This month • plasma fibrinogen • obstetric care • AIDS • folk 'flu • women doctors • psychiatric patients • prostrate cancer • breast feeding

Plasma fibrinogen and heart disease: smoking and genetic factors

The Northwich Park Heart Study has shown strong associations between high levels of clotting factors (factor VII coagulant activity and fibrinogen concentration) and the risk of subsequent ischaemic heart disease in men. High levels of one or both factors are also associated with characteristics known to increase the risk of heart disease. In a study of 2023 white men the Northwick Park team have confirmed that fibrinogen concentrations were significantly higher in the 1002 current smokers than in the 518 ex-smokers and that the longer the men had smoked the higher the fibrinogen levels. In ex-smokers fibrinogen levels seemed to fall soon after smoking was discontinued but it took over five years for levels to fall to those of life-time non-smokers.

From prospective data the authors calculate that giving up smoking reduces the life-time risk of ischaemic heart disease by about 20% and taking up or resuming smoking increases the risk by a similar amount. Particularly interesting are the results on cigar smoking — switching from cigarettes to cigars was associated with a large increase in fibrinogen which the authors attribute to smokers continuing to inhale cigar smoke. Indeed they quote another study showing that, contrary to accepted wisdom, pipe smokers may have similar rates of heart disease to cigarette smokers. There may be some comfort, however, for those who have other vices — there was a small decrease in fibrinogen with inceasing consumption of alcohol, suggesting some proteetion against heart disease with moderate consumption.

The study also adds to the data on social class differences; men in lower social classes had a greater increase in fibrinogen levels during the six year follow up period than men in the upper classes, after allowing for differences in smoking, alcohol consumption and body mass index. This effect seems to correspond with the greater incidence of heart disease in the lower social classes and also the divergence over time in mortality ratios between the upper and lower classes. This theme is continued in another paper in the same issue of the *Lancet*, which looks at genetic and cultural inheritance of plasma fibrinogen concentration. A study in Sweden compared 85 families of men who had survived an early myocardial infarction (under 45 years old) with 85 randomly selected families. Fifty-one per cent of the variance in plasma fibrinogen level was accounted for by genetic heritability, whereas the effect of personal and environmental factors was negligible. The combined effect of obesity and smoking explained only 3% of the variance in fibrinogen level. The authors propose that plasma fibrinogen is a primary risk factor for coronary heart disease rather than a reflection of the severity of disease.

Sources: Meade TW, Imeson J, Stirling Y. Effect of changes in smoking and other characteristics on clotting factors and the risk of ischaemic heart disease. *Lancet* 1987; **2**: 986-988. Hamsten A, De Faire U, Iselius L, Blombäck M. Genetic and cultural inheritance of plasma fibrinogen concentration. *Lancet* 1987; **2**: 988-990.

Obstetric care: generalists versus specialists

More evidence, this time from Canada, that general practitioner obstetric care may be better than than of hospital doctors is shown in a pilot study at two Montreal teaching hospitals where 93% of women are cared for by obstetricians. Eighty-one low-risk women booked for delivery by family physicians at both hospitals were matched for age, parity, blood pressure, gestational age and socioeconomic status with 81 women booked for delivery by obstetricians at the same hospitals. Women delivered by family physicians experienced fewer artificial ruptures of membranes (36% versus 56%), inductions of labour (12% versus 36%), episiotomies (48% versus 62%) and forceps deliveries (20% versus 27%) than those delivered by obstetricians, although no formal statistical analysis was performed. The women also spent a shorter time in hospital despite having had longer second stages of labour. Outcome for the babies was similar for both groups.

Source: Rosenberg EE, Klein M. Is maternity care different in family practice? A pilot matched pair study. *J Fam Pract* 1987; **25**: 237-242.

