Cross sectional study of differences in coronary artery calcification by socioeconomic status

Helen M Colhoun, Michael B Rubens, S Richard Underwood and John H Fuller

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The relative contribution of socioeconomic differences in risk factors in adulthood versus earlier life to the social class gradient in coronary heart disease is controversial. Socioeconomic position in childhood may be a stronger predictor of stroke and cancer mortality in the Boyd Orr cohort but it had only a weak association with mortality from coronary heart disease. The study only included participants who were born in 1946-1975, and it is unknown whether the findings are generalizable to other populations or time periods.

Methods and results
We looked at the prevalence of coronary artery calcification in 149 men and women aged 30-40 (mean (SD) age 36 (2.5) in relation to socioeconomic status. Participants were randomly sampled from the list of patients from two general practices in London. Participants were included regardless of their cardiovascular history, although none had a history of coronary heart disease.

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Competing interests: None declared.

11 Arevalo M, Saini I, Jennings V. A fixed formula to define the fertile window of the menstrual cycle as the basis of a simple method of natural family planning. Contraception 2000;60:357-60.

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Corneal donation in the accident and emergency department: observational study

J Long, D Walsh, D A W Ritchie, F Russell

Corneal grafting restores sight to individuals with corneal damage. Corneal donations have decreased recently from 4419 in 1996 to 3346 in 1998. Patients pronounced dead in accident and emergency departments are potential donors of corneas for 24 hours, but this resource is underused. In the year before the study only one pair of corneas (1 of 106 deaths (0.9%)) was donated in our department.

The study consisted of developing a policy to request consent for corneal donation and to determine whether the rate of corneal donation was affected. In addition, a simple questionnaire assessed relatives’ attitudes to corneal donation.

Methods and results

All patients pronounced dead in the accident and emergency department from April to July 1999 were considered for the study. Exclusion criteria were suspicious deaths, patients <16 years old, contraindication to corneal donation (scarring or deterioration of tissue, infectious disease in the eye tissue, rare invasive brain tumour, Alzheimer’s disease or other disease of unknown aetiology), or no relatives present within six hours of death.

All relatives were asked whether the patient carried a donor card or had expressed a wish to donate organs, including corneas. Once consent was granted, we then checked whether there were any contraindications. The transplant coordinator was contacted and the relatives of patients in the study were asked two simple questions in a questionnaire: whether they thought it was appropriate to be approached about corneal donation in accident and emergency; and whether they were offended or distressed by the request.

During the four month study period 47 deaths occurred in the department. Eleven patients were excluded, comprising six suspicious deaths, three with