not of sufficient magnitude to cause death, may have been assigned as the cause of death when SIDS was not available. Accidental suffocation and, to a lesser extent, non-specific infections may have been used as diagnoses before the introduction of SIDS. The apparent increase in the occurrence of sudden deaths of infants in the 1970s reflects these changes in diagnostic practice.

The difficulty lies in determining if and when the process of diagnostic substitution ceased to occur, and whether there has been a true increase in the occurrence of SIDS. This is complicated by the nature of SIDS — a diagnosis of exclusion — that is dependent on the skill and experience of the examining pathologist. The latter would vary across NSW. These factors make any retrospective judgment on the true occurrence of SIDS susceptible to error.

In England there was a consistent rise in unexpected infant deaths from 1979 to 1987. At the 19th International Congress of Paediatrics in Paris in 1989 it was reported that the incidence of SIDS was rising in Sweden, Finland, New Zealand and parts of the United Kingdom. The increased occurrence of SIDS in Sweden and New Zealand is regarded as a real increase[4]. If the true occurrence of SIDS is increasing in NSW, there will be considerable pressure for further research and development of programs to prevent it.

The first task in NSW is to ensure a consistent diagnosis of SIDS across the State, together with timely infant mortality data. This will provide reliable data on the incidence of SIDS to identify trends, and monitor any preventive programs.

Any attempt to prevent deaths due to SIDS requires some understanding of SIDS and how these deaths occur. Our present knowledge of the epidemiology of SIDS has identified several risk factors or associations for SIDS, but any causal factor(s) or sequence of events remain elusive. Even without knowing the precise causes or mechanisms resulting in the sudden and unexpected death of an infant, it is possible to take action to reduce the frequency of the factors associated with SIDS. Careful evaluation of prevention programs is necessary to identify any subsequent changes in SIDS mortality and determine which programs are effective.

EDITORIAL NOTE

A strong association has recently been demonstrated between the occurrence of SIDS and the prone sleeping position. Associations with smoking and non-breast-feeding have also been reported. In several parts of the world the SIDS incidence appears to have declined in parallel with promotional campaigns which focus on sleeping position, non-smoking and breast feeding. The NSW Health Department now recommends that infants be placed to sleep or on their sides or supine, unless medical advice is given to the contrary or the baby will only settle in a prone position. The SIDS incidence is being monitored.

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NEWS AND COMMENT

HYPERTENSION MANAGEMENT IN GENERAL PRACTICE

A comprehensive reference for diagnosing, assessing, investigating and managing hypertensive patients will be distributed to 4,000 GPs in NSW in March. This project is being supported by the Royal Australian College of General Practitioners and the NSW Better Health Program.

Hypertension is a detectable and treatable problem in Australia. As part of a strategy to address and control the problem a manual, called *Hypertension — Diagnosis, Treatment and Management*, has been produced for general practitioners.

The manual was produced after survey results from South Australia indicated the need for a comprehensive, integrated approach to the control of hypertension.[1] An expert committee comprising general practitioners, specialists and behavioural scientists, was responsible for developing the manual. It was then produced by the Research Unit, South Australian Faculty, Royal Australian College of General Practitioners.

The manual has been endorsed by a number of recognised professional bodies and individuals in NSW, including the National Heart Foundation; the Australian Medical Association; Dr Sue Morey, Chief Health Officer, NSW Health Department; and the High Blood Pressure Research Council.

A directory of community resources useful for patients with hypertension is included in the package. There is also a list of agencies to which GPs can refer patients for advice and information on weight management, nutrition and smoking cessation. Charts for monitoring hypertensive patients, which can be incorporated into patients' records, are included. It is expected the manual will assist GPs to continue their important role in preventive care.

Copies of the manual have been printed by Sandoz Australia. It will be distributed with the March issue of *Patient Management*. For information about further copies of the manual contact Kate Lamb, NSW Health Department, phone (02) 391 9585.

1. Hypertension Guidelines Committee, Introduction to *Hypertension — Diagnosis, Treatment and Maintenance*, Sandoz 1991.