Behavioural changes and AIDS

With no vaccine or cure available yet for the acquired immune deficiency syndrome (AIDS), widespread behavioural change in the population is the only weapon against the spread of disease. Although there are reports that homosexual men at risk for AIDS are making changes in their behaviour there is little information about what factors have influenced them to change. In a survey of 637 homosexual men in Chicago, self-reports of sexual behaviour confirmed that reductions in behavioural risk had occurred over a six month period. The men were most likely to reduce transmission of human immunodeficiency virus (HIV) by decreasing the number of anonymous sexual partners, by becoming monogomous and by modifying receptive anal sex using withdrawal or condoms. The latter may explain why relatively few of this group were avoiding receptive anal sex completely.

The results also suggest that those who feel themselves to be at increased risk may be even less likely to develop appropriate changes in behaviour. The authors conclude that widespread HIV antibody testing of at risk populations may be counter-productive as a way of motivating behavioural change.

Source: Joseph JG, Montgomery SB, Emmons CA, *et al.* Magnitude and determinants of behavioural risk reduction: longitudinal analysis of a cohort at risk for AIDS. *Psychology and Health* 1987; **1**: 73-96.

Patients' use of medical terms

Despite the best intentions and intensive video-based training, the opportunities for communication problems with patients are always with us. The dangers of failing to elucidate the precise meanings of commonly used terms are illustrated by this account of the experience of an anthropologist working in an infectious disease surveillance unit in the south western United States.

In lay terms 'flu is an entity embracing a wide variety of illnesses, particularly gastrointestinal problems such as giardiasis, viral hepatitis, and infections with salmonella, shigella and campylobacter. This confusion is rendered meaningful by understanding the function the term has for the lay society: it becomes a label that is easy to apply to any febrile illness. It does not blame, and therefore does not stigmatize the individual concerned, and easily legitimizes absence from responsibilities. It also carries the reassurance that the condition will not last long and recovery will come quickly, and all in a way that is socially acceptable. 'Flu constitutes a 'specific ambiguity'. The equivalent for clinicians is the term 'viral syndrome', which, like the lay population's 'flu, does not correspond to a specific clinical entity, but fulfils a similar function, carrying the message of a self-limiting, socially acceptable illness. Both

of these phenomena may inhibit the work of epidemiologists working in disease control by reducing or delaying the volume of disease reporting, and the author quotes examples, particularly of gastrointestinal infections, where diagnosis or treatment was delayed by use of these terms.

The range of symptoms included in UK folk 'flu are probably not identical with those reported here. However, the function that these terms fulfil has a familiar ring to it, as does the author's suggestion that clinicians' explanatory models are closer to those of the lay public than they are to those of epidemiologists.

Source: McCombie SC. Folk flu and viral syndrome: an epidemiological perspective. *Soc Sci Med* 1987; **25**: 987-993.

Women in medicine

Two papers in *Medical Education* have examined the career patterns and problems of women medical graduates. In a survey of all women doctors who qualified in 1974, Dr Pamela Stephen from Perth Royal Infirmary describes the patterns of employment and choice of specialties of the 295 respondents to her questionnaire. Eight-two per cent of them were married: almost half of these were married to doctors; and 85% had children. Almost 90% were in employment at the time of the survey; general practice was the most popular specialty (46.4%) followed by psychiatry (6.5%), anaesthetics (5.3%) and paediatrics (4.2%). One quarter of the sample were principals in general practice and just over 10% were hospital consultants. Almost all (93%) of the respondents planned to continue working.

Most of these women have continued in full- or part-time employment for most of the 10-year period since qualification, despite having to cope with the triple challenge of career, family needs and possible conflicting demands of their partners' careers. Many of the women expressed a need for more career advice at all levels of training and for more training in the community based specialties.

In a report of a workshop held in the Northern region, Proctor and Roberts challenged the idea that most women prefer a job with less responsibility than a consultant; most of their respondents had well thought-out career plans and had resolved the dilemmas posed by combining career and family commitments. A small group of women, who tended to be older and to occupy more junior grades, were identified as being confused about how the career/children conflict could be resolved. The authors concluded that if women hospital doctors are going to 'make it' in an increasingly competitive medical marketplace, they need to become much clearer about their own choices and priorities.

