



# Hygieia

## MISLEADING MEASUREMENTS MAY MEAN MISDIAGNOSIS

Routine measurement of blood pressure in people under 35 is more likely to misdiagnose hypertension than to do so correctly. After secondary analysis of a large dataset of individual patients' blood pressure, it was found that correct diagnosis for treatment was highest in older people and lowest in younger people: of 36 men aged 16–34 who were classified as needing treatment, only 11 still did after secondary analysis. The author suggests that clinicians should therefore diagnose hypertension with caution in people aged under 35, as 10 year coronary risk rarely exceeds 5%. (*BMJ* 2004;**328**:933)

## CANADIAN CHILDREN, ELECTRICAL DEATH, AND INJURY

Male Canadian children are much more likely to be killed or injured by electricity than girls. In a survey of all electricity related deaths and injuries in Canada between 1991 and 1996, all but one of the 21 children killed by high voltage electrocution were male. Younger children (5–9 years) were more likely to die as a result of playing on or near electrical installations such as substations, while older victims were more likely to be killed while working in or around the house. A total of 606 electrical injuries were reported: 60% occurred in boys, and 70% of those hospitalised by their injuries were male. The most common cause of injury was a child placing an object or finger in an electrical outlet or device, prompting calls for improved education programmes. (*Injury Prevention* 2004;**10**:122–4)

## GOING POSTAL TO IMPROVE OUTCOMES

Children admitted to hospital for mild to moderate head injury (HI) often do not receive routine follow up despite being at risk of poor outcomes. A postal follow up was carried out on all children who were admitted with HI to one UK NHS Trust

between 1992 and 1998. The parents of 526 children (classified by severity of HI as severe, moderate, or mild) and 45 controls completed questionnaires that explored changes in the child's behaviour after HI. A high prevalence of persistent problems were found, and increased in frequency according to severity of injury. Just 30% of parents reported that a follow up appointment had been offered to their child, leading the authors to suggest that postal follow up could be used in future to help identify children who may benefit from further assessment. (*J Neurol Neurosurg Psychiatry* 2004;**75**:737–42)

## SOCIOECONOMIC STATUS AND ASTHMA

Previously reported associations between socioeconomic status in childhood and asthma may be due to confounding, according to a recent paper from New Zealand. A birth cohort from 1972–3 were regularly assessed through childhood and into adulthood, and the results analysed with and without potential confounding influences such as smoking, parental history of asthma, and breast feeding. No consistent link was found between socioeconomic status and asthma prevalence, lung function, or airway responsiveness at any age, thereby contradicting findings from several previous studies, many of which, the authors state, were unable to satisfactorily control for possible confounding factors. (*Thorax* 2004;**59**:376–80)

## ALLERGIC DISEASES IN ADOLESCENTS

The prevalence of self reported asthma and other allergic diseases has fallen substantially in the UK recently. The authors surveyed symptoms of atopic disease throughout the country in 1995, then repeated the process in 2002. In that time, the prevalence of any wheezing or whistling in the chest in the previous 12 months saw a relative reduction of 19%. Frequent asthma attacks and speech limiting attacks had even greater proportional falls, at 35% and 24% respectively. Atopic eczema dropped by 30%, and symptoms of allergic rhinoconjunctivitis fell by 16%. The authors do not explore the possible reasons for the drop, but rapid responses received subsequently by the journal suggest that improved diet may play an important part. (*BMJ* 2004;**328**:1052–3)

## BYPASSING ATMOSPHERIC POLLUTION

The construction of a bypass road successfully reduced pollutant levels in a previously congested area by drawing traffic away from it. A respiratory survey was conducted among residents before and after the construction of the bypass. The results showed an alleviation of rhinitis and rhinoconjunctivitis but little effect on the lower respiratory health, despite a considerable reduction in atmospheric pollution levels. The authors recommend that monitoring health effects should be part of the process when implementing future traffic congestion reduction measures. (*Occup Environ Med* 2004;**61**:212–18)

## SIDS STILL MORE LIKELY AT WEEKENDS

A higher incidence of sudden infant death syndrome still exists at weekends in the UK, despite the overall reduction in prevalence after the "Back to sleep" campaign of the early 1990s. Researchers compared the data on infants dying before (1986–90) and after (1993–98) the campaign, which publicised that babies should be put to sleep on their back to reduce the risk of SIDS. In both periods the observed weekend incidences were much higher than expected, and the weekend effect was more pronounced in younger infants. The findings have implications for the provision of support to high risk families. (*Arch Dis Child* 2004;**89**:670–2)

## DATA AID VIOLENCE REDUCTION

Effective use of data on the locations and times of violence experienced by accident and emergency patients was a powerful method of bringing about a future reduction in that violence. In Cardiff, UK, data from assault patient questionnaires were sent monthly to the police, city authorities, and local media, leading to increased resources and attention paid to the problem; the police, for example, initiated covert and overt interventions, and transport authorities established new, more regular, public transport timetables. The authors emphasise that the key factors in the success of the scheme were the effective communication and collaboration between all parties, the efficient organisation of the data, and the active commitment of the emergency medical specialists to collect and disclose the data. (*Emerg J Med* 2004;**21**:473–7)

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