

LETTERS TO THE EDITOR

HIV diagnosis delay in Antwerp, Belgium

SIR — Early diagnosis of HIV infection has many advantages; it allows timely prophylaxis against opportunistic infections such as *Pneumocystis carinii* and *Mycobacterium tuberculosis* and early recognition and treatment of HIV related complications. Moreover, counselling of people with HIV infection may reduce the further spread of the epidemic. Early diagnosis of HIV infection also has certain disadvantages; it may cause extra stress to the individual and lead to discrimination against them. We investigated

Table 1 Number of persons (percentages) with a CD4 lymphocyte count <200/ μ l at HIV diagnosis seen at the in- and outpatient department of the Institute of Tropical Medicine, Antwerp, 1985–1991.

1985	1986	1987	1988	1989	1990	1991
19 (32%)	17 (28%)	15 (18%)	23 (28%)	18 (28%)	30 (29%)	22 (22%)

whether in Belgium there is a tendency towards earlier diagnosis of HIV infection than in the early years of the HIV epidemic.

The medical records of all patients with HIV infection who attended the Institute of Tropical Medicine as inpatients and outpatients between 1985 and 1992 were reviewed. The CD4 lymphocyte counts at the time of HIV diagnosis were noted. If counts at diagnosis were not available, these were calculated on the basis that they generally fall 80 cells/ μ l per year.¹

The medical records of 583 persons (443 (76%) men and 140 (24%) women) were reviewed. Altogether 344 patients (59%) were Belgians and 173 (30%) Africans; 324 (56%) had acquired HVI infection through heterosexual contact, 190 (33%) through homosexual contact, 21 (4%) through the use of intravenous drugs, and 10 (2%) through transfusion of blood or blood products. In 504 (86.5%) of the patients CD4 lymphocyte counts had been performed within one year of HIV diagnosis.

Despite new treatments and information campaigns about HIV, there was no significant decrease in the delay over HIV diagnosis between 1985 and 1991 in this hospital. The percentage of people whose CD4 lymphocyte counts were below 200/ μ l at diagnosis ranged from 18 to 32% (table). No significant differences in diagnosis delay were observed according to sex, race, nationality, and risk factor for HIV infection.

Certainly our study population is not representative of those with HIV infection in Belgium. Because we are an HIV reference centre, patients may be referred to this institute in more advanced stages of the disease.

An important diagnostic delay has also been observed in other countries. In a study performed in Western Australia, for example, 61% of the patients presenting with an AIDS defining condition in 1988 had been unaware of their seropositive status two months or less before AIDS was diagnosed,

this figure decreased over time but remained relatively high in 1991 (38%).² In a study performed in England and Wales, 49% of the patients who presented with an AIDS defining condition in 1989 had been unaware of their seropositive status nine months or less before AIDS was diagnosed. This figure fell over time but was still 43% in 1992.³

The reasons for diagnostic delay should be studied in order to rectify this situation.

ROBERT COLEBUNDERS
SALIF SOW
KOEEN BLOT
MARC VANDENBROUAE
YON HEERACKERS
LUC KESTENS
GUIDO VAN HAM
Institute of Tropical Medicine,
Antwerp, Belgium

ROBERT COLEBUNDERS
WIM CORNELISSEN
KOEEN BLOT
University Hospital Antwerp,
Antwerp, Belgium

CHRISTINE J EVANS
FGR FOWKES
Wolfson Unit for the Prevention of Peripheral
Vascular Diseases,
Department of Public Health Sciences,
University of Edinburgh,
Teviot Place,
Edinburgh EH8 9AG.

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Reply

We thank Drs Evans and Fowkes for their valuable comments concerning the difficulties encountered in validating the diagnosis of varicose veins.

We agree that self reporting of any chronic condition—including varicose veins—may be biased when compared with any other method of determining a disease or an impairment. Self reporting of varicose veins in our study resulted in a reproducibility (Chamberlain index)¹ of 79% for positive diagnosis and 89% for negative diagnosis when judged against an examination by a surgeon using standard tests and continuous wave Doppler ultrasound in the evaluation of superficial veins.

