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LEADING ARTICLES

Treatment in primary biliary cirrhosis	N D C FINLAYSON	867
JPAC: a test for manpower planning	J PARKHOUSE	868
Managing malignant ovarian germ cell tumours	GORDON J S RUSTIN	869
Growing up with chronic renal failure	M H WINTERBORN	870
Chemotherapy for stomach cancer	P I CLARK, M L SLEVIN	870
Testing for HIV: the medicolegal view	CLARE DYER	871
Consensus on preventing osteoporosis	TONY SMITH	872

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Membrane phenotype and response to deoxycorymycin in mature T cell malignancies	CLAIRE E DEARDEN, ESTELA MATUTES, A VICTOR HOFFBRAND, K GANESHAGURU, M BROZOVIC, HUGH J H WILLIAMS, N TRAUB, M MILLS, D C LINCH, DANIEL CATOVSKY	873
Lactose malabsorption in Polynesian and white children in the south west Pacific studied by breath hydrogen technique	J M SEAKINS, R B ELLIOTT, C M QUESTED, A MATATUMUA	876
Unemployment and mortality in Denmark, 1970-80	LARS IVERSEN, OTTO ANDERSEN, PER KRAGH ANDERSEN, KIRSTEN CHRISTOFFERSEN, NIELS KEIDING	879
Alcohol consumption and dependence in elderly patients in an urban community	R BRIDGEWATER, S LEIGH, O F W JAMES, J F POTTER	884
Effect of fenfluramine on autistic symptoms	J A KOHLER, G SHORTLAND, C J ROLLES	885
Local treatment for bacterial vaginosis	C A ISON, R F H TAYLOR, C LINK, P BUCKETT, J R W HARRIS, C S F EASMON	886
Treatment of post-kala-azar dermal leishmaniasis with sodium stibogluconate	C P THAKUR, K KUMAR, P K SINHA, B N MISHRA, A K PANDEY	886
The haemolytic uraemic syndrome and bone marrow transplantation	J I O CRAIG, T SHEEHAN, K BELL	887
Job sharing in general practice	E FIONA NICOL	888

MEDICAL PRACTICE

Extracorporeal shockwave lithotripsy: first 1000 cases at the London Stone Clinic	G DAS, J DICK, M J BAILEY, M S FLETCHER, D R WEBB, M J KELLETT, H N WHITFIELD, J E A WICKHAM	891
Fetal and neonatal mortality: a matter of care? Report of a survey in Curaçao, Netherlands Antilles	H I J WILDSCHUT, M C B J E TUTEIN NOLTHENIUS-PUYLAERT, V WIEDIJK, P E TREFFERS, J HUBER	894
Accounting for cross boundary flows	JOHN BRAZIER	898
Portraits from Memory: 21—Dr Eric Catford OBE (Mil) (1891-1982)	SIR JAMES HOWIE	901
Efficiency savings or financial cuts: some morals from Birmingham	M J S LANGMAN	902
ABC of Dermatology: Psoriasis	P K BUXTON	904
Production and use of therapeutic agents	N H CAREY	907
How to be a patient	B T MARSH	909
Human immunodeficiency virus (HIV) antibody testing		
GUIDANCE FROM AN OPINION PROVIDED FOR THE BRITISH MEDICAL ASSOCIATION BY MR MICHAEL SHERRARD QC AND MR IAN GATT		911
Absence of fever in non-immune patients developing falciparum malaria	JACK J WIRIMA, ANTHONY D HARRIES	913
Consensus development conference: prophylaxis and treatment of osteoporosis		914
Medicine and the Media—Contributions from JAMES OWEN DRIFE, JOHN S BRADSHAW		916
Any Questions?		893, 900, 906
Medicine and Books		917
Personal View	ANGELA PRIOR	920

CORRESPONDENCE—List of Contents	921
---------------------------------	-----

OBITUARY	933
----------	-----

NEWS AND NOTES

Views	930
Medical News	931
BMA Notices	932

SUPPLEMENT

The Week	935
No HIV testing without consent, say lawyers	936
Juniors want representation on defence societies' councils	939
HIV antibody testing: summary of BMA guidance	940

