



Hygieia

Not seeing is believing

Doctors and the public considerably underestimate the negative impact of age related macular degeneration (ARMD) on health related quality of life. (*Br J Ophthalmol* 2003;**87**:8–12)

The progressive nature of ARMD prevents participation in many everyday activities, such as reading and driving, and it is also the most common cause of blindness in elderly people.

A standardised questionnaire created to assess health related quality of life was sent to 115 ARMD patients, while a similar questionnaire was sent to 142 healthy volunteers and 62 doctors, all of whom were asked to pretend they had ARMD. The time-trade off method of utility assessment was used to evaluate the responses and the results were expressed as utility scores. Both the public and clinicians were unable to appreciate the severe impact of ARMD, returning similar utility scores of 0.857 and 0.821 respectively for the severe form of the condition, compared with the score of 0.566 returned by patients. This trend continued for moderate and mild varieties of the condition, with ARMD patients returning lower scores than the public and doctors.

The authors emphasise the importance of recognising the severe reduction in health related quality of life precipitated by ARMD. Such increased recognition would serve as an impetus to develop low vision aids and would also justify the allocation of more resources to help fight this condition, the severity of which the authors believe can only be truly appreciated by those who are suffering from it.

Peptic ulcer disease in Denmark

Tobacco smoking, *Helicobacter pylori* infection, and minor use of tranquillisers are the main risk factors for peptic ulcer disease (PUD) in Danish adults. (*Gut* 2003;**52**:186–93)

The aetiology of PUD is known to be multifactorial, but information on the

relative impact of each coefficient remains limited and, while some population based prospective studies have been published, this paper is the first to examine the effect of *H pylori* infection in tandem with the other PUD determinants.

A random sample of 2416 Danish adults with no history of PUD were interviewed in 1982 and 1994, with psychosocial, lifestyle and medication information obtained by completion of a questionnaire at study entry. The results show that *H pylori* infection (4.3 odds ratio), tobacco smoking (3.8), and minor use of tranquillisers (3.0) were the most important risk factors for PUD in this population of Danish adults. When analysis was restricted to *H pylori* infected patients, alcoholic spirits increased the risk of PUD whereas wine demonstrated a possible protective effect, as did physical activity.

The authors note that, in contrast with the findings of studies originated in other countries, tobacco smoking in this study was still an independent risk factor for PUD despite control for *H pylori* status—leading them to recommend that all ulcer patients should be advised to stop smoking, irrespective of their *H pylori* infection status.

Geography dominates Finnish MS trends

Secular trends for multiple sclerosis in Finland differ significantly by geographical area but are similar for both clinical presentations of the disease. (*J Neurol Neurosurg Psychiatry* 2003;**74**:25–8).

Finland has been shown previously to be a high risk area for multiple sclerosis, which has two distinct types of disease progression; the more common relapsing remitting form (RRMS, affecting 70%–90% of patients) or the less common, poorer prognosis, primary progressive (PPMS) variety.

Between 1979 and 1993, new multiple sclerosis cases in three regions of Finland were verified then classified as either RRMS or PPMS, before crude and age adjusted incidence was estimated.

The results showed an increasing secular trend in Seinäjoki, a decrease in Vaasa, and a stable relation in Uusimaa, with age adjusted incidence between 1979 and 1993 at 11.6, 5.2, and

5.1 per 100 000 person years respectively. This trend also applied to the disease as a whole in addition to the RRMS and PPMS subtypes. The contrasting incidence trends shown in neighbouring Seinäjoki and Vaasa remain unexplained, but the authors suggest recent changes in environmental factors may be responsible. Furthermore, the parallel trends for RRMS and PPMS in the three regions suggest that these environmental factors act similarly on both forms of the disease, thus pointing to hitherto disputed aetiological similarity.

Smokers feel more pain

Current and ex-smokers have a higher risk than non-smokers of experiencing pain around the body, particularly that which prevents participation in everyday activities. (*Ann Rheum Dis* 2003;**62**:33–6)

Questionnaires asking about pain in the upper and lower limbs, low back, and neck in the past 12 months were sent to over 22 000 randomly selected people in the UK. The questionnaire also collected data on smoking habits, physical activity at work, headaches, and tiredness or stress.

Of 12 907 responses received, 6513 people reported smoking at some stage of their life; 3184 were current smokers. Adjustment was made for age, sex, occupational activities, and complaints of frequent headaches, tiredness or stress, before the relation between smoking status and regional pain was examined. Increased risks were found at all of the sites considered for both current and ex-smokers, with the highest risk (1.6 prevalence ratio) being for pain that prevented current smokers from participating in everyday activities.

Two potential reasons are suggested for the increased experience of musculoskeletal pain in smokers: the pharmacological effects of tobacco smoke (such as general damage to musculoskeletal tissue); or the possibility that people who have a lower pain threshold are more likely to start, and continue, smoking. The authors believe that further investigation would be useful to clarify their findings, particularly as they could potentially be used as yet another deterrent to people taking up smoking.

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