The last paragraph of their paper bears repetition:

'At a time when more and more ways of cutting costs are being sought and manpower projections indicate a surplus of doctors in the near future the temptation to use the large group of women doctors with domestic commitments as a 'medical reserve' must have its attractions. It would be expedient if this group were seen as wanting this role, thus lessening the ever-intensifying pressure in the job market. Options are narrowing throughout the profession and any step off the increasingly rigid career ladder, whether to broaden one's medical experience or to have a family, may well become a risky one. Our survey shows clearly that women doctors do not want the role of "the useful pair of hands" — they have shown that it is possible to combine family commitments with a fully adequate training and they wish to fill the career posts for which that training was designed.'

Sources: Stephen PJ. Career patterns of women medical graduates 1974-84. *Med Educ* 1987; **21**: 255-259. Proctor S, Roberts S. Hard times — hard choices: positive decision-making for part-time women doctors. *Med Educ* 1987; **21**: 260-264.

The elderly in psychiatric hospitals

The policy of integrating long-term psychiatric patients back into 'the community' has on the whole continued to win wide approval, combining as it does apparent cost containment, notions of self-help and negative feelings towards Victorian institutions. However, there is probably no advance in medicine that can be brought about without any cost.

This report, the sixth quinquennial survey of inpatients staying for more than three months in a psychiatric hospital in Bristol, paints a depressing picture of life for those remaining in institutions. In 25 years the population of the hospital has fallen by 64% (during the same period the national fall was 50%), and aged progressively; in 1985 30% of residents were aged 75 years and over. Only a handful were working outside the hospital, and the number working in the hospital industrial therapy workshop had fallen. Fifty per cent of the patients in hospital for more than five years did not go out and were rarely visited. Staffing levels only rarely permitted time for nurses to arrange trips out. The final conclusion was that the hospital population will continue to fall at a decelerating rate.

The paper points out the implausibility of aiming to discharge elderly psychiatric hospital residents to a friendless world. The patients in this survey would require not only supervised accommodation, but also a full range of day care facilities, including better financial support. Although not openly stated, the authors seem to be telling us that they cannot see the end of psychiatric hospitals without enormous, planned improvement in support services in the community.

Source: Ford M, Goddard C, Lansdell-Welfare R. The dismantling of the mental hospital? Glenside hospital surveys 1960–1985. *Br J Psychiatry* 1987; **151**: 479-485.

New marker for prostate cancer

A new marker for cancer of the prostate, prostate specific antigen (PSA), has been shown to be superior to the traditionally used marker prostatic acid phosphatase (PAP). Levels of prostate specific antigen were elevated in 122 out of 127 patients with newly diagnosed, untreated prostatic cancer, including seven out of 12 patients with unsuspected early disease and all of the 115 at a more advanced stage. The level increased with advancing clinical stage and was proportional to the estimated volume of the tumour. In contrast, prostatic acid phosphatase levels were increased in only 57 of the patients with cancer and correlated less closely with tumour volume. Prostate specific antigen was also more useful in detecting residual and early recurrence of tumours and in monitoring responses to radiation therapy.

Source: Stamey TA, Yang N, Hay AR, *et al.* Prostate-specific antigen as a serum marker for adenocarcinoma of the prostate. *N Engl J Med* 1987; **317**: 909-916.

Eczema and breast feeding

Here is a small corrective to those true believers in breast feeding. A previous study, of 475 children born to families with a history of atopy, found that although breast feeding delayed the onset of eczema — significantly fewer breast-fed babies had eczema at three and six months — the difference had disappeared by the age of one year. A review of 457 of the same children at five years of age has now found no difference in the incidence of eczema or asthma between the originally breast fed and bottle fed children.

Source: Midwinter RE, Morris AF, Colley JRT. Infant feeding and atopy. *Arch Dis Child* 1987; **62**: 965-967.

Contributions to *Digest* are welcome. Abstracts should be between 100–350 words, typed double spaced and quoting the full reference source. They should preferably be from research papers appearing in recent months. Send to: The Editor, Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE.