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Poor information hampers discussion of HIV "super strain"

Controversy over a possible "super strain" of HIV has been burgeoning in the United States since the case of a man with a multidrug resistant virus with rare characteristics and very rapid disease progression was discussed at a high profile news conference in New York city last month. A report, by Marc Santora et al, was published in the *New York Times* (2005 Feb 12; www.nytimes.com/).

Dr David Ho, director of the Aaron Diamond AIDS Research Center at Rockefeller University, New York, described the patient as a homosexual man aged 46 who acknowledges having had anonymous unprotected anal sex with hundreds of men.

Dr Ho believes that the man became infected with HIV in October 2004, and by January 2005 his CD4 cell count had declined to 80. He has been resistant to 19 of the 20 drugs commonly used to treat HIV.

Other presenters at a special session at the 12th retroviral conference in Boston saw the case as rare and worthy of investigation but not cause for a public health warning. They believe the rapid progression was more likely to be the result of unique host factors, not the virus.

Bob Roehr *Boston*

Measuring mitral regurgitation predicts clinical outcome of treatment

Quantitative grading of mitral regurgitation, based on the effective regurgitant orifice of the valve and the regurgitated volume of blood, is a powerful predictor of the clinical outcome of medical management in asymptomatic patients, suggests a new study. Patients with an effective regurgitant orifice of 40 mm² or more should be considered for surgical repair, say the authors.



Gap in life expectancy between classes narrows, but disparity in disease-free years remains

Men and women living in the poorest areas of England not only die younger than those living in more affluent districts, they also spend twice as many years in poor health, says a report in *Health Statistics Quarterly*, a publication of the Office for National Statistics.

The gap between life expectancy in rich and poor areas has narrowed slightly in recent years, concludes the author, Madhavi Bajekal, but the gap in disease-free life expectancy is far wider and showed no sign of movement between 1994 and 1999, when the data were collected. The gap was most marked among men. Men's healthy life expectancy was 66.2 years in the richest areas but only 49.4 years in the poorest areas, such as parts of Manchester (above).

Dr Bajekal's conclusions are based on the annual health survey for England, which each year asks about 20 000 people to rate their health on a five point scale from "very good" to "very bad." The respondents, who totalled 100 686 over the six year period, were stratified into tenths of deprivation according to the electoral ward in which they lived.

The life expectancy of men living in the least deprived tenth of electoral wards was 77.4 years, compared to 71.4 years in the most deprived tenth; the comparable figures for women were 81.2 years and 78.0 years.

Owen Dyer *London*

Health Statistics Quarterly (2005;25:19-27) is available online at www.statistics.gov.uk/downloads/theme_health/HSQ25.pdf

The study found that the predictive power of an increasing effective regurgitant orifice (adjusted risk ratio per increment of 10 mm², 1.18; 95% confidence interval 1.06 to 1.30; P<0.01) superseded all other qualitative and quantitative measures of regurgitation (*New England Journal of Medicine* 2005;352:875-83).

Compared with patients with a regurgitant orifice of less than 20 mm², those with an orifice of 40 mm² or more had an increased risk of death from any cause (adjusted risk ratio 2.90;

95% confidence interval 1.33 to 6.32; P<0.01), death from cardiac causes (5.21; 1.98 to 14.40; P<0.01), and cardiac events (5.66; 3.07 to 10.56; P<0.01).

In patients with an effective regurgitant orifice of 40 mm² or more the five year probability of death or late cardiac surgery was 84%, suggesting that surgery is almost inevitable. Patients with an effective regurgitant orifice of 20-39 mm² had complication rates that were initially low but subsequently rose over time.

Scott Gottlieb *New York*

A fifth of elderly people in Israel are abused

Israel's first national survey of elder abuse has said that 18.4% of elderly people reported being abused in the previous year. Rates of neglect were among the highest in the world, while rates of physical and sexual abuse and limitation of freedom were similar to those in North America, the United Kingdom, Australia, and Hong Kong. Economic exploitation and verbal violence were more common in Israel than in many of those countries.

The types of abuse were neglect (18.0% of those surveyed); verbal (8.0%) or physical or sexual abuse (2.0%); limitation of freedom (2.7%), or economic exploitation (6.6%) by a spouse or adult child.

Israel's president, Moshe Katsav, said that the document "tore off a mask and showed an ugly face of Israeli society and testifies to an insufferable phenomenon that demands taking urgent measures."

The report will be available next week at www.eshelnet.org.il Judy Siegel-Itzkovich *Jerusalem*

Female drug misuse deaths reach new peak in England and Wales

The annual number of deaths in England and Wales relating to drug misuse has fallen slightly, but the number of women dying has risen, new data from the Office for National Statistics show.

The office's data show that the number of deaths from drug misuse fell from 1565 in 2002 to 1388 in 2003, the lowest figure since 1997 (*Health Statistics Quarterly* 2005;25:52-9). Although women are still very much a minority in terms of number of deaths, the number has risen to its highest level, 346 (compared with 1042 men).

Adrian O'Dowd *London*

The *Health Statistics Quarterly* report is at www.statistics.gov.uk/downloads/theme_health/HSQ25.pdf