

PUBLIC HEALTH ABSTRACTS

Professor James S. Lawson, Professor and Head of the School of Health Services Management at the University of NSW, has prepared the following public health items from the literature.

SURVIVAL OF TINY BABIES – GOOD AND BAD NEWS

The special vulnerability of very premature infants under the assault of modern intensive care techniques evokes strong responses – both the desire to sustain their fragile existence and doubts about the wisdom of doing so. A US-based report has again highlighted these issues. Twenty per cent of newborn children under 750 grams who survived to school age had one or more severe disabilities. About half have one or more less serious disabilities and about half survived without any disabilities. Clearly, prevention of prematurity is desirable, but there is not sufficient knowledge to enable specific preventive programs to be established.

McCormick MC. Survival of very tiny babies. *N Engl J Med* 1994; 331:802-803.

METHADONE MAINTENANCE TREATMENT IN OPIATE DEPENDENCE

A detailed review of methadone maintenance programs has concluded that they are beneficial in terms of reducing illicit opiate use, reducing criminal behaviour and achieving other positive social changes. But there is clear evidence that programs vary substantially in their efficacy. The differences include dosage of methadone, maintenance versus abstinence and support services. Despite the endorsement of the value of methadone programs, clearer guides are needed to define the minimum conditions necessary to deliver an effective intervention.

Farrell M, Ward J, Mattick R, Hall W et al. Methadone maintenance treatment in opiate dependence. *Br Med J* 1994; 309:997-1001.

CORONARY ANGIOPLASTY COMPARED WITH BYPASS GRAFTING

Major studies are becoming available from the US which give quite detailed guidelines for intervention in people with coronary artery disease. It is now clear that coronary surgery for some types of coronary disease can be lifesaving and certainly pain-reducing. It is also clear that angioplasty (dilating the coronary arteries) can be equally effective in some forms of heart disease.

Hillis LD, Rutherford JD. Coronary angioplasty compared with bypass grafting *N Engl J Med* 1994; 331:1086-1087.

THE SICK BUILDING SYNDROME

In 1982 the World Health Organisation formally described the Sick Building Syndrome (SBS) as a combination of symptoms including mental fatigue and headache, dryness and irritation of the eyes and throat, and skin symptoms such as redness and dry skin. This list of symptoms appears to be associated with buildings with indoor climate problems. The symptoms do not form an accepted clinical syndrome. A Swedish study has confirmed the existence of the syndrome but has concluded that individuals who have existing personal factors are at particular risk when working in buildings with climate problems. In addition, the

study found that the presence of photocopiers was related to an increased prevalence of the reported symptoms. Specific personal factors were photosensitive skin and psychosocial conditions.

Stenberg B, Eriksson N, Hoog J et al. *Int J Epidemiology* 1994; 23:1190-1197.

INJURIES TO THE EYE

Injuries to the eye in Australia are an important cause of loss of vision and morbidity. During a 12-month period, 6,308 patients were admitted to the Royal Eye and Ear hospital in Victoria because of eye injuries. These injuries were work-related (44 per cent), due to home accidents (39 per cent) and sport-related (5 per cent). Most of the injured people failed to use safety eye wear, which may have prevented more than half the injuries.

Fong LP. Eye injuries in Victoria. *Med J Aust* 1995; 162:64-68.

ORIGINS OF CEREBRAL PALSY

The Australian and New Zealand Perinatal Societies have prepared a consensus statement about the origins of cerebral palsy. The consensus is that there is no evidence that obstetric practices can reduce the risk of cerebral palsy. The origins of many cases of cerebral palsy are likely to be antenatal and, with the exception of known factors such as rubella, cannot be prevented.

The origins of cerebral palsy – a consensus statement. *Med J Aust* 1995; 162:85-90.

WHY IS THE NEW ZEALAND ASTHMA EPIDEMIC OVER?

Soon after the introduction of effective drugs for the treatment of asthma these agents were accused of provoking asthma-related deaths. As early as 1948 it was suggested that the use of adrenaline spray had resulted in a five-fold increase in asthma mortality. Subsequent peaks in mortality followed the introduction of other medications. International comparisons have suggested that the drug fenoterol (obtainable over the counter) was the likely reason for the high death rate in New Zealand compared with the United Kingdom and Holland.

Blauw CJ, Westendorp RCJ. Asthma deaths in New Zealand. *Lancet* 1995; 345:2-3.

CORONARY ARTERY DISEASE, ALCOHOL AND THE FRENCH PARADOX

There is a strikingly low rate of mortality from CHD in France compared with other developed countries. It appears the most likely reason is the high intake of alcohol in wine among the French (high alcohol in spirits and, to a lesser extent, in beer makes little difference). This is despite the high consumption of saturated fats in France (about the same as in Australia). However, high alcohol consumption does not decrease mortality as deaths due to alcohol are high.

Criqui MH, Ringel BL. Does diet or alcohol explain the French paradox? *Lancet* 1994; 344:1719-1723.