

## BMJ



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*Instructions to authors appeared in the issue of 4 January 1992*

### Preventing AIDS and heart disease

This week's international conference on AIDS begins in an atmosphere of gloom. The world is doing badly at preventing the spread of the disease, and AIDS campaigners realise increasingly that broader social issues—like poverty, discrimination, the status of women, and attitudes to sexuality—must be addressed if spread of the infection is to be slowed. As well as a news report on the conference (p 209), this week's journal includes an item on the campaign against AIDS in Thailand (p 211) and a paper suggesting that many AIDS related deaths in London are not recorded as such (p 219). Meanwhile, a surgeon from Kampala contrasts 1981 in Uganda, when gunshot wounds were a major cause of death, with 1991, when AIDS was the big killer (p 260). "AIDS," she writes, "is not just another disease, it has changed

life and death in Africa." Back in Britain, Michael Fitzpatrick argues that the story of the Birmingham haemophilic patient having infected women was leaked in an attempt to illustrate the dangers of heterosexual spread of the infection—but with unhelpful results (p 259).

Despite AIDS the major killer in developed countries continues to be heart disease, and a study from Oxford suggests that the Dundee disk that allows the risk of heart disease to be predicted in individual patients may present problems when used in general practice (p 227). Hugh Tunstall-Pedoe, who developed the disk, responds (p 231). Finally, successful campaigns to prevent disease in primary care depend on making the practice team work optimally, and today we begin a series on just that topic (p 232).

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**Editor's  
Choice**