

An Occasional Medical Newsletter from The Blood Care Foundation

Dear Member,

I mentioned in my 11th newsletter the BMJ is now published in its entirety on the BMJ Web Site. At that time I mused that The Foundation might venture into cyber space. Well, this is not far away and within a few months you will be able to get my latest offering at <http://www.Blood-Care-Foundation.org> or some similar address.

NvCJD

The recent discovery of the prion protein of nvCJD in the appendix of a patient, who showed no symptoms when it was removed in 1995, has led to a decision to set up a programme of anonymised testing. Initially this will be done on specimens which have already been removed, but, if the pilot trial reveals significant findings, a prospective trial will be conducted on tonsils and appendices. This should allow a reasonable calculation to be made of the incidence of the disease in the general population. (*Lancet*. 1998;**325**:703-4, *BMJ*. 1998;**317**:617)

Has the incidence of nvCJD peaked? Figures for 1998, up to the end of September, have just been published and show there have been 29 definite or probable cases diagnosed. The figures for deaths are 3 in 1995, 10 in 1996, 10 in 1997 and 6 so far this year. These compare with figures for other forms of CJD as follows. 44 deaths occurred in 1995, 51 in 1996, 66 in 1997 and 21 up to the end of September 1998. (*CMO's Update*. 1998;**20**:2.)

Life Expectancy in Europe

The latest WHO report reveals that, for the first time since the end of the second world war, life expectancy across Europe has fallen. In the previous survey, carried out in 1991, it was 73.1 years and this has now fallen to 72.3 years. This fall is mainly due to the lowering of expectancy in the independent states of the old Soviet Union. A child born today in one of those states has an expectancy 11 years shorter than one born in the European Union.

HIV

A recent study shows that HIV can mutate into separate strains within one patient. It has been found the strain in the blood may differ from that in the semen and this may well make it more difficult to eradicate the disease. It also means that even when the blood appears to be clear of virus, the patient may well continue to transmit the infection by sexual intercourse. (*AIDS*. 1998;**12**:F181-9.)

The population levels in Africa, predicted 10 – 15 years, may well be gross overestimates as AIDS begins to take its toll. Life expectancy has been greatly reduced and the United Nations

population division has just reported that this has fallen in Botswana from 61 to 47 during the past 5 years. By 2005 it is predicted to further fall to 41 years. (*BMJ.* 1998;**317**:1270.)

Hepatitis B

The first oral treatment for Hepatitis B has just been licensed by the FDA. Lamivudine (Epivir) blocks viral replication and is currently used to treat AIDS. In clinical trials, patients received 100mg per day for one year. 52% of those taking lamivudine showed improvement compared with 36% of those being treated with interferon and 25% of those receiving the placebo. (*BMJ.* 1998;**317**:1034.)

Blister Beetles

Anyone living in or planning a trip to Tanzania should take care to avoid *Paederus sabeus*. This blister beetle is enjoying a particularly good year due to the abundant rainfall. They love to hide in hospital wards and if crushed release a toxin, pederin, which causes a blistering dermatitis and is particularly dangerous if rubbed into the eye. The local advice is, if one of these climbs onto you, to flick it off and do not swat it as you would a mosquito. (*Eye.* 1998;**12**:883-5.)

Prostate Problems

A recent study of over 3,000 professional men has found moderate physical exercise protects men against benign prostatic hypertrophy. They were initially questioned in 1986 and subsequently followed up for 8 years. Men who walked for between 2 and 3 hours per week cut their risk of significant disease by a quarter. (*Arch.Int.Med.* 1998;**158**:2349-56.)

Death from Heart Attacks or Heart Failure

A 15 month study of 2647 patients suffering from mild to moderate heart failure, and receiving the standard treatment of ACE inhibitors and diuretics, has shown that treatment with the β blocker bisoprolol had a major effect on mortality. The incidence was 11.8% in those treated with bisoprolol as opposed to 17.3% in the control group. (*Lancet.* 1999;**353**:9-13)

A US study of 4476 patients showed the risk of myocardial infarction and stroke was in direct proportion to the thickness of the patients' arterial walls when measured by ultrasound. There was a 5fold difference in the incidence between those with the thickest and those with the thinnest arterial walls. (*New Engl.J.Med.* 1999; 7th January)

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