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## Promoting prevention

IT is now two-and-a-half years since the College published the first three of its reports from general practice on prevention. It was in February 1981 that 33,000 of these booklets were posted with the *Journal*, marking the opening salvo of a national campaign. *Health and prevention in primary care* (No. 18) was the co-ordinating, or key, document and it was accompanied by *Prevention of arterial disease in general practice* (No. 19) and *Prevention of psychiatric disorders in general practice* (No. 20). Six months later saw the publication of *Family planning—an exercise in preventive medicine* (No. 21) which was followed in July 1982 by the last and the lengthiest of the series, *Healthier children—thinking prevention* (No. 22).

This set of documents was produced to initiate a debate about prevention in health care, and this it has done. The interest generated has been substantial and some of the reports have become regular references in the medical literature. Only in April the Thames Valley Faculty ran a most successful symposium before the RCGP Spring meeting on 'Aspects of prevention' which stretched the minds of all who attended.

Now the final link in the chain has been forged. Another working party, under the chairmanship of Dr Colin Waite, has produced a discussion document<sup>1</sup> which is intended to pull together some of the main threads running through five reports and above all to identify practical steps which can be taken now to implement preventive care.

The document includes a carefully thought-out list of recommendations which, if implemented, would make a substantial impact. The College cannot act alone. It can and does exhort and enthuse but at the end of the day progress must depend on co-operation between many individuals and organizations. This new publication is therefore being sent to many organizations, both medical and non-medical, and is available to the public for discussion.

### Reference

1. *Promoting Prevention, Occasional Paper 22*, is available now from the Publications Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £3.00. Payment should be made with order.

## Hormonal defects in patients with anorexia nervosa

Previous studies have indicated that many patients with anorexia nervosa have defects in urinary concentration or dilution suggestive of abnormal secretion of the antidiuretic hormone arginine vasopressin. We examined the response of plasma vasopressin to intravenous hypertonic saline in anorexic patients before and after correction of their weight loss. Basal levels of the hormone in the cerebrospinal fluid were measured. In all four subjects studied, before correction of weight loss, the response to hypertonic saline was abnormal: in one, the plasma level of arginine vasopressin increased subnormally relative to the plasma sodium level; in the other three, it fluctuated erratically, with no relation to plasma sodium. These defects persisted in the three patients studied three to four weeks after recovery of body weight. In two patients who were initially studied

when they were underweight, the defects were gone six months after recovery; in five of seven other patients the response was normal at least six months after recovery but not while they were underweight. Abnormalities in the osmoregulation of plasma arginine vasopressin were not accounted for by nonosmotic stimuli and were almost always associated with an absolute increase in the level of arginine vasopressin in the cerebrospinal fluid or a reversal of the normal (< 1.0) cerebrospinal fluid/plasma ratio of arginine vasopressin. These results indicate that most if not all patients with anorexia nervosa have abnormal levels of arginine vasopressin in their plasma and cerebrospinal fluid that are corrected very slowly with weight gain. The cause and consequences of these abnormalities remain to be determined.

Source: Gold PW, Kaye W, Robertson GL, *et al.* Abnormalities in plasma and cerebrospinal-fluid arginine vasopressin in patients with anorexia nervosa. *N Engl J Med* 1983; 308: 1117-1123.