

# NEWS

## Contents

Prevention of coronary heart disease .....	45
Practice libraries; AIDS conference; Police doctors conference .....	46
Effects of a nuclear war .....	47
College staff changes; New professor .....	48

Honorary Editor: Dr Edwin Martin  
Editor: Janet Fricker

## Coronary workshop

**I**N November a joint workshop by the RCGP and DHSS called for a new population strategy to identify men at risk from coronary heart disease.

The workshop "Prevention of Coronary Heart Disease through Primary Care" which is part of the DHSS "Heart and Health Campaign" was based on a Royal Free Hospital study, which had devised a strategy to help general practitioners identify patients at high risk from heart disease.

Professor Gerry Shaper, from the Royal Free, is now recommending opportunistic screening for all middle aged men whenever they visit the practice. He said that the management of high risk people has to be tailored to personal characteristics and that men identified as being at risk should make repeat visits to assess any changes and reinforce health education.

The data on which the screening score is based was derived from the British Regional Heart Study, which examined 7735 men aged 40 to 59 who had been randomly selected from the age/sex registers of practices in 24 English and Welsh towns.

In the study details of each participant's blood pressure, body mass index, serum lipid concentrations, smoking behaviour, electrocardiographic abnormalities, angina and recall of any doctor's diagnosis of heart disease were recorded. Then all the men were followed up for morbidity and mortality for eight years, and from this they calculated how a subject's chance of suffering ischaemic heart disease was associated with his observed level of a risk factor.

For each risk factor the participants were ranked in order of magnitude for their measurement and then were divided into five groups of roughly equal sizes. For each fifth the number of cases of ischaemic heart disease that occurred were used to calculate the risk of it occurring in that group. Then for each factor the

relative risk was expressed by the rate of heart disease in men in the highest fifth to the rate for men in the lowest fifth. Body mass index was found to have a relative risk of 1.8, diastolic blood pressure 3.0, serum total cholesterol 3.1, age 4.7 and smoking years appeared the greatest danger with a risk of 5.1.

These factors were taken into account in the risk score scheme which was devised for calculating risk factors and pre-existing disease. The modified score was assessed by taking into account age, years smoked, blood pressure, cholesterol levels, ECGs, angina, if parents died of heart disease and whether the patient was diabetic.

"We are not suggesting a massive diversion of funds, but are saying that this is one simple tool that doctors could be using to identify people who need special attention?"

They are particularly concerned by smoking, because data now suggests that people who have given up do not achieve benefits as fast as had been hoped.

"People should be involved in the game of never starting smoking and should stop as soon as possible," said Professor Shaper.

They believe that smoking is the main factor responsible for social class differences in the incidence of coronary heart disease. There is now evidence that manual workers in social class III have a higher incidence of coronary heart disease than non-manual workers and that smoking is responsible for this difference.

There was controversy at the meeting as to whether doctors should be including measures of levels of plasma fibrinogen and cholesterol in their assessments. Dr Maurice Stone felt that if doctors were not going to measure fibrinogen and cholesterol levels they would miss out on a lot.

"They need to put a needle in a vein just as much as using a sphygmometer," he said.

Dr Andrew Haines said that although the idea that elevated levels of fibrinogen

and factor seven may be risk factors was an exciting new development he still felt that it was a little premature to start looking at them as factors that needed assessment.

Professor John Catford was concerned that doctors would be spending their energy identifying groups that were beyond help when they might do better concentrating on people who had not yet developed the illness.

Dr Geoffrey Fairhurst had the interesting idea that there might be a connection between the use of diuretics and the increasing prevalence of coronary heart disease. He explained that diuretics can have the side-effect of increasing uric acid concentrations and that this could interfere with lipid metabolism by altering the ratios of LDL and HDL in a detrimental fashion.

"We are in agreement that some sort of population strategy ought to be devised, but the problem remains as to who should be trained to do this job because most doctors do not relish the prospect of being health educators," said Professor Shaper in his summing up.

