

of a much neglected subject. There are several points however, that I should like to raise about it.

Though it was mentioned that women experiencing domestic violence are at increased risk of drug and alcohol abuse, alcohol abuse in the abusing male partner is also a well recognised correlate of domestic violence. One recent review comments that 'half of all batterers coming to intervention will have alcohol abuse problems'.¹ Other substance abuse by men is similarly linked with an increased risk of the perpetration of domestic violence.²

Richardson and Feder maintain that younger age, and being divorced or separated are the only associated demographic features for identifying women experiencing domestic violence, yet research shows that cohabittees are also at greater risk of being battered than women who are married to their partners.^{3,4}

Finally, the review implies that domestic violence always involves women as the victims. This is not so. Men are sometimes savagely beaten by their female partners. The needs of such male victims should not be dismissed any more than those of battered women. One expert who pours scorn on the idea of an epidemic of battered husbands, nonetheless concedes that 5% of domestic violence victims are men and that this is a 'serious problem'.⁵ In one of the few recent UK studies on domestic violence victims presenting to a casualty department, the 300 cases comprised equal numbers of women and men, and surprisingly the study also found that men received more serious injuries and lost consciousness more often.⁶

I would wholly endorse the view that as GPs we should be much more aware of the prevalence of victims of domestic violence presenting covertly in our surgeries. The overwhelming majority of them will be women, and we should do all in our power to help them, but we should do no less for male victims too. I am a member of our local domestic violence forum in Merton, which is one of the most innovative in London in its involvement with not only two refuges and other support services for women, but also a helpline for battered men which currently receives up to 50 calls for help a day.

TREVOR STAMMERS

The Church Lane Practice
2 Church Lane
Merton Park
London SW19 3NY

References

1. Tolman R, Bennett L. A review of quantitative research on men who batter. *J Interpersonal Violence* 1990; **5**: 87-118.

2. Kaufman KG, Strauss MA. Substance abuse as a precipitant of wife abuse victimisation. *Am J Drug Alcohol Abuse* 1989; **15**: 173-189.
3. Yllo K, Strauss MA. Interpersonal violence among married and cohabiting couples. *Family Relations* 1981; **30**: 339-347.
4. Stammers T. *Love Lies Bleeding; When Intimacy Turns to Abuse*. Hodder and Stoughton, London 1996.
5. Pagelow M. Adult victims of domestic violence. *J of Interpersonal Violence* 1992; **7**: 87-120.
6. Smith S, Buchan D. *Adult domestic violence*. *Health Trends* 1992; **24**: 97-99.

Atrial fibrillation in a primary health care district in rural Crete

Sir,

A review article entitled 'Use of warfarin in non-rheumatic atrial fibrillation: a commentary from general practice' was published in the March 95 *Journal*.¹ A similar audit and research project was carried out in Crete, providing brief information about the development of primary health care research in this area.

The prevalence of known chronic atrial fibrillation (CAF) was studied in the area that is the responsibility of the Spili Health Centre (SHC); a mountainous county of rural Crete with 8952 permanent residents. The diagnosis of CAF was documented retrospectively by studying all of the medical records registered in the computerized system of the SHC for the period 01/01/89 to 01/06/94. Diagnoses were made according to the ICHPPC-2-Defined.²

We identified 109 subjects diagnosed with CAF. Forty-eight of those (44.04%) were men, sixty were over 80 years old and the median age was 79 (range 57-93). The prevalence of CAF was 2.61% in the age-group 65-79 years and 10.03% in

those over 80 years old.

The diseases that were found to coexist more often with CAF in order of frequency were: hypertension, congestive heart failure, ischaemic heart disease, chronic obstructive pulmonary disease and valvular heart disease. These findings are similar to those that Bath *et al*³ reported. We did not identify any case defined as 'lone atrial fibrillation'.

Eleven patients (10.09%) were taking warfarin and 43 (39.45%) acetylsalicylic acid alone or with dipyridamole. Thirty-six (33.03%) were not taking any medication and 30 (27.52%) didn't take any medication without having any documented contraindication.

A data list with patients' names, place of residence, individual history and type of treatment is now available and has been distributed to local physicians. Identification of these patients who are at risk, and the subsequent choice of prophylaxis is now a major task for our district medical doctors. A list of recommendations have also been delivered, and the results of these efforts are to be evaluated in the future.

CHRISTOS LIONIS
GIORGOS FRANTZESKAKIS

Department of Social Medicine,
University of Crete,
P.O.B. 1393, Heraklion, Crete, Greece

References

1. Sweeney KG, Gray DP, Steele R, Evans P. Use of warfarin in non-rheumatic atrial fibrillation: a commentary from general practice. *Br J Gen Pract* 1995; **45**: 153-158.
2. *ICHPPC-2-Defined* (International Classification of Health Problems in Primary Care). Oxford, New York, Toronto: Oxford University Press, 1983.
3. Bath PMW, Prasad A, Brown MM, MacGregor GA. Survey of use of anticoagulation in patients with atrial fibrillation. *BMJ* 1993; **307**: 1045.

Table 1. Prevalence of known atrial fibrillation in the Agios Vassilios County, Crete, Greece.

	55-64		65-79		80+	
	M	F	M	F	M	F
Total population*	565	590	769	841	253	345
Number of patients with chronic atrial fibrillation	3	3	21	21	24	36
Prevalence of chronic atrial fibrillation (%)	0.53	0.68	2.73	2.50	9.49	10.43
95% C.I.** of prevalence	0-1.29	0.017-1.34	1.58-3.88	1.44-3.56	5.88-13.10	7.20-13.66

*According to last National Census (1991). **C.I.: Confidence Interval.