The photographic re-evaluation in the Basle study resulted in a reproducibility of 87%–94% for negative diagnosis and 72%–95% for positive diagnosis of varicose veins or chronic venous insufficiency.² We also have demonstrated that grading of varicose veins is difficult when photographs are used in the re-evaluation. Even between two surgeons the classification was similar in only 74% of the cases.³

Our epidemiological study aimed at finding visible varicose veins in a fairly large population sample. From the surgical point of view diagnosing visible varicose veins was not a major problem either to a patient or to the surgeon controlling the self-reporting. The reproducibility indexes in our study were 79% and 89%. If two independent observers had examined the legs the reproducibility indexes would probably have been higher and not lower than that. If the patient has a correct diagnosis and he or she knows it, why should we ignore it?

Duplex sonography is an acceptable standard for measuring the severity of reflux in venous insufficiency. However, in normal legs it may possess some degree of inter-observer variability. Duplex sonographic evaluation of normal superficial valves can also be equivocal and dependent on the reverse flow velocities.⁴ Superficial incompetence has been shown even in 37% of

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Measuring varicose veins in population surveys

SIR—In a survey of the prevalence of varicose veins in the general population in Finland, Laurikka *et al* measured prevalence using a self completed postal questionnaire.¹ The authors validated this method of measurement by comparing the answers of a randomly selected group of 166 respondents with the clinical evaluation of one surgeon. The opinion of one surgeon is not an acceptable “gold standard” to use in this situation because of observer variability in defining varicosities. One approach to reducing observer bias is to use classification of varicose veins by two or more observers.² In a major epidemiological study in Basle, classification was based on three coloured photographic slides which were analysed according to specific criteria.³

This latter method will also be used in the forthcoming Edinburgh Vein Study, in which the prevalence of early venous disease and associated risk factors will be measured in a random sample of the Edinburgh population. In addition to visual assessment of varicose veins, incompetence of venous

clinically normal legs in a study using duplex sonography.⁵ When we choose a cut off point between normal and abnormal, do we really measure a disease or a physiological variant? Sensitive methods, such as duplex sonography, are undoubtedly valuable but the practical implications of finding subclinical cases in a population must be studied further. In addition, even duplex sonography cannot assess the aesthetic and symptomatic dimensions of varicose disease.

We look forward to seeing the results of the Edinburgh Vein Study.

JARI LAURIKKA
TERO SISTO
OSSI AUVINEN
MATTI TARKKA
*Department of Surgery,
University Hospital of Tampere,
Sf-33520, Tampere,
Finland*

MATTI HAKAMA
*Department of Public Health,
University of Tampere,
Finland*

ESA LÄÄRÄ
*Department of Applied Mathematics
and Statistics,
University of Oulu,
Finland*

- 1 Cicchetti DV, Feinstein AR. High agreement but low kappa: II Resolving the paradoxes. *J Clin Epidemiol* 1990;43:551-8.
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NOTICES

Management - Organization - Engineering: Measures required to ensure safety in the use of electricity, gas and other sources of energy at work (11th International Colloquium of the Electricity Section of the International Social Security Association), Paris, 14/15/16 June 1994. Further information: Electricité de France, Service Prévention et Sécurité, Division Communication 22-30, Avenue de Wagram. F-75382 Paris Cédex 08, France.

First International Symposium on Ecosystem Health and Medicine: Integrating Science, Policy and Management, Ottawa, Ontario, Canada, 19-23 June 1994. Further information: Office of Continuing Education, 159 Johnston Hall, University of Guelph, Guelph, Ontario, Canada N1G 2W1. Tel: (519) 767-5000. Fax: (519) 767-0758.

Fibrinogen and Cardiovascular Disease, Royal College of Physicians of Edinburgh Second International Symposium on Fibrinogen, Edinburgh, Scotland, 1/2 November 1994. Further information: Education, Audit and Research Department, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ, Scotland.

14th International Conference of the ISSA Construction Section for the Prevention of Occupational Risks, Madrid, Spain, 24-26 October, 1994. The Conference will focus on the new approach to accident prevention in Europe. Further information from: Conference Secretariat, Asociación de Empresas de la Construcción de Madrid, AECOM-CNC, Serrano, 40, 28001-Madrid, Spain. Tel (341) 435 26 80. Fax: (341) 575 55 13.