He said that the question remained as to how they should best motivate doctors to become more involved.

Janet Fricker

## Thesis request

Members of the Royal College of General Practitioners are being asked to donate copies of their higher degree theses on general practice to the Information Resources Centre.

The College is trying to build on its existing Collection of 152 theses to create a valuable research resource.

Leonard Malcolm, the Library Services Manager, said: "We are hoping for a good response from members to help us expand this unique collection."

Authors with contributions should contact Leonard Malcolm at the College.

# Stuart Librarian

**T**HIS month sees the launch of the College's Stuart Librarian Research Project which over the next year will be reviewing the current state of libraries in general practice with the intention of formulating comprehensive guidelines.

Practice libraries are becoming an important growth area. The size of group practices and health centres, the growth of vocational training schemes and the explosion in medical information are forcing general practitioners to look more critically at their collections of books and periodicals.

But Dr Douglas Garvie, the College treasurer, says: "Many older doctors have not been educated in a way that makes them recognize the importance of continued reading, and general practitioners are on the whole reluctant to spend money on material they see as ephemeral."

The Joint Committee on Postgraduate Training in General Practice have criticised the lack of books and journals in practices and the limited contribution reading seems to make to vocational training. The Joint Committee has agreed that from January 1987 all training practices should have libraries containing a selection of books and journals relevant to general practice.

---

**Practices need not pay out enormous sums of money on their libraries because doctors get lots of material coming in free**

---

Stuart Pharmaceuticals Limited are sponsoring Miss Margaret Hammond, the College librarian, to undertake a number of visits to practice libraries.

Miss Hammond, who has worked at the College for the last 20 years, said: "I am basically going on a fact finding mission to see if we can devise simple organizational guidelines for practice libraries."

Miss Hammond says that a small collection, well used, can often be more valuable than a large unused collection.

"Practices need not pay out enormous amounts of money on their libraries because doctors get lots of material coming in free which can be quite useful if properly organized."

She suspects that a lack of space is the main reason why practice libraries have not grown as fast as they might have done. She added that motivation was also a problem because doctors are often too

Leonard Malcolm



Margaret Hammond

busy to look after the libraries themselves and lack the financial resources to employ someone especially for the job.

"I can't properly predict the problems of libraries organized by non-professionals until I've started my visits to practices," said Miss Hammond.

At the end of this year Miss Hammond will be writing up the project's findings and recommending guidelines to meet the information needs of the practice team.

Dr Garvie, a library enthusiast, employs a retired librarian to look after his practice's library.

"She spent about 60 hours setting up the catalogue and now comes in once a fortnight for two or three hours to keep the whole thing ticking over," said Dr Garvie.

The library's running costs of approximately £200 per year are paid by the partners out of their own pockets.

"But if all general practitioners in the country spent £100 a year on their libraries the whole amount could come back through the expense element of the remuneration," said Dr Garvie.

Practices interested in being visited by the Stuart Librarian should write to Margaret Hammond at the College, enclosing a brief description of the type and size of practice, the state of development of the library and any problems that have arisen concerning the organization.

Miss Hammond also wants to hear from practices with no library problems.

"I particularly want to highlight 'good ideas' so that other practices can copy them," she said. □

Janet Fricker

## AIDS conference

Coping with people with AIDS (Acquired Immune Deficiency Syndrome) and its causative virus, HIV (Human Immunodeficiency Virus) in hospitals and the community is an increasing problem partly because the dangers of AIDS in the wider community and even among health care workers have been distorted by misinformation and prejudice.

The aim of a three day conference *Caring for AIDS — a multi-disciplinary approach* to be held in London next year is to provide health care workers with factual information to help them to cope with AIDS. The scientific and medical facts will be presented, infection control and other practical aspects considered and the broader social repercussions discussed.

Information brochures about the conference, which is being held in London University's Logan Hall at the Institute of Education from April 4 to 6 next year, will be obtainable from faculty secretaries. □

---

## MEDICAL POLICING

General practitioners doing part-time work for Police Authorities and others concerned with medico-legal matters are being invited to attend *The First World Meeting of Police Medical Officers* in Wichita, Kansas USA from 10 to 14 August 1987.

