community with irritable bowel symptoms, and that people in the community with symptoms were not significantly different from normal subjects. People with irritable bowel syndrome who did not consult doctors were more able to cope and experienced their illness as less disruptive to their lives; in other words they exhibited more protective factors than the patients. The conclusion from this study was that the psychological factors previously attributed to the irritable bowel syndrome are, in fact, associated with health-seeking behaviour or illness declaration rather than the disorder itself. These factors are likely to interact with physiological disturbances in the bowel, determining how the illness is experienced and subsequently acted upon.

In a similar study from Johns Hopkins, Maryland, women with symptoms of irritable bowel syndrome who had not consulted a physician were compared with female patients seen in a gastroenterology clinic. When the strict criteria for diagnosing irritable bowel syndrome, introduced by Manning, were used, it was found that women meeting these criteria who had not consulted a physician had no more abnormal psychological symptoms, using the Hopkins symptom checklist, than asymptomatic controls. However, patients seen in medical outpatient departments with irritable bowel syndrome had significantly more psychological symptoms than control patients or those who had irritable bowel symptoms but who did not consult. The authors conclude that although symptoms of psychological distress are unrelated to irritable bowel syndrome they do influence which patients consult a doctor.

Irritable bowel syndrome is only one of a number of disorders where symptoms are widely experienced in the community but often do not lead to consultation. In the past, it has been tempting to bracket psychological abnormalities with the irritable bowel syndrome itself and these results suggest that we should be cautious about doing so; they also must make us think twice before we make similar judgements about other conditions. Work of this kind emphasizes how important it is for general practitioners to try to find out the reasons for their patients' consultations. (R.J.)

Sources: Drossman DA, McKee DC, Sandler RS, *et al.* Psychosocial factors in the irritable bowel syndrome. *Gastroenterology* 1988; **95:** 701-708. Whitehead WE, Bosmajian L, Zonderman AB, *et al.* Symptoms of psychologic distress associated with irritable bowel syndrome. *Gastroenterology* 1988; **95:** 709-714.

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FILL THIS SPACE

Contributions to the Digest pages are welcome from all readers. These should be from recent papers in research journals which general practitioners might not normally read. Send to: The Editor, Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Please quote the full reference to the article (authors, title, journal, year, volume, page range).

INFECTIOUS DISEASES UPDATE: AIDS

Vertical transmission of HIV infection

The risk of mother to child transmission of human immunodeficiency virus (HIV) infection has been evaluated recently in the European collaborative study[1] and the Italian multicentre study.[2] In both studies the definition of infection in children included those in whom antibody was present after 15 months of follow-up. In the European study 100 children born to HIV infected mothers were followed up from birth for more than 15 months. Nineteen had persistent antibody and five were antibody negative but presumed to be infected because of virus isolation or antigen detection. Although these results gave an overall transmission rate of perinatally acquired infection of 24%, the authors considered this figure to be an underestimate because of the insensitivity of the virus and antigen tests used. A further finding of interest from the European study is the observation that four antibody negative HIV infected children followed up for between five and 12 months since becoming seronegative were all immunologically normal and without clinical symptoms; this challenges the view that antibody is lost as the patient becomes ill. Although no evidence was found that the mother's clinical status at the time of delivery influenced transmission rates, it was felt that accurate risk estimates were impossible because of the small sample size and other confounding variables.

In the Italian multicentre study 89 infants born to HIV infected mothers were followed up from birth for over 15 months; 29 were considered to be infected. The transmission rate of 33% is not significantly different from that found in the European study but because virological data from the two studies has not been compared it is impossible to draw further conclusions.

Heterosexual transmission of HIV

A recent report[3] of a three year follow up study of 13 HIV infected haemophiliacs and their spouses, suggests that in the absence of other risk factors transmission of HIV from men to women by vaginal intercourse is infrequent. None of the patients' partners became positive for HIV in spite of estimates of unprotected vaginal intercourse occurring between 1563 and 2520 times in the 11 couples, and seven of the 13 patients having progressive disease according to the Walter Reid classification. One must remember, however, that the sample size of this study was small and that other studies of heterosexual transmission have shown a greater risk of infection.

Mobility of injecting drug users

Twenty seven per cent of 379 Edinburgh drug users seen at the City Hospital in Edinburgh admitted to sharing needles both in Edinburgh and at other sites.[4] Forty five of the 94 for whom the HIV status was known were seropositive. Apart from sharing in sites throughout Scotland, 45 had shared in London, nine in Holland, three in Spain/Italy and two in the USA. These findings demonstrate the potential for unlimited spread of HIV and stress the importance of taking measures to encourage less sharing of equipment.

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4. Jones J, Davidson J, Bisset C, *et al.* Mobility of injection drug users as a means of spread for HIV. *CDS Weekly Report* 88/42 (A76).

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