CORRESPONDENCE

AIDS: counting the cost Deirdre Cunningham, MFCM, and S F Griffiths, ACMA.....	921	Refeeding hypophosphataemia in anorexia nervosa and alcoholism M F Ryan, MD, and H Pandov, MRCPATH; A D Cumming, MRCP, and others.....	925	Multiple births R J Rona, MD.....	927
Impotence: treatment by autoinjection of vasoactive drugs K M Desai, FRCS, and J C Gingell, FRCS.....	922	False positive results of tests for syphilis and outcome of pregnancy R Lau, MRCP, and G E Forster, MRCOG.....	925	Skeletal dysplasias J Campbell, MB, and S Campbell, FRCOG.....	927
Fragile X syndrome M J McKinley, BSC, and others.....	922	Prognosis of subsequent pregnancies after recurrent spontaneous abortion in first trimester H J A Carp, MRCOG, and others.....	925	Cholesterolemia: a physical cause of "functional" disorder M Rhodes, MB, and others.....	927
Mental health of unemployed men in different parts of England and Wales J Russell, MB; P R Jackson, PHD.....	922	Emotional distress in junior doctors Sue Dowling, MFCM; C J Burns-Cox, FRCP, and others.....	926	Emergency phlebography service M F Creagh, MRCP.....	928
Fatal bronchospasm after topical lignocaine before bronchoscopy D B Scott, FFARCS; J G Ayres, MRCP.....	923	Is the tube in the trachea? S Mehta, FFARCS; R A S Frater, FFARCS, and P G P Lawler, FFARCS.....	926	How to organise a clinical examination D J B Thomas, MRCP.....	928
Preventing insulin dependent diabetes mellitus: the environmental challenge Hilary King, MD.....	923	Acyclovir for shingles A O Chase, MB; E B Williams, MB.....	926	Passive smoking in utero: its effects on neonatal appearance M L Chiswick, FRCP; D O Chanter, DPHIL, and Susan Cook, GRADIS; Heather F Stirling, MRCP, and J E Handley, MRCP.....	928
Keeping up with orthopaedic epidemics B M Wroblewski, FRCS.....	923	Social adversity, low birth weight, and preterm delivery R A Carr-Hill and C Pritchard; A Stein, MRCPsych.....	927	When things go wrong—again J L Craven, FRCS; T Davies, MB.....	929
Should sympathomimetics be available over the counter? J P Morgan, MD; A M Whitehouse, MRCP.....	924			How to signpost your hospital J Weiss; L D Abrams, FRCS; G A Lynch, FRCR.....	929

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- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

AIDS: counting the cost

SIR,—The average survival time for patients presenting at St Mary's Hospital with the acquired immune deficiency syndrome (AIDS) to December 1986 was one year. It has been agreed by Paddington and North Kensington Health Authority that the most appropriate model of care for people with AIDS is largely community based and that people should be enabled to live and be cared for in the community for as long as possible, assuming that this is what they wish. Not only is this model considered to be the most appropriate for patients' needs but also, if conservative predictions of numbers of patients with AIDS alive by the year 1992 are realised, it will be quite unrealistic to expect the current rate of acute bed usage to be maintained. Were current referral patterns and bed usage to remain unchanged, with 18.5% of patients with AIDS in acute hospital beds at any one time, then the number of beds required by the district in 1992 would be 592. The authority has thus agreed that each patient should have a package of care designed to support him or her in the community as far as possible and to avoid unnecessary use of acute hospital beds. A theoretical package of care has been designed for a hypothetical "average" adult patient as follows.

A total of four weeks' hospital inpatient care, with 11 months' treatment at home. The 11 months' community care includes four months'

day care treatment, including food, transport, etc, during which time a home help would be provided for one hour a day. For seven months the patients would be managed by the acute district nursing service, in conjunction with the home care team, who would be responsible for managing incontinence, providing equipment, etc. For six months of that time a home help would be required for three hours, seven days a week, and a night sitter would be required for three weeks. During the 11 months in the community on average the patient would receive four home visits from an occupational therapist and two from a senior clinical psychologist. In the last three weeks the patients would receive a hospice at home service, with round the clock attendance by a staff nurse.

The home help should be provided by the local authority. If, however, a shortfall of home helps is likely to jeopardise the whole community care package and result in inappropriate admission to hospital the health authority would have to provide this help. For this reason, the home help support has been costed with the other elements of this package.

About 30-50% of people receiving treatment with zidovudine (AZT) would require, on average, one blood transfusion (four units) every six weeks and roughly eight transfusions in the 49 weeks when they are likely to be taking zidovudine.

Assuming that between two thirds and all of the patients will be receiving zidovudine by the end of the financial year and that half of them will require transfusions, the number of blood transfusions required by the "average" patient has been estimated at four. Each blood transfusion necessitates an overnight stay.

The detailed breakdown of estimated costs is as follows:

	£
(1) One month's inpatient care	5600
(2) Four months' day care treatment, including meals. This allows for one and a half hours' nursing and transport and nursing coordinator costs and overheads	3325
(3) Seven months' management by the acute district nursing service, including overheads	3900
(4) Blood transfusions £20 per unit (all costs). Four units required at each of four transfusions (zidovudine)	320
(5) Four overnight stays in hospital associated with transfusions	730
(6) Six outpatient visits plus transport	185
(7) Home help provision: three hours per day (seven days a week) for six months, plus one hour per day (seven days a week) for four months	2750