

IN THIS ISSUE

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SALUTING GOOD HEALTH

In this issue we salute Aaron Antonovsky and his salutogenesis theories. Antonovsky features in our Gallery; we also have an Editorial and linked article on multilevel models of social epidemiology, and specific contributions on salutogenesis in the forms of:

- a Glossary from the Nordic School of Public Health in Gothenburg;
- a Research Report that seeks to test differences between concepts of ill health;
- a prospective study of sense of coherence and disability pensions, using the sense of coherence measure;
- a systematic review of the use of Antonovsky's sense of coherence scale.

To outsiders coming into the field of health, it is often a puzzle that we are so obsessed with sickness and pathology, and so little interested in health and the factors that go to determine it. Cynics familiar with the planned obsolescence of household appliances and motorcar parts might not be surprised that medical practitioners and health care workers should be so reluctant to study the causes of ill health when this might seem to lead to taking the bread out of their own mouths (see George Bernard Shaw¹), but one might expect that government departments of finance might be more interested in channelling resources on the salutogenic determinants of health, rather than down-stream salvage. As our thinking about these matters matures, we might expect a greater focus on researching positive health—on those islands of health in seas of sickness—than the constant drip, drip, drip of risk factors and pathologies. It is most timely to review Antonovsky's work and to give it the focus that this issue of the *JECH* provides.

See pages 438, 443, 440, 450, 455, 460, 511

A further contribution this month, which is also relevant to this discussion, is the philosophical analysis of the Hill criteria on causality. This distinguishes between those criteria of coherence, plausibility, and analogy that are related to a generative view of causality, whereas the criteria of strength, specificity, consistency, experiment, and biological gradient are related to a probabilistic regularity view, and the criterion of temporality is not related to either.

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Other research findings this month include:

- that there is no evidence that maternal diet and pregnancy has an important influence on offspring height, sitting height, or leg length in well nourished populations in childhood;
- shorter length of gestation is associated with higher risk of mortality from cerebrovascular disease, but not with ischemic heart disease;
- the relation between birth weight and skeletal growth has been confirmed: the effects of fetal growth and factors operating in early life seem to be mediated through achieved adult height and adult lifestyle. Promotion of a healthier adult lifestyle would seem to be the public health intervention most likely to reduce the risk of poor bone health in middle age (this from the Newcastle thousand families cohort study at age 49 to 51 years);
- at least some of the observed social gradients in circulatory mortality arise from inequalities in environmental exposure to background and traffic air pollutants;
- the sex discrepancy in insomnia (women have higher levels than men) was not explained by socioeconomic status in Taiwan;
- health inequalities increase as people age, and are associated with low autonomy, rewards, and security. Social mobility dilutes or constrains the social gradient;
- there was no evidence of an increased risk of vascular disease from milk drinking. In contrast, subjects who drank more than the median amount of milk had a reduced risk of an ischaemic stroke, and possibly a reduced risk of an ischaemic heart disease event;
- in the case of colorectal cancer, women are less likely than men to be re-admitted to the hospital, even after controlling for tumour characteristics, mortality, and comorbidity;
- the way in which we conceptualise space during analysis of health research influences the understanding of place effects on health.

See pages 467, 473, 475, 481, 488, 495, 502, 506, 517

In Theory and Methods we have a call for reporting the relevant exposure term in air pollution case-crossover case studies.

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Finally, McQueen and Puska's book on *Global Behavioural Risk Factor Surveillance* may be worth a look.

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Reference

- 1 Ashton JR. "All professions are conspiracies against the laity" (George Bernard Shaw). *J Epidemiol Community Health* 2003;57:161.