National Library of Science and Technology of the Cuban Academy of Sciences would like to receive as gifts any copies of the *Journal of Epidemiology and Community Health*, which subscribers no longer wish to keep. They should be sent to: fao Mrs K Buadze, Exchange Group, Academia de Ciencias de Cuba, Biblioteca Nacional de Ciencia y Técnica, Apartado Aéreo 2291, Zona 2, Código Postal 10200 C. Habana, Cuba.

BOOK REVIEWS

A Review of Common Food Intolerances 1: Epidemiology of Coeliac Disease. Ed S Auricchio and J K Visakorpi (Pp192; £93.00). Basel: Karger, 1991. ISBN 3 8055 5616 0

This book is made up of papers presented at a workshop on the epidemiology of coeliac disease held in October 1991 and is divided into a section concerning the incidence of coeliac disease and another about silent and latent coeliac disease.

After an excellent contribution on the problems of epidemiological studies in coeliac disease, the important component of the first section is the report of a multicentre study by the European Society of Paediatric Gastroenterology and Nutrition on the epidemiology of coeliac disease in Europe and the Mediterranean. The data from each centre contributing to the study are expanded in an appendix. These data are of considerable interest, but this entire study is devoted to the disease in children. There is no involvement of adult gastroenterologists which is surprising considering up to 80% of coeliacs are diagnosed in adult life. There is tremendous variation in incidence rates and differences are seen between countries and within countries. For example, in Scandinavia childhood coeliac disease is much commoner in Sweden than in Norway or Denmark. Moreover, within Sweden the rates at some centres are higher than others. This does raise questions about the reliability of the data on which the

incidence figures are calculated. Are the figures higher in some areas than others because of the availability of paediatric gastroenterological services and the interests of the paediatric gastroenterologists? Another interesting problem is the decline in the incidence in some countries, for example, Ireland and Britain, and the increase in others, for example Sweden. The last two chapters of this section attempt to provide some of the reasons for these epidemiological puzzles, but it must be concluded that it is still unclear why these differences should occur. The second section is devoted to silent and latent coeliac disease. These disorders have major epidemiological implications and are well reviewed here.

Overall this is an interesting publication but it betrays the defects inherent in a book made up of papers presented at a meeting. It is not essential reading, but nevertheless contains interesting information about the incidence of childhood coeliac disease. I would not recommend it to people with little knowledge of coeliac disease, who would be better advised to read one of the available monographs.

B T COOPER
*Consultant Gastroenterologist,
Dudley Road Hospital,
Birmingham B18 7QH*

Patients, Policies and Politics: Before and After Working for Patients. By J Butler. (Pp 150; £32.50 (hb); £12.99 (pb).) Buckingham and Philadelphia: Open University Press, 1992. ISBN 0-335-15647 (pb) and ISBN 0-335-15648-7 (hb).

As the NHS runs into yet another end of year financial crisis it is appropriate that we should be reminded of January 1988 when, in similar circumstances, Margaret Thatcher unexpectedly announced during a television interview that a radical internal review of the NHS was already under way. This announcement led to four turbulent years of complex change, opposition, and manoeuvring, the consequences of which are only now beginning to appear. We should, nonetheless, thank John Butler for having the courage to act the contemporary historian and give us an early account of the passionate public debate and clamorous events surrounding the NHS review, the passage of the NHS and Community Care Bill into law, and its subsequent implementation. Whatever posterity's judgement of the provider market, there is no doubt that the NHS reforms represented a major demonstration of the power of the centralised state to overcome its opponents and deserve close scrutiny.

Butler has relied predominantly on the vast journalistic outpouring of the period 1988-91, particularly from the *British Medical Journal*, the *Health Services Journal*, and the "quality" dailies to construct an elegantly written and almost jargon free account of the origins, context, content, purposes, and implementation of the reforms, finding time in passing to survey the range of opposition to the changes and the contemporary prophecies, good and bad, of the results. He preempts the reviewer's task by recognising that other histories remain to be written from the unpublished, internal sources of the service. Fascinating material is also likely to emerge from the main political