COHERENCE, LOCATION, AND PUBLIC HEALTH

In this issue we have a varied menu to offer, but two themes are perhaps worthy of highlighting. As a follow up to our recent tribute to Antonovsky and his theories of salutogenesis, we carry a research paper by Richardson and Ratner that sets out to test the hypothesis that Antonovsky’s concept of sense of coherence moderates the health impacts of stressful life events (in this case, in relation to family breakdown, financial crisis, or physical abuse). The conclusion is that sense of coherence does indeed seem to buffer the impact of recent stressful life events.

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Meanwhile, several takes on the environment and a sense of place, provide evidence that improving local environments increases physical activity participation; indicate variations in health status among people living on boats in Vietnam; and, provide further evidence of environmental inequity in the United Kingdom, in this case that the adverse effects of air pollution seem to be greater in men in lower social classes.

See pages 924, 934, 941, 948

Returning to the menu propre, we have an editorial that asks what patient preference arms in clinical trials really mean. This question will be news to those readers who have not kept up to the more participatory potential to be found in clinical trials; and Speaker’s Corner provides a fascinating reflection from Mackenbach on the anthropomorphic aspects of cathedrals and human aging.

See pages 914, 915

The Gallery offers two contrasting contributions: one on the inequity of efforts to deal with social justice in Amazonian Peru, the other on Sir John Pringle’s military based observations on hospitals as a major cause of sickness (plus ça change!); and our Glossary in CPE provides the first of two parts on reproductive and perinatal epidemiology.

See pages 919, 966, 916

Of increasing interest around the world is the shift of emphasis in healthcare systems towards a public health frame of reference and a synthesis of clinical practice with population health. Bradley and McKelvey ask whether general practitioners with a special interest in public health at last provide a way to deliver public health in primary care.

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Further main findings this month include that:

- statin therapy is cost effective for high levels of risk, but inconsistencies exist at lower levels;
- there is little evidence that birth weight modifies subsequent childhood diet;
- the pattern of excess mortality among Maori with diabetes may relate to severity of disease;
- the smoothing out of suicide seasonality in Switzerland has been in parallel with the disappearance of the traditional rural society (good news for urbanisation?);
- preventing the adverse health effects of presenteeism may be attained by improving economic conditions and re-employment in deprived areas;
- television access data are probably the best indicator of population dynamics in large or densely populated areas;
- monetary incentives increase mailed questionnaire response, according to a meta-analysis.

See pages 927, 955, 961, 967, 973, 985, 987

And finally, Koch, Otarola, and Kirschbaum claim a landmark for Popperian epidemiology in the refutation of the randomised Aldactone evaluation study.

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