



Writing to the editor is not always in vain

After cajoling from the Washington State Drowning Prevention Project, newspapers in the area increased the coverage they gave to fatal and non-fatal submersion injuries. It was also found that newspapers, as a general surveillance tool for submersion injuries, may not be useful.

Organisers of the project hoped that newspapers could identify fatal and non-fatal submersion victims more rapidly than death certificates and hospital discharge data, which, although useful for mortality surveillance, may not provide adequate information to help future injury prevention.

In 1995, the organisers sent a letter to 225 newspapers in Washington State urging them to report submersion injuries, particularly those involving children and adolescents. They were also encouraged to report information related to prevention, such as life vest use, level of supervision and alcohol use. Comparing the data for before and after the letter was sent showed an increase in the proportion of fatal submersions reported in newspapers—from 49% to 56% for adults and 63% to 79% for children. Key information regarding injury prevention was not usually reported, although there was an increase in the reporting of some information that is not usually available in death certificates. (*Injury Prevention* 2001;7:339–42)

Regular drinking as a mid-life hobby

A prospective study of cardiovascular disease in the UK has lent weight to the reluctance of public health authorities to encourage alcohol drinking for health, with middle aged new regular drinkers suffering a higher risk of all cause mortality than stable occasional drinkers or non-drinkers (*Heart* 2002;87:32–36).

Over 7000 men aged 40–59 years old were screened between 1978 and 1980

and asked to complete a questionnaire on medical history and lifestyle characteristics such as smoking, physical activity, and alcohol intake. A postal questionnaire asking similar questions was sent out five years later and was returned by 98% of surviving men.

The results showed that men who continued to drink regularly had a significantly lower risk of suffering a major coronary heart disease event and had lower cardiovascular mortality but a slightly increased risk of non-cardiovascular mortality than stable occasional drinkers. New regular drinkers demonstrated a lower risk of major coronary heart disease events than stable occasional drinkers, but showed no reduction in overall cardiovascular mortality and also experienced an increased risk of all cause mortality.

Despite complementing the prevailing view that alcohol can positively influence coronary heart disease, these findings serve as a reminder that alcohol use affects more than just the heart. Further research, ideally considering age, gender, and type of beverage consumed, is necessary before any recommendations can be made regarding the use of alcohol as a cardioprotective agent.

Aberrant accounts abort analysis

The varying manner in which primary schools in one education authority reported accidents made it impossible to examine the association between accident rates and social deprivation (*Arch Dis Child* 2002;86:91–4).

Expecting to confirm the link already established between social deprivation and higher accident rates, researchers analysed the accident report returns of 100 primary schools in a single education authority and visited 36. They discovered a degree of reporting that varied greatly between schools—some only reported accidents if they involved fractures or wounds requiring suturing, while other schools reported even minor

accidents, including anything more serious than slight cuts or bruises.

The authors recommend the introduction of an accident report form more suitable for use in primary schools and advise that local education authorities should take a firm grip on accident and reporting procedures, otherwise the figures will become so inaccurate as to render data collection pointless.

Care in the community

Community based rehabilitation is an effective method of helping those who have suffered severe traumatic brain injury (TBI), even if treatment begins years after the initial injury. Rehabilitation for such injuries traditionally takes place in hospital but it is difficult for patients to continue to improve once they are left to cope at home. A recent trend in North America has been to shorten inpatient treatment while increasing the amount of community based rehabilitation—an approach taken despite a lack of supporting evidence.

Vindication of that approach has arrived in the form of a randomised controlled trial from the United Kingdom (*J Neurol Neurosurg Psychiatry* 2002;72:193–202). All participants had sustained TBI and were randomised into either an outreach group, who received community rehabilitation, or an information group, who received advice and limited assistance with referrals to outpatient services. A multidisciplinary team delivered treatment personalised in duration, intensity, and form of therapy. This was performed either in the patients home or in similar settings such as day centres, colleges, or workplaces.

Those who received community based rehabilitation made considerably greater improvements in practical functioning, independence and psychological wellbeing than the control group. Encouragingly, these improvements were detectable well after rehabilitation stopped, demonstrating that patients continued to benefit even after the period of direct support had finished.

M Muir
BMJ Journals; mmuir@bmjgroup.com