Despite the congress's confusing title it is a general meeting covering all personnel engaged in the medical aspects of people in police custody. The meeting is intended for generalists as well as specialists and hopes to attract doctors, lawyers, psychiatrists and police officers. The aim is to discuss and compare the medical aspects of law enforcement and policing in various countries around the world.

It will be the first meeting of its kind and will cover subjects as diverse as sexual offences, child abuse, alcohol and drugs problems, the mentally ill in police custody, court procedures and education of forensic staff.

Dr Ivor Doney, the conference's United Kingdom contact, welcomes ideas and invites doctors to address the conference on their own special interests and unusual case histories. Suggestions should be sent to Dr Doney at "Hazeldene", Hazel Avenue, Chapel Green Lane, Bristol BS6 6UD. Telephone (0272) 733110. □

# SCOPE REPORT

**T**HE view of many doctors is that the effects of a nuclear war would make their role irrelevant. If the medical profession considers preventive medicine to be of paramount importance one could argue that this should be extended to preventing nuclear war, which might result in the destruction of the human race.

In the summer of 1982 300 scientists from 30 countries in both east and west met to determine the environmental consequences of nuclear war. The scientists belonged to the Scientific Committee on the Problems of the Environment (SCOPE) which was one of a number of committees established by the non governmental group of scientific organizations, The International Council of Scientific Unions (ISCU).

The SCOPE project was published earlier this year and the authors have asked scientific organizations to inform their members of its implications.

The projects's steering group con-

cluded that many of the serious global environmental effects are sufficiently probable to require concern. They stated: "Because of the possibility of a tragedy of an unprecedented dimension, any disposition to minimize or ignore the widespread environmental effects of a nuclear war would be a fundamental disservice to the future of global civilization."

The SCOPE report agreed with the scientific theory that increased carbon in the atmosphere would result in the production of a 'nuclear winter'. Even under normal conditions the burning of wood paper and fossil fuels in urban areas produces enough carbon to absorb high proportions of sunlight. It has been calculated that 30 million tons of carbon in the upper atmosphere could reduce the sunlight reading on the ground by 90 per cent but the SCOPE report says that 50 to 150 million tons of carbon would be likely after a nuclear war.

If the nuclear exchange occurred in the summer in the northern hemisphere the

effect would be much greater than if it happened in winter. Large smoke injections reaching altitudes of several kilometres in the summer could decrease surface temperatures by between 20 to 40 degrees centigrade. Within a few weeks smoke particles would move into the upper troposphere and this would stabilize the atmosphere and suppress vertical movements of air below these layers. The average summer land surface temperatures in the northern hemisphere would drop to levels typical of autumn or early winter and rain would be virtually eliminated. Ice and frost could penetrate southwards into regions that rarely, if ever, experience such conditions. Once the smoke was stabilized in the troposphere it could remain there for long periods and induce significant global cooling. The reduction in precipitation and convection movement would also severely reduce the intensity of the summer monsoon over Asia and Africa.

The scientists believe that the ensuing nitrous oxide would catalyse chemical reactions that could within a few months reduce the stratospheric ozone concentration by 10 to 30 per cent. This could increase surface intensities of biologically active ultra-violet radiation by several times the percentage of the decrease in the ozone levels.

## Mass starvation

Near the site of the explosion the health effects of ionizing radiation from strategic warheads would be overshadowed by the effects of blast and thermal radiation. Local fall out of relatively large radioactive particles could lead to lethal external gamma ray doses during the first few days over about seven per cent of the land areas of NATO and Warsaw Pact countries. The scientists suggest that the indirect effects of nuclear war such as a 'nuclear winter' would be responsible for more fatalities than the direct effects of nuclear weapons especially if populations were evacuated and protective measures taken.

The scientists believe that mass starvation is inevitable because in a 'nuclear winter' it would be too cold and too dark to grow any food.

