

PostScript

LETTER

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Multivariate regression analysis of associations between general practitioner prescribing rates for coronary heart disease drugs and healthcare needs indicators

A recent paper in the journal by the authors presented the results of bivariate correlations between prescribing rates for coronary heart disease (CHD) drugs and healthcare needs indicators (HCNIs).¹ This paper added further weight to the suggestion that GP practice prescribing rates for statins are inequitable,²⁻⁵ although we also provided evidence for a range of other CHD drugs.

One of the letters to the journal suggested that a multivariate analysis would have helped to determine the independent associations between prescribing rates and HCNIs. We have undertaken multivariate regression analysis to determine the amount of variation in prescribing rates that can be explained by a combination of HCNIs and also to understand the strength and direction of independent associations with individual HCNIs. The main results are provided in this letter.

Between 22% to 25% of the variation in prescribing rates for statins, β blockers, and bendrofluzide was explained in the multiple regression models. Slightly more variation was explained for ACE inhibitors (31.6%) and considerably more for aspirin (51.2%). Prescribing rates for all drug groups (except ACE inhibitors) were positively associated with CHD hospital diagnoses and procedures. Prescribing rates for statins and ACE inhibitors were negatively associated with the percentage of patients aged over 75 years in addition to the proportion of patients from minority ethnic groups. Prescribing rates for aspirin, bendrofluzide, and all CHD drugs combined were negatively associated with deprivation.

Overall, this study found that prescribing rates were generally positively related to the rates of CHD hospital procedures and diagnoses, although they were also negatively associated with proxies of deprivation and ethnicity. These findings present further evidence of inequities of GP practice prescribing rates and the continued relevance of the inverse care law in prescribing. However, this ecological study cannot be used to infer

inequitable prescribing by GPs, as the lower prescribing rates in GP practice populations with higher proportions of elderly, ethnic minority, and deprived patients may be attributable to lower utilisation of primary healthcare services because of social, psychological, economic, or cultural barriers. Therefore, further work needs to be undertaken in identified GP practice populations to understand the reasons for the low prescribing rates and ultimately to make CHD prescribing commensurate with healthcare need.

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BOOK REVIEWS

Health

Mildred Blaxter. UK: Cambridge, 2004, £50 (hardback), £14.99 (paperback), pp 168. ISBN 0-7456-3082-0 (hardback), 0-7456-3083-9 (paperback)

This book offers a revision of health concept and discusses different meanings of health and illness. It begins with lay definitions and enactments and concludes with speculations about the influence of contemporary trends

and technological changes in health. It also explains how people contribute to enact and define these nuclear concepts of health and illness.

It is structured in six chapters. The first one, "How is health defined?", discusses the use of the definition of health as the opposite of illness. As the author points, this kind of restrictive definition is evidence of the tendency to avoid the complexity involved in these issues. In this part of the book the discussion is focused on the social consequences for communities and individuals of this lack of effort in providing more complex definitions. The first chapter finishes with the consequences of limited definitions on the measurement of health status and on the development of preventive interventions. In other words, the author discusses how the absence of integrated concepts can affect our capacity to know more about health, illness, sickness, and being health or unhealthy.

The second chapter, "How is health constructed?", explores the social construction of health. Literature is reviewed on how the idea of illness is partly based on real facts but it is also a social construct. More specifically, health and illness constructs related with cultures and different perspectives (feminism, constructivism, relativism) are explored. The discussions on obesity, hysteria, and disability are especially interesting in this chapter.

Lay definitions of health and illness are the main subject of the third chapter, "How is health experienced?". Based on the knowledge provided by literature on this topic, the chapter provides the reader further information on how people attribute determinants and causes of health and illness. It also gives several ideas related to health like a moral discourse and a metaphor. The discussion continues in chapter four, "How is health enacted?", examining the way that people enact the states of being healthy or ill. Studies of illness behaviour and their criticisms are the basis of the discussion.

