EFFECTIVE INJURY CONTROL?  
While there are a great many community based models for injury prevention in the scientific literature, the same cannot be said for evidence of their effectiveness. Researchers in Australia performed a comprehensive literature search for formally evaluated community based all cause child injury prevention programmes and succeeded in finding a total of only nine published examples. Only three of those studies found a significant effect of the intervention in question, and the authors suggest that the lack of research suggests “a clear need to increase effort on developing this evidence base.” (Injury Prevention 2004;10:180–5)

AIR POLLUTION AND MORTALITY  
Urban air pollution assessed in the 1970s was associated with increased mortality over 25 years in France. Between 1974 and 1976, researchers took daily measurements of total suspended particles (TSP), black smoke (BS), nitrogen dioxide (NO₂), and nitric oxide (NO) in 24 areas of seven French cities and assessed the health of almost 15 000 residents of those areas. Follow up was performed in 1995–98 and showed adjusted risk ratios for TSP, BS, NO₂, and NO for non-accidental mortality of 1.05, 1.07, 1.14, and 1.11 respectively. These results confirm previous findings from other similar studies, and the authors suggest that additional long term research with a fine exposure assessment is needed for the development of effective policies. (Occup Environ Med 2005;62:453–60)

STD RISK FACTORS  
Residence in deprived inner city areas, ethnicity, and young age are all independent risk factors for gonorrhoea, chlamydia, first episode genital herpes, and first episode genital warts. Having analysed Leeds residents against denominator population data from the 1991 UK census, researchers also found significant correlations in the geospatial distribution of incidence rates for each infection: 31% of all disease occurred in the city centre, with gonorrhoea mostly restricted to that area and genital warts and chlamydia seeing the widest distribution across all locations.

The authors suggest that population based studies should be undertaken to determine whether ethnicity is associated with mixing patterns or sexual behaviour. (Sex Transm Infect 2005;81:141–6)

SEX BIAS IN MYOCARDIAL INFARCTION MANAGEMENT  
Women in the UK are more likely to die after myocardial infarction (MI) than men. Researchers examined data on over 1500 men and women admitted with first MI between 1994 and 2000, with follow up to 2001, and found that 51.1% of women died during a median follow up of 3.4 years compared with 40.7% of men. An excess mortality for women disappeared after adjustment for age, smoking, comorbidity, previous vascular disease, diabetes, hypertension, and social deprivation. The authors suggest that the poorer outcome for women may reflect sex bias in management and state that “if women have access to the same quality of care as men then survival will be the same”. (Heart 2005;91:305–7)

MORE ON SIDS RISK  
Developmental problems and special investigations at any stage of life are both associated with an increased risk of sudden infant death syndrome (SIDS) in German infants. Researchers compared 333 SIDS infants with 998 controls, matched for region, age, and sex. According to the results no symptoms of infection or illness were risk factors for SIDS, but developmental problems and special investigations were, with adjusted odds ratio of 2.14 and 2.07 respectively. Admission to hospital after the first week of life was associated with an increased risk of SIDS (odds ratio 1.88) and the authors suggest that their results may show that infants who die of SIDS after developmental problems are “abnormal or in some way vulnerable”. (Arch Dis Child 2005;90:320–2)

PHLEGM, WHEEZE, AND DEATH  
The presence of three respiratory symptoms in elderly people is a strong predictor of mortality. Researchers asked almost 15000 people over the age of 75 whether or not they usually coughed up phlegm in the morning, or during winter, and whether or not their chest usually sounds wheezy. Prevalence of all three was found to be widespread: 27% for phlegm in the morning, 16.5% for phlegm during winter, and 14.3% for wheeze from the chest. Adjusted hazard ratios—for both all cause and respiratory specific mortality—were increased in each case, with chest wheeze the highest for respiratory specific at 2.86. (Thorax 2005;60:331–4)

CORONARY HEART DISEASE IN INDIA  
Coronary heart disease (CHD) is more common in urban than rural areas of India, but there is little evidence of a rise in general prevalence over time. Researchers searched the published literature to find studies on CHD frequency in Indian populations, and after collating the results they determined that the prevalence range was higher in urban than rural areas men (35–90/1000 v 17–45/1000) and women (28–93/1000 v 13–43/1000). Women experienced a rise in age specific rates but men did not. (Heart 2005;91:719–25)

HIV IN THE UK  
There has been a large increase in the number of adults with diagnosed HIV infection seen for care in England, Wales, and Northern Ireland since 1997. Using data from the annual national Survey of Prevalent HIV Infections Diagnosed (SOPHID) for the period of 1997 to 2003, researchers found that in total 34 251 people were seen for HIV related care in 2003: representing an increase of 17% on 2002 and 132% on 1997. As a proportion of total prevalent cases, infections acquired through heterosexual sex increased from 26% to 49% in 2003, overtaking for the first time those acquired through sex between men. The findings have serious implications for the planning and financing of HIV services in the UK. (Sex Transm Infect 2005;81:223–9)

OBESITY AND DEMENTIA  
Obesity in middle age increases the risk of future dementia—independently of comorbid conditions. Over 10 000 American patients who underwent detailed health evaluations from 1964 to 1973 were followed up between 1994 and 2003 and the results showed that obese people had a 74% increased risk of dementia while overweight people had an increased risk of 35% compared with those of normal weight. Men and women in the highest fifth of the distribution of subscapular or tricep skinfold thickness had a 72% and 59% greater risk of dementia respectively than those in the lowest fifth. (BMJ 2005;330:1360–2)