During this time both groups had similar mortality, but the participants had lower rates of leukaemia and myelomatosis. They conclude that participation in the tests had no detectable effect on mortality. The possibility of a small risk of leukaemia in the first 25 years after the tests could not be excluded, but it could not be related to the recorded exposures to ionising radiation or to any specific aspect of participation and is most likely to have been a chance finding.

Unemployment rate predicts psychiatric admissions

The relation between markers of social deprivation and admission to psychiatric hospital is well established, and the use of the relation in planning and allocating resources has been strongly advocated. Kammerling and O'Connor (p 1536) have identified a sevenfold variation in the rates of people under 65 admitted to psychiatric hospitals from small areas within a single district health authority. This was far greater than the variation in any other specialty, and 93% of this variation, both in crude and age standardised rates, could be explained solely by the unemployment rates during the period studied. This finding did not seem to be confounded by bed supply, lengths of stay, or readmission rates. The authors think that this relation shows that unemployment rates, as currently measured, accurately reflect underlying deprivation and should be considered when allocating resources.