The book finishes with two topics related with the influence of contemporary social changes in health and illness. Chapter five, "How is health related to social systems?", focuses on the relation between health and society. It is structured in two parts. On the one hand, theories of the relation of health and society are described. On the other hand, health inequalities and their possible explanations are carried out. Finally, chapter six, "Where is the concept of health going in the contemporary world?", contains information about how contemporary trends may influence and promote changes in the boundaries between ill and not-ill, life and death, self and not-self, and health and illness.

To finish this review it is interesting to comment on the global significance of this book. The author mentions in the introduction that it is not a textbook, but it could provide an important discussion for the academic field. The study of basic concepts related with health could be useful to improve public health professional work as well. Furthermore, this book could support the role of communities and individuals who are involved in the development of policies.

D Gil, C Vives-Cases

Global public goods for health; health economic public perspectives

Edited by Richard Smith, Robert Beaglehole, David Woodward, Nick Drager. Oxford: Oxford University Press, 2003, pp 287. ISBN 0-19-852544-3 (hardback), 0-19-852798-5 (paperback)

This volume explores the applicability of the concept of global public goods to health and health related issues as well as the question of the added value—for example, in terms of new analytical insights or a better understanding of various policy approaches and instruments—of looking at challenges through the lens of global public goods. As the stage setting chapter 1 by Woodward and Smith notes, “as globalization progresses... matters which were once confined to national policy are now issues of global impact and concern; yet no one nation necessarily has the ability, or the incentive, to address the[se] problems” (page 3). So cross border cooperation is important in order for a global public good, let us say, polio eradication, to emerge and to be available for the consumption—or enjoyment—of local communities or countries.

The volume's chapter analyses are written by a multi-disciplinary team of authors and address three main sets of issues: (1) the global public goods properties of the control or eradication of select communicable conditions (including polio, tuberculosis, antimicrobial drug resistance), and the health consequences of a number of global environmental “bads” (such as the global climate change or the depletion of the ozone layer); (2) the importance of knowledge (including medical knowledge, genomics knowledge, and public health infrastructure and knowledge) as a critical input to people's improved health status and enhanced public health conditions; and (3) how to enable global public goods for health, such as international law and health regulations. However, running through the individual chapter analyses also are common themes. Among them are such issues as the prioritisation of global public goods and the politics of their provision, their “production”, and financing.

The discussions on these themes are analytically rigorous yet clear and focused, leading to practical and pragmatic—yet in part, also innovative—policy conclusions and recommendations. Thus, the book should be of interest to researchers and students as well as policymakers and practitioners alike.

Inge Kaul

Health inequalities: lifecourse approaches

Edited by George Davey Smith. Bristol: The Policy Press, 2003, pp 548. ISBN 1-86134-322-1

This weighty and impressive collection describes and critically assesses the development of lifecourse approaches to understanding health inequalities over the past two decades. In part, these approaches reflect the revival of interest in early years' influences on adult health and mortality. However, this book goes much further, showcasing several important studies that demonstrate how the social and the physical are mutually constitutive throughout the lifecourse and that trajectories

and processes of influence vary with different illness conditions. Lifecourse approaches, made possible partly because of the development of longitudinal datasets, have resulted in a questioning of theories about how health inequalities develop and persist. Some of these papers show a simple cumulative lifecourse effect of exposure to health risks and insults; others examine critical time windows of exposure and influences of particular inheritances or life and lifestyle experiences. Frustrations that, as products of their academic and political times, these datasets have inherent limitations, are evident in several papers. Nevertheless, this collection (39 papers, all co-authored by George Davey Smith) shows yet again that social structural factors are crucially important in generating health inequalities and includes many challenges to policy makers to tackle poverty. There are weaknesses. Although acknowledged by the editor, the gender blindness of much of this collection must still be seen as a deficit. Another is that explicit attention to culture, beliefs, and behaviour seems only to occur in the section on ethnic inequalities in health, (although the idiosyncratic “Diversions” section perhaps shows the editor's inherent sociological talents!). However, by highlighting the part played by social and cultural processes and clearly discussing the exceptions to notions of straightforward linear causality or general susceptibility theory, this collection should convince even the sceptical of the heuristic benefits of taking a lifecourse approach, the photographs are good too.