One of the most encouraging aspects of the SCOPE project was that despite widely different cultural and political backgrounds scientists from all over the world are joining together to talk about nuclear issues. □



# PEOPLE

## World travels

Last month Susan Hopping, the head of central secretariat and clerk to Council resigned from the RCGP after five years, to travel.

Miss Hopping came to the College in 1981 and first worked in the Membership Division as clerk to the committee on fellowship. It was her first post after leaving Leicester University where she obtained a degree in Archaeology.

In April 1983 she was appointed clerk to Council and moved into the central secretariat department at a time when the College was rapidly expanding. Under her guidance the department's responsibilities increased. In addition to responsibilities for the smooth running of Council Meetings, Council committees, the Annual General Meeting and the Spring General Meeting, it also provided administrative support for collecting the membership's views on limited lists and deputising services. More recently it has been responsible for coordinating the College's response to the green paper and the College's policy statement *Quality in General Practice*.

Miss Hopping plans to spend Christmas in Spain and then fly to Bangkok where she will travel overland through South East Asia to Bali and then fly on

to Australia. She hopes to get a temporary job in Melbourne, and use it as a base for seeing Australia.

"My father worked for Shell, so apart from the time I worked for the College I've lived abroad and have missed all the travelling," said Miss Hopping.

She thinks that she'll be coming back to England in September or December this year. "I'm not sure what I'll do next, but I'll probably be inspired by my travels," she said.

The new head of central secretariat and clerk to Council is Miss Dian Davies, who was formerly head of the College's faculty liaison section.

## New professor

Dr Andrew Haines, a member of the College, has just been appointed professor of primary health care at the newly amalgamated University College Hospital medical school and the Middlesex medical school.

The department will be based at the Whittington Hospital in north London.

Dr Haines, a part-time senior lecturer at St Mary's medical school, said that he plans to concentrate on the delivery of primary health care to the inner cities.

"We are hoping to look at the kind of



Dr Andrew Haines

health care people living in these areas are receiving and ways of improving it," he explained.

Another research project he is about to undertake is to look at the mental health of the carers of demented elderly patients.

He is also hoping to organize joint teaching sessions between medical students, trainee health visitors and pharmacy students.

"If they can get together to understand each others needs during their training they should be better able to work together as part of the primary health care team when they qualify." □

## KING'S FUND CENTRE FOUR-DAY COURSES IN MEDICAL MANIPULATION

These courses are scheduled to continue in 1987, as shown below. They are designed around the tutors' "Examination of the Back" and "An Introduction to Medical Manipulation", both of which are included in the course fee.

The courses are zero-rated for Section 63. Details of the forthcoming series are as follows:—

- Part I 7th to 10th April, 1987
- Part II 21st to 24th July, 1987
- Part I 15th to 18th September, 1987

The fee for each course remains £195. Those interested should apply early, with remittance, to:— Dr J.K. Paterson, 7 Wesley Court, 51-55 Weymouth Street, W1N 3LE.

(1024)

## V.I.P. INTERNATIONAL CONFERENCE SERVICES

(in conjunction with)

THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

## 1987 COMBINED COLLEGES MEETING ASIA PACIFIC REGION

and

## HONG KONG MEDICAL EXPOSITION '87

Hong Kong, 5-9 September 1987

HONG KONG — an exotic and stunning destination is waiting to welcome you and to offer you its magnificent contrasts and unique cocktail of oriental and western cultures.

DON'T miss this opportunity of visiting HONG KONG by attending this important W.O.N.C.A. Conference which is being hosted by the Hong Kong College of General Practice. This is sure to be a productive and memorable event in many ways.

V.I.P. are accepting registrations for this meeting, therefore do not delay in contacting Mrs Sarah Rhodes to reserve a place as soon as possible.

V.I.P. INTERNATIONAL CONFERENCE SERVICES LIMITED, 42 North Audley Street, London W1A 4PY. Tel. (01) 499 4221.