



### Avoiding ulcers

In Hong Kong, a randomised controlled trial found that treatment for *H. pylori* significantly reduced the risk of ulcers, for patients starting long term NSAID treatment. The study recruited patients without prior NSAID treatment, who had a positive urea breath test for *H. pylori*, and moderate dyspepsia or a history of confirmed peptic ulcer. Fifty-one patients received amoxicillin 1g and clarithromycin 500mg twice daily for a week, while 49 controls had identical placebos. All patients also received omeprazole 20mg twice daily for a week and diclofenac sustained release 100mg daily for six months, followed by endoscopy. Confirmed ulcers were present in 5 of 51 patients in the eradication group and 15 of 49 patients in the control group (6-month probability of ulcers, 12.1% [95% CI, 3.1–21.1] v 34.4% [95% CI 21.1–47.7]).

*Lancet* 2002; 359: 9-13

### Food for court

A large international study has found that passive smoking in the workplace increases the likelihood of respiratory symptoms, and that it is still a big problem in many countries. The cross-sectional survey, conducted in 36 centres in 16 countries between 1990 and 1994, considered a random sample of 7882 people who had never smoked. Each person was interviewed and respiratory function tests were completed on a subsample. Rates of exposure to passive smoking in the workplace correlated with the overall smoking rates in each country. One centre in Spain recorded the highest

rate (54%), with the lowest from Sweden (2.5%). Passive smoking in the workplace was significantly associated with wheeze (OR, 1.59; 95% CI, 1.23–2.07) and current asthma (OR, 2.73; 95% CI, 1.58–4.74), as well as increased bronchial responsiveness (effect, –0.06; 95% CI, –0.23 to 0.10).

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### Genes and smoking

Some maternal genes, combined with smoking during pregnancy, may place the infant at particularly high risk of low birthweight. A case-control study, done in inner-city Boston, included 207 preterm or low-birthweight infants and 534 full-term infants of normal weight. Most mothers (567) had not smoked during the pregnancy; 50 had quit and 124 had smoked continuously. Two highly polymorphic genes determine the metabolism of the chemicals in cigarette smoke to toxic intermediates (*CPY1A1*), and the detoxification of these metabolites (*GSTT1*). Comparing mothers who had smoked continuously with those who had not smoked, mean reductions in birthweight were as follows: for the *CPY1A1* AA genotype, 252g v Aa/aa genotype, 520g; for the *GSTT1* present genotype, 285g v absent genotype, 642g. The greatest reduction in mean birthweight (1285g) occurred in the group with *CYP1A1* Aa/aa and *GSTT1* absent genotypes. Among non-smoking mothers, genotype alone did not make a significant difference to birthweight.

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### Sequelae of war

All modern wars have been associated with a syndrome characterised by unexplained medical symptoms, say a team of British and American researchers. British war pension files were randomly sampled for six conflicts since 1854, excluding prisoners of war. The researchers identified 94 possible symptoms (later reduced to 25) in 1856 individuals. The detailed

medical notes, regular pension reviews, specialist reports and longitudinal perspective permitted exclusion of cases with organic disorder or major mental illness. Using sophisticated clustering techniques, three varieties of post-combat disorder were identified: a debility syndrome associated with the 19th and early 20th centuries; a somatic syndrome, related primarily to the First World War; and a neuropsychiatric syndrome, associated with the Second World War and the Gulf conflict. The authors conclude that approaches to management may be more effective if each new post-combat syndrome is recognised as part of a pattern of normal responses to the physical and psychological stress of war, rather than a novel illness.

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### Unnatural causes

It is well recognised that people with schizophrenia have high rates of death from suicide. A recent study found that men with schizophrenia were also seven times more likely to die from homicide. Researchers identified all persons aged  $\geq 15$  years who were admitted to hospital with a psychiatric disorder between 1973 and 1993 from the Danish Psychiatric Case Register, and linked this with the Danish National Register of Causes of Death, using each person's unique identifier. Standardised mortality ratios (SMRs) were confirmed, with rate ratios standardised to a common age distribution. For men with schizophrenia SMRs were for, homicide, 734 (95% CI, 350–1539); for accidental death, 213 (95% CI, 168–269); and, for suicide, 1073 (95% CI, 973–1183).

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