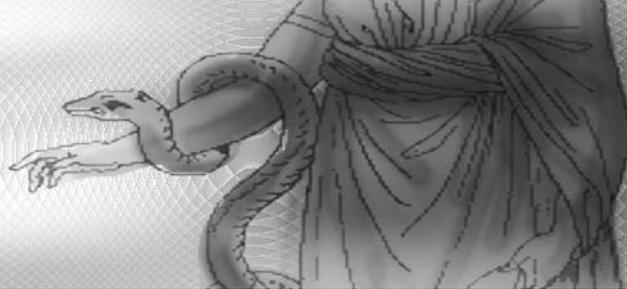


Hygieia



PERINATAL MORTALITY PROVOKES POLICY CONCERNS

The perinatal mortality rate in rural China is high and raises concerns over the one child policy. Routine family planning records in 20 eastern China townships were examined, with pregnancies followed up from registration to one week after birth. The overall mortality rate was 69 per 1000 births and was higher in the townships with lower income per capita. Early neonatal mortality was 46 per 1000 live births, and girls had a much higher risk, at 69 per 1000 live births compared with 29 per 1000 for boys—a phenomenon the authors suggest is “probably... a result of both the family planning policy and the preference for sons”. (*BMJ* 2003;**327**:1319–22)

HEALTH EFFECTS OF SOCIAL INTERVENTIONS

Social interventions, such as income supplementation, are considered key elements in reducing health inequalities, but little evidence exists to confirm whether or not they are effective. This is due in part to the inherent difficulty of applying experimental designs to social interventions and the associated ethical issues that can arise from randomising interventions required by all those applicable. However, the authors observe that randomising may in fact be the fairest way of rationing an intervention if so required, and that naturally occurring delays in the introduction of a new programme or intervention provide an excellent opportunity for randomisation. They also note that, in the absence of randomised studies, current knowledge gaps dictate that uncontrolled data may have to be accepted as “good enough”. (*BMJ* 2004;**328**:282–5)

DIAGNOSIS DIFFICULTIES IN MULTIPLE SCLEROSIS

The complex nature of multiple sclerosis (MS) makes it a difficult disease to diagnose with certainty, which in turn complicates data comparison of prevalence and distribution studies. A diagnostic classification suggested in the mid-1950s was used until the mid-1980s, when new criteria (the Poser criteria) were adopted, and has since been superseded by new diagnostic guidelines (the McDonald guidelines) suggested in 2001. A recent paper uses both the Poser criteria and McDonald guidelines to determine the prevalence of MS in one English

county, and though the results were similar, the authors did encounter problems when applying the new criteria. They suggest more studies are conducted using both criteria to shed light on how they are interpreted, and to uncover any discrepancies that may exist between old and new advice. (*J Neurol Neurosurg Psychiatry* 2004;**75**:56–60)

BLINDNESS IN TIBET

Blindness is a serious public health problem in Tibet, with women particularly badly affected. Over 12 000 people were examined across the autonomous region as part of the initial process of establishing a 10 year blindness prevention and treatment plan. The age and sex adjusted prevalence rate for blindness was 1.4%, while 10.9% were found to have visual impairment. Cataract was the major cause of blindness, followed by macular degeneration and corneal opacity. As usual, most of the blindness can be either treated or prevented, and the authors recommend that eye care planning in Tibet should concentrate on cataract, especially among women. (*Br J Ophthalmol* 2003;**87**:1443–8)

RISK FACTORS FOR BACTERIAL VAGINOSIS

Both sexual and non-sexual risk factors are important in the possible causation of bacterial vaginosis (BV). Researchers in Australia studied 890 BV patients and an equal number of controls, evaluating a wide range of demographic, clinical, sexual, and non-sexual risk behaviour data. Factors that were independently associated with BV included having more than three sexual partners in the previous year, one female partner in the previous year, a past pregnancy, and smoking. The authors suggest that the data are used to make preventive strategies for BV more effective, perhaps by discouraging smoking and by increasing the use of condoms and hormonal contraception. (*Sex Transm Infect* 2004;**80**:58–62)

HERPES RIFE IN RURAL COSTA RICA

Herpes simplex virus 2 (HSV-2) infection is highly endemic in rural Costa Rica, even among lifetime monogamous women. Over 1000 randomly selected women were tested to determine seroprevalence levels and corresponding risk factors. The overall age adjusted HSV-2 seroprevalence was 38.5%, with increasing age and greater number of lifetime partners the main risk factors. Barrier contraceptive use was negatively associated with seropositivity, leading the authors to recommend that condom use is increased in tandem with

sex education as preventative measures in the absence of a vaccination programme. (*Sex Transm Infect* 2003;**79**:460–5)

POSTPARTUM TEENS AND STIs

Postpartum teenagers are more vulnerable to sexually transmitted infections (STIs) than sexually active non-pregnant teens. Over 200 pregnant and 200 non-pregnant adolescents were recruited, interviewed, and tested three times for chlamydia and gonorrhoeae: the pregnant teens first during the third trimester and then at three and nine months postpartum; non-pregnant teens at baseline visit and then 6 and 12 months. New infections increased in pregnant teens from 7.1% at first follow up to 14.3% at the second, but remained stable in non-pregnant teenagers. Predictors of postpartum STI infection included number of partners per year of sexual activity and having a new partner recently. (*Sex Transm Infect* 2003;**79**:469–73)

EPSTEIN-BARR VIRUS AND HODGKIN LYMPHOMA

Epstein-Barr virus (EBV) associated and non-associated Hodgkin lymphoma (HL) are most probably two distinct aetiological entities. Researchers used data from a large population based case-control study of Hodgkin's that allowed, for the first time, generation of separate age and sex specific incidence curves for EBV associated and non-associated HL. One third of classic HL cases were EBV associated, and the diagnostic accuracy of HL was found to be good, although difficulties remain in diagnosing the elderly. The authors suggest that the differing incidence curves witnessed “support a four disease model of HL, with three groups of EBV associated HL and a group of non-EBV associated cases.” (*J Clin Pathol* 2003;**56**:811–16)

GUIDELINES SUPPORTED

Current UK guidelines demand that women who experience repeated inadequate cervical smears are referred for colposcopy. Their effectiveness has been questioned however, not least because colposcopy departments already struggle with waiting times and more referrals add to the problem. Data from a recent paper support the guidelines however, by showing that women with inadequate cervical smears had an increased risk of detection of cervical intraepithelial neoplasia in the five years after the smear. As the risk was not statistically significant, the authors recommend further studies with larger numbers of women as the next step. (*J Clin Pathol* 2003;**56**:592–6)

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