

Hygieia

AVM PREVALENCE IN LOTHIAN, UK

Brain arteriovenous malformation (AVM) minimum prevalence in the Lothian Health Board of Scotland was 15 per 100 000 adults in 1998. As AVMs account for about one third of primary intracerebral haemorrhage in young adults this may contribute to long term disability. Patients were sought retrospectively from multiple overlapping sources including family practitioners, physicians, and surgeons. Diagnoses were confirmed using case notes, brain imaging, and pathology reports. Capture-recapture analysis gave a prevalence of 18 per 100 000 adults, men were significantly younger than women on the prevalence date. Of those meeting inclusion criteria 27% had radiological evidence of AVM therapeutic obliteration and 10% had coexisting aneurysms. AVM prevalence has implications on the provision of healthcare services. (*J Neurol Neurosurg Psychiatry* 2002;**73**:547-51)

S Kochhar

BETTER KNOWLEDGE TO FIGHT BLINDNESS

An improvement in public health awareness may help prevent blindness due to common eye ailments. Researchers studied causes of adult visual loss and public awareness of common ocular diseases through the use of eye examinations and interviews in a randomly selected group of people aged 40 and over. They found that only 22.9% of the study people could properly describe the symptoms of cataract and that just 40% knew that surgery is the best treatment for the disease. The researchers recommend the implementation of public health awareness programmes to fight preventable blindness. (*Br J Ophthalmol* 2002;**86**:1080-4)

S Bagchi

SIMPLE THINGS IN HEAD INJURY

Simple emergency treatment and follow up measures may help facilitate both short term prognosis and long term surveillance of head injury patients. Researchers studied 1000 patients and analysed short and long term outcomes following a randomised placebo controlled trial of 48 hour corticosteroid infusion, started within eight hours of injury. By using simple outcome measures like age, Glasgow Coma

Scale, and postal information, the researchers obtained 99% of short term and 93% of long term results; including a 34% good recovery result after six months. They recommend implementation of simple measures for both emergency management and follow up of head injury cases. (*Emerg Med J* 2002;**19**:510-14)

S Bagchi

BMI, OBESITY, AND ASTHMA

A longitudinal study of aging men from the greater Boston, (MA, USA) area has shown that low and high body mass index (BMI) in adult men are associated with asthma. The aim of the study was to try and explain the association between the rising prevalence of asthma and obesity. The study found that men with an initially low BMI but who put on weight in later life seemed to be at greater risk of developing asthma. These results implicate further mechanisms involved in the observational association of obesity and asthma. (*Thorax* 2002;**57**:581-5)

R Shakur

JOINT DISEASE IN SWEDEN

The annual incidence of inflammatory joint diseases has been calculated as 115 per 100 000 in a population based study in southern Sweden. The prospective study, lasting one year, identified a total of 151 new cases of inflammatory joint diseases by looking at referrals to the rheumatology department of the local hospital or to the only private rheumatologist, as well as looking at hospital records. Of the new cases, 36% had undifferentiated arthritis, while rheumatoid arthritis and reactive arthritis made up 45% of the cases. A follow up study is planned to discover how many patients with undifferentiated arthritis later develop rheumatoid arthritis. (*Ann Rheum Dis* 2002;**61**:911-15)

V Katikireddi

FOOD FIGHT GETS SERIOUS

Foodborne disease halved in incidence between 1992 and 2000, but hospital admissions fell by only 3%, and the main culprit pathogens for serious disease are campylobacter and the salmonellas. The UK Food Standards Agency (FSA) aims to reduce foodborne illness by 20% by 2006;

this descriptive study provides a useful baseline. Most GP consultations, hospital admissions, and hospital bed days are attributable to campylobacter infection, and salmonellas are the leading cause of death, followed by *Clostridium perfringens*. Achieving the FSA target requires better control and prevention of campylobacter infection. (*Gut* 2002;**51**:832-41)

M Simpson

REVASCULARISATION NEED EXCEEDS DEMAND

Coronary revascularisation in England is grossly underprovided relative to need, and this disparity is greatest among the over 75s. Researchers compared current patterns of referral, investigation, and treatment to a model of population need for coronary revascularisation. This model was based on the population prevalence of the clinical presentations of coronary disease, randomised controlled trial evidence of benefit, and the consensus of an expert panel on the appropriateness of revascularisation in the various clinical situations. Estimated need exceeded current provision by 3.3:1 overall and 7.7:1 among the over 75s, showing that current government targets for increasing revascularisation procedures are justified, and may even underestimate the need for change. (*Heart* 2002;**88**:627-33)

M Simpson

RETINOPATHY IN INDIA

There is no major difference in the prevalence of diabetic retinopathy among people with self reported diabetes in rural or urban areas. The Pallakad eye disease survey in India sampled 5666 people over 50 years old and found that the prevalence of diabetic retinopathy was 26.8% compared with 22.4% in a nearby urban population. They also found a comparatively low prevalence (1.3%) of diabetic retinopathy and blindness as a consequence (0.03%). Because of the projected increase in the number of diabetic people in India from 19 to 57 million between 1995 and 2025, the existing pattern of blindness may change. Preventive strategies in India have to evolve to ensure that blindness as a consequence of retinopathy does not become a public health problem. (*Br J Ophthalmol* 2002;**86**:1014-18)

T Okoro