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Rational prescribing

VIDEOTAPE has come to be an important aid to postgraduate teaching because of the immediacy that it can bring to the study of interpersonal relationships of any kind. As far as I am aware, this article reports a novel use of the medium. The subject — preparing trainee doctors for their first and continuing contacts with representatives of the pharmaceutical industry — is of such ubiquity and importance that it is surprising that it hasn't been tackled in such a direct way before.

The author has made two videotape interviews between a doctor and a drug company representative. The recorded interviews were scripted from real-life encounters. The first shows a typical trainee-representative encounter. The second shows how the doctor can increase the amount of relevant information delivered by the representative by taking greater control of the interview. A typical teaching session starts with a broad discussion of the function of representatives and then discussion of each of the excerpts in turn. The article does not give enough information about the video excerpts to allow us to judge the quality of these, nor is there any useful evaluation of the method. It is not, therefore, educational research in any sense, more a useful idea and a few helpful tips passed on by someone who is obviously an experienced postgraduate teacher. Video cameos do not generally travel well in any case and those who wish to emulate Dr Black's course would probably do best to make their own.

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Source: Black F. Teaching rational prescribing. *Aust Fam Physician* 1996; **25**: 1097-1099.

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Domestic violence against elderly women

THIS qualitative study was carried out by a social worker involved in the Domestic Violence Programme set up in Vancouver Hospital. Most previous studies of domestic violence against older women have focussed on abuse committed by children and caregivers. Information about abuse by husbands and male partners comes mainly from studies in younger women and little is known about this problem in women older than 60.

Interviews with four elderly abused women, using predetermined open questions, were recorded on audiotape and analysed. The following 11 common themes were found in all the narratives and illustrated with verbatim quotations: the marriage licence as a hitting licence, violence in the family of origin, powerlessness, women treated as objects, survival, barriers to leaving, memories linked to children's ages, community support, turning points, integrating and processing experiences of abuse, and witnessing and helping other women.

The stories themselves make sobering reading. The women had endured many years of abuse from their partners and others before entering the Vancouver care programme, yet remained remarkably courageous and resourceful. As a GP, I was particularly struck by the sometimes pivotal role played by their doctors,

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whereas police intervention was found unhelpful. The physician had not only witnessed injuries and offered support, but had actually defined the nature of their suffering as being 'abuse' and therefore not to be tolerated.

This is a small scale, 'social science' based study, and the findings may not generalize nor directly translate to the United Kingdom, but the analysis is meticulously described, the conclusions are clear, and the narrative is riveting.

JUDITH M CHAPMAN

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Source: Grunfeld AF, Larsson DM, Mackay K, Hutch D. Domestic violence against elderly women. *Can Fam Physician* 1996; **42**: 1485-1493.

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Air pollution and children

THIS paper replicates the results of many previous studies (including that by Magnussen *et al*¹) that have found an association between air pollution and some respiratory symptoms, but not specifically asthma. The methods employed in this study of the measurement of various air pollutant levels have since been surpassed by more precise techniques. For example, in more recent years gravimetric methods have been developed which determine the mass present of the size fraction considered most likely to be deposited in the lung. In general, particles smaller than about 10 μm have the greatest likelihood of reaching the lung.

An aspect of the paper that warrants discussion is the potential for recall bias resulting from participants being aware of the possible link between air pollution and health. This problem was dealt with to some extent by the suggestion that any recall bias would affect both study areas in similar ways, and also by the presentation of the study to the participants as a general health survey. Furthermore, two differing sources provided the information: the subjects and their parents; a high level of concordance was found between them.

The paper ends with a comparison with other cities; however, any generalizations need to be made with caution owing to the between-community differences in the levels of air pollutants and their complex interactions. Nevertheless, the study successfully demonstrates an association between reducing pollutant levels and a decline in the reporting of respiratory health problems; however, although the decline is associated with an intervention of sulphur levels, it cannot be established that sulphur is causally related to children's respiratory health.

SHAKOOR HAJAT

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Reference

1. Magnussen H, Jorres R, Nowak D. Effect of air pollution on the prevalence of asthma and allergy: lessons from the German reunification. *Thorax* 1993; **48**: 879-881.

Source: Peters J, *et al*. Effects of an ambient air pollution intervention and environmental tobacco smoke on children's respiratory health in Hong Kong. *Int J Epidemiol* 1996; **25**: 821-824.