Kathryn Backett-Milburn

Violence against women: the health sector responds

Edited by M Velzeboer, M Ellsberg, C C Arcas, C Garcia-Moreno. Pan American Health Organisation, 2003, pp 142. ISBN 92-75-12292-X

Gender based violence (GBV) is an important public health problem with far reaching physical and mental health outcomes. Although non-governmental organisations and women's advocacy groups have been at the forefront of the efforts to stop this epidemic, the response from the health sector has lagged behind. This book is a succinct synopsis of the Pan American Health Organisation's (PAHO) efforts to eliminate gender based violence in Latin America. While the reader is provided with a brief overview of the scope of GBV, a significant portion of the book is devoted to a description of the needs assessment for their project called “Critical Path”, the implementation of the multilevel PAHO project (community/sector/regional/national) in 10 Latin American countries and the lessons learned from this project. As the healthcare sector was only one of the many levels at which this plan was implemented, the book describes more than just the health sector response to GBV; the book also describes the change effected in national policies and laws as a result of the PAHO project, as well as feedback from the women affected by GBV. Even though the specific strategies described in this book had been tailored to the local milieu, it should be possible to use the same process in other settings; the last chapter provides a global perspective on the lessons learned in Latin America. The book has a comprehensive section on GBV resources; the bibliography contains selected references, and

includes references to regional GBV projects. This book is a quick read; and although the tables, figures, and boxes lack adequate contrast, they do summarise relevant information for the reader and are worth paying attention to. In sum, this book provides an excellent summary of PAHO's interdisciplinary efforts towards eliminating GBV and is likely to be useful to other field efforts to curb GBV.

Anuradha Paranjape

MONICA monograph and multimedia sourcebook

Edited by Hugh Tunstall-Pedoe. Geneva: WHO, Swiss Fr 45, pp 244. ISBN 92-4-156223-4 (available with two CD ROMs provided)

There can be little doubt that the MONICA project represents the most significant study of the epidemiology of coronary heart disease (CHD) that the world has seen thus far. Inspired in the late 1970s by the 1950s and 1960s CHD epidemic in developed countries and by the seven countries study (among others), it was established in the early 1980s to measure trends in CHD and stroke mortality, and to relate these to changes in risk factors, lifestyle, health care, and major socioeconomic factors in defined communities in different countries. Much of our current level of understanding of cardiovascular disease is derived from the numerous reports and publications resulting from this project.

This monograph is a “must” for all those hoping to obtain an understanding of how MONICA was planned and set up, of what it aimed to achieve, and of all the various studies, carried out under its umbrella, which contributed to its findings. However, it does not discuss these findings in the text, which is very largely descriptive, and the text describes important aspects of the project only in very general terms; it would, for example, be useful to obtain rapid access to the precise protocol for measurement of blood pressure, or collection of blood for serum cholesterol estimation. Such details are not provided in the text itself, perhaps because such matters varied somewhat between different MONICA collaborating centres; however, two CD ROMs are provided with the book and these provide massive quantities of background information (including on protocols), links to results, published papers, etc.

Overall, this book provides a splendid read; it is written by the leading partners in MONICA and edited by Hugh Tunstall-Pedoe, probably the single individual who, over 23 years, has held MONICA together more than any other single person. It provides a superb overview of what MONICA was all about, and of why it remains so important to us all.

Christopher A Birt

CORRECTION

An authors' error occurred in this review by Drs Villanueva and others (2003;57:166–73). In figure 1 the odds ratio corresponding to the study by King *et al* “ever consumption” of chlorinated drinking water should be 1.2 (95%CI 1.1 to 1.5) [not 1.4 (95%CI 1.1 to 1.8)]. The correct combined odds ratio should be 1.2 (95%CI 1.1 to 1.3) [not 1.2 (95%CI 1.1 to 1.4)].