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Nomogram for number needed to treat will be of limited use

EDITOR,—Gilles Chatellier and colleagues suggest that in calculations of the "number needed to treat" a nomogram based on the formula $\frac{1}{\text{Pc x relative risk reduction}}$ should be used in preference to $\frac{1}{\text{Pc...Pi}}$.[1] The two formulas are, however, equivalent and will both suffer from the same problems when Pc and Pi differ by an amount greater than Pc. The nomogram is consequently useful in only a limited number of circumstances—for example, when published study results have been adjusted for confounding effects and only relative risks or odds ratios are reported. In these cases such estimates could then be combined with an estimate of the baseline risk to yield the number needed to treat.

JULIA THOMAS
Statistician
CHRIS SHARP
Consultant occupational physician
Medical Department,
National Radiological Protection Board,
Chilton,
Didcot,
Oxfordshire OX11 0RQ

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Children and sport

De-emphasise team sport

EDITOR,—The report *Raising the Game*[1] is, as Helen Trippe notes,[2] a start. Unfortunately it is a start down the wrong path. The report places the emphasis firmly on developing competitive team sport at the centre of physical education. In doing so it intensifies the connection between healthy exercise and vigorous sport. The evidence shows that vigorous exercise is neither necessary to provide a health benefit nor suitable for all people in society.

Competitive sport is not liked by a sizeable number of children, particularly girls. As children get older, they tend to stop participating in sports outside school. For boys, participation in soccer outside school drops from 59% in 11 year olds to 42% in 16 year olds, and similar falls are seen in sports such as rugby and cricket. For girls, the participation in netball decreases from 19% to 6% between ages 11 and 16. This fall continues as people age, and *Social Trends* identifies that at 45-59 participation in team sports is 11%.[3]

As has been shown by a number of surveys, such as the Allied Dunbar National Fitness Survey,[4] as a nation we are not taking enough exercise. Though team sport can be a beneficial source of exercise for some individuals, it is a minority interest. It would not be physically possible to increase the use and provision of facilities to allow the nation to get its exercise from team sports. Concentration on team sport at school will also confirm the link between exercise and health with sport and make the message of increasing moderate activity more difficult. It will alienate the substantial number of children who for one reason or another dislike sports and will reduce the time available for wider activities, such as dancing, walking, or cycling.

Policies must be developed that take the range of activities that will provide healthy exercise into account, and action developed to ensure that these occur. In a recent report from the Royal Society of Health we set out several recommendations for action in various settings to encourage an increase in activity.[5] These settings included the family, the community or local authority, schools, the workplace, and health bodies. It is by developing a wide range of measures to encourage and facilitate moderate exercise such as cycling and walking that we will be able to achieve a healthier nation.

Increasing the emphasis on competitive sport ignores those who do not enjoy it or cannot participate and alienates them from all forms of exercise. We should pay attention to the World Health Organisation and the International Federation of Sports Medicine who noted that "daily physical activity would be accepted as the cornerstone of a healthy lifestyle. Physical activity should be re-integrated into the routine of everyday living. An obvious first step would be the use of the stairs instead of lifts, and walking or cycling for short journeys."[6]

HUGO CROMBIE
Research manager
Royal Society of Health,
London SW1V 4BH

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Walking to school has future benefits

EDITOR,—Helen Trippe highlights the important role of government policy in encouraging physical activity in schoolchildren.[1] The government's new policy statement on sport, *Raising the Game*, proposes a minimum of two hours of sport and physical education a week for all children up to age 16.[2] For Trippe, the policy statement is a start but is not enough: "Interventions to change children's preferred activity levels need to start early, probably in primary schools, or better still at home," she writes. Here she, like the government, is missing out on the action. The journey to school accounts for 35% of all journeys made by children and has the potential to make an important contribution to levels of physical activity. However, since 1975, the average distance walked by schoolchildren has fallen by 27%, largely because of the increasing proportion of journeys to school made by car, which has risen from 12% in 1975 to 23% in 1989-94.[3]

The change in childhood travel patterns has important implication for health and equity. Firstly, patterns of physical activity forged in childhood may carry over into adult life. The school-home journey of childhood melds seamlessly into the work-home journey of adulthood. With only a handbrake and a handful of birthdays between the passenger's seat and the driver's seat, it may be unrealistic to expect the chauffeured children of today to become the ambulant adults of tomorrow.

Secondly, driving children to school increases the risk of injury, as pedestrians, for the children who walk. As might be expected, poorer children, from families without a car, are more likely to walk. Traffic volume is the strongest environmental risk factor for child pedestrian injury, and the Department of Transport estimates that 20% of traffic during the weekday morning travel period is made up of children being driven to school.[3] Taken together, this amounts to the motoring equivalent of secondary smoking.

Two hours of sport a week is a step in the right direction, but a healthy transport policy would do far more to encourage physical activity.

IAN ROBERTS
Director
Child Health Monitoring Unit,
Institute of Child Health,
London WC1N 1EH

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Not all schoolchildren prefer team sports

EDITOR,—I read Helen Trippe's editorial on sport in schools in my mother's copy of the *BMJ*.[1] I am writing as a sixth former with an inside view on physical education in schools.

There are two main points. First is the question of team games as the main form of physical education in schools. While many people do enjoy "the fun of playing as a member of a team," this is often true only of those with an aptitude for the game. For those without this aptitude, physical education lessons can become an experience in abject humiliation, without there being any exercise benefit. I have found netball to be like this. For many of us, it is better if we can exercise at our own pace without the competitive element—for example, playing games on the understanding that the rules do not have to be strictly observed, or dancing, or doing aerobics to music. As well as being more enjoyable, this sort of physical education allows us to use all the time available in actual exercise, which rarely happens in a team game.

Second, we "sedentary 16-18 year olds still at school" are there because we are studying for our A-levels, and time is precious. Most of us do appreciate the benefit of exercise on the body and for mental relaxation, but physical education in school can add to stress rather than relieve it; it is unpleasant to spend parts of the working day hot and tired, and physical education lessons bring considerable extra hassles, practicalities that may not be obvious to policy makers, such as having the correct kit and changing and being late for lessons. Exercise outside the school day is a good alternative, but practical matters such as transport often make this difficult.

From my own experience, I have found some of our most successful physical education sessions, in terms of exercise done, enjoyment, and attendance levels, were the aerobics to music. These taught us exercises which we were able to do at home if we chose, and they encouraged some people to start attending step classes in the evenings.

RUTH COFFEY
Student
Chelford,
Macclesfield,
Cheshire SK11 9BW

1 Trippe H. Children and sport. *BMJ* 1996;**312**:199-200. (27 January.)

Health care rationing

Oregon asked people about moral values

EDITOR,—David Price's tale about rationing of health care based on the case of child B, who had leukaemia, conveys sorrow for the child, grief for the parents, empathy for the physician, sympathy for the judges and administrators, and even pity for the barristers who struggle over the fate of a sick child in a strange dialect of legal abstraction.[1] They seem, together, to be helpless victims of a system without moral direction.

With regard to the Oregon health plan, I must point out that the author has both the name of the commission and the question it asked wrong.