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.

DIET AND ENDOMETRIAL CANCER

Retrospective studies have postulated a role for dietary factors in the causality of endometrial cancer. This has not been supported by the findings of the first prospective study from the US. However, there appeared to be a reduced risk of endometrial cancer among women who consumed higher levels of energy obtained from plant as compared with animal sources. The authors postulate that, as endometrial cancer is very high among women who consume Western diets as compared with, for example, women from Shanghai, the impact of diet might occur at a young age.

Zheng W et al. Dietary intake of energy and animal foods and endometrial cancer incidence. Am J Epidemiol 1995; 142:388-94.

DISAPPOINTING RESULTS FROM HEART PROGRAM

The Pawtucket Heart Health Program in the US was a community intervention trial aimed at reducing risks of cardiovascular disease. However, except for a lessening of weight gain, there were no statistically significant differences in reduced risk factors between a city with high levels of intervention and a city with no intervention. The likely explanation was the bombardment of all cities with health messages from a variety of sources. Much more disappointing was the finding that despite the health messages, both as part of the trial and from other sources, serum cholesterol, body mass index and blood pressure all rose. The only improvement was a decline in tobacco smoking. These findings are broadly similar to other US programs and to the Australian experience.

Carleton RA et al. The Pawtucket Heart Health Program. Am J Public Health 1995; 85:777-785.

VARIATIONS IN MEDICAL PROCEDURES AND CLINICAL OUTCOMES

Pilote et al have shown there is substantial variation in treatments following myocardial infarction in the US. This variation is not due to differing characteristics of the patients.

Pilote L et al. Regional variation across the US in the management of acute myocardial infarction. New Engl J Med 1995; 333:565-72. Detsky AS. Regional variation in medical care. New Engl J Med 1995; 333:589-99.

ASPIRIN REDUCES COLON CANCER

Many studies confirm the protective effect of aspirin against colorectal cancer. Although the underlying mechanisms are speculative, some authorities are recommending that people at risk for colorectal cancer – those with inflammatory bowel disease or other cancers such as breast, ovary or endometrial cancers – should take one tablet of aspirin every second day (350mg). These studies are supported by the results of the large prospective Nurses Health Study in the US which has shown that regular use of aspirin for more than a decade substantially reduces the risk of colorectal cancer.

Giovannucci E et al. Aspirin and the risk of colorectal cancer in women. New Engl J Med 1995; 333:609-14. Marcus AJ. Aspirin as prophylaxis against colorectal cancer. New Engl J Med 1995; 656-657.

INFLUENZA VACCINE FOR HEALTHY ADULTS?

For the elderly and those with chronic diseases, it is beneficial to vaccinate against influenza. A new prospective study strongly suggests that vaccination is equally beneficial for healthy working adults. While it may not be cost-effective to vaccinate all adults, the vaccination of those at special risk, such as hospital workers, is suggested.

Nichol KL et al. The effectiveness of vaccination against influenza in healthy, working adults. New Engl J Med 1995; 333:889-93. Patriarca PA et al. Influenza vaccine for healthy adults. New Engl J Med 1995; 333:933-944.

OBESITY AND MORTALITY

Although severe obesity is associated with increased mortality, the health consequences of being mildly to moderately overweight remain controversial. The huge US prospective Nurses Health Study has shown that body weight and mortality from all causes were directly related among middle-aged women. The lowest mortality rate was among women who weighed at least 15 per cent less than the US average. However, there is a complication — mortality depends in part on where in the body the fat lies, in particular, the amount of abdominal fat. Such fat is a strong indicator of mortality from coronary heart disease, hence the increased use of the ratio of waist to hip circumference in place of the body-mass index.

Manson JE et al. Body weight and mortality among women. New Engl $J\,Med$ 1995; 33:677-685.

PARACETAMOL NOT NECESSARILY A SAFE ALTERNATIVE

Paracetamol has been marketed as the safe alternative to aspirin when there is a need for mild analgesia. However, there has been concern for some years about the adverse consequences of overdoses with paracetamol, in particular liver damage. Liver damage is most unlikely if less than 150mgm of paracetamol per kg body weight has been ingested. But alcoholics and perhaps children may suffer liver damage at lower doses. In addition, people taking prescribed doses over several days for persistent pain may be at risk of liver damage. If a diagnosis of possible liver damage is made early, effective antidotes and treatment are available.

Vale JA, Proudfoot AT. Paracetamol poisoning. *Lancet* 1995; 346:547-552.

HIV IN AUSTRALIA - METHOD OF TRANSMISSION

Heterosexual contact is the main route of transmission of HIV in most African, Asian and Pacific countries. A Victoria-based study has shown that in Australia the epidemic has been largely confined to men who have sex with men. In Australia, 80 per cent of infections were transmitted by sex between men, about 10 per cent were injecting drug users (many of whom were men with homosexual contact), 6 per cent by heterosexual contact, 3 per cent by various means of exposure in high risk countries and less than 1 per cent by exposure to blood or blood products. If Australia is to continue its success at limiting the impact of the HIV epidemic, high quality information on current transmission routes is vital.

Grulich AE et al. Tracking the spread of HIV. $Med\ J\ Aust\ 1995;\ 163:61.$ Stevenson EM et al. $Med\ J\ Aust\ 1995;\ 163:66-69.$