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Firearms and public safety

THIS paper, based on a review of 200 recent studies relating firearms to violent crime, suicide and accidental death, makes a very powerful case for effective gun control.

All the studies showed that assaults and robberies using firearms are more likely to result in death or disability than those using knives, other weapons, or no weapons at all. In Canada, about 85% of all homicides arise from family disputes or from conflicts among acquaintances. Such altercations are often spontaneous, and the presence or absence of a gun can drastically affect the outcome. It is therefore not surprising that the more households that have guns, the higher the homicide rate.

The author shows that the rate of suicides and accidents involving firearms is in direct proportion to the number of firearms held in society. Moreover, a quarter of victims of fatal firearms accidents are under 15 years old.

The paper deals with the myth that it is necessary to keep a gun at home for self-protection. One American study found that, for every case in which a firearm in the home was used successfully against an intruder, there were 1.3 accidental deaths, 4.6 criminal homicides and 37 suicides involving firearms. Self-defence killings were outnumbered by the deaths of residents by about 40 to 1.

It is concluded that to improve public safety significantly, firearms ownership levels would have to be tackled directly. The Canadian government's most recent firearms initiative (December 1995) bans only selected weapons. It is clearly demonstrated that this is an inadequate response to the problem

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Source: Gabor T. Firearms and public safety. *Can Fam Physician* 1996; **42**: 1060-1063.

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The impact of primary health care in poor rural Africa

THE basic premise of many primary health care interventions is that packages of basic services can be effectively mounted in poor countries and have a significant beneficial effect in a short period. Such packages include dispensaries and village health teams.

This survey, carried out in rural Niger, assessed the impact on the mortality of children under five of dispensaries and village health teams, compared with the mortality in villages without access to modern primary care services. Children living in villages with dispensaries were 32% less likely to have died than those in villages without primary care facilities. Village health teams were not, however, associated with significantly lower mortalities. This is a surprising finding and its significance was reinforced by using multi-level regression analysis, using both household and community level variables in the analysis of the survey figures. One possible cause of the difference is that fewer people in the villages served by village health teams made use of the health services available, compared with villages where there

was a dispensary. For instance, 46% of women attended antenatal care in the villages near a dispensary, and only 14% of women attended antenatal care with the village health teams. In three areas, however, the presence of a village health team made a marked difference. Those areas were where a trained birth attendant was present at delivery, and where there was immunization and maternal knowledge of oral rehydration treatment.

One of the messages from this paper may be that it is as important to look at the levels of programme coverage in primary health care systems as the character of the input. The importance of the finding of this survey, published in 1996, must, however, be undermined by the fact that the survey figures it is based on are 11 years old. They date from 1985.

EDWIN MARTIN

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Source: Magnani RJ, Rice JC, Mock NB, Abdoh AA, Mercer DM and Tankari K. The input of primary health care services on under-five mortality in rural Niger. *Int J Epidemiol* 1996; **25**: 568-577.

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Psychotropic drugs and myocardial infarction

THIS is the second report of a link between the use of psychotropic medication and myocardial infarction. It raises two questions — is the link casual, and should the report influence prescribing practices? The answer to the first question is that case-control studies prove association, not causation. It is certainly plausible that there are other factors — the authors mention stress, anxiety, hostility and cytokines — that cause both myocardial infarction and psychiatric illness. It is also possible, although not supported by the data on painkillers presented in the paper, that patients at increased risk of myocardial infarction are simply high users of all types of medication. Both these explanations are made more likely by the fact that the observed increase in risk is associated with all types of psychotropic drugs. However, the observed risk is greatest for patients taking antidepressants, and it is known that tricyclic antidepressants have arrhythmic properties. So should we change our prescribing practice? Although most readers of this journal will already exercise caution in the use of tricyclic antidepressants in patients with known ischaemic heart disease, it is notable that the patients in this study had no previous symptoms of ischaemia. There is a need to balance a possible but unproven risk against the proven and substantial benefits of treatment with tricyclics. It is the sort of situation where I am glad that we have a national Committee on the Safety of Medicines to integrate the biological and epidemiological evidence and to provide guidance.

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Source: Penttinen J, Valonen P. Use of psychotropic drugs and risk of myocardial infarction: a case-control study. *Int J Epidemiol* 1996; **25**: 760-762.

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