WHO study examines teenage health in 28 countries

James Ciment *New York*

The World Health Organisation (WHO) last week released its fourth survey on the health and health related behaviour of young school students in Europe, the former Soviet Union, North America, and Israel.

The health behaviour in school aged children (HBSC) study involved 120 000 young people between the ages of 11 and 15 in 28 countries and regions. It examined health related issues, including tobacco and alcohol use, medication patterns, exercise, eating habits, mental health, self image, peer relationships, and attitudes toward school, family, and community.

The findings are quite mixed, and the only overall pattern is one of diversity. For example, although daily smoking was

highest in Greenland (56% and 45% of 15 year old girls and boys respectively), alcohol consumption peaked in Wales, where half of that same age group drank alcohol at least once a week.

In England in this age group 24% of girls and 21% of boys smoked daily, and 36% of girls and 47% of boys drank weekly.

For both smoking and drinking, US teenagers in this age group were more restrained than their counterparts in most European and former Soviet countries—just 12% of boys and 13% of girls smoked daily, and only 15% of girls and 23% of boys consumed alcohol on a weekly basis.

The survey also found a link in most countries between teenagers who smoked and drank and those who found it difficult to talk to their parents.

On the question of exercise, the survey found that the most active teenagers lived in Northern Ireland and the least active in Slovakia, Israel, and Lithuania.

Teenagers in Northern Ireland, however, also displayed the worst eating habits, with about 80% of both sexes consuming confectionery on a daily basis.

WHO officials who helped to coordinate the various national surveys say that they are encouraged by several overall trends. "We found that there is a very strong correlation between young people's attitudes, feelings, and thoughts about school and health behaviour," said David Rivett, a technical adviser on the study.

He added: "When we find young people are more satisfied about school they are less likely to take up damaging behaviour. With this study, we are trying to identify what works in school health programmes."

Health Behaviour in School-Aged Children is available at www.who.int/dsa/justpub/justpub.htm.

Percentage of teenagers aged 15 eating sweets or chocolates daily, according to country 1997-8. France, Germany, and Russia are represented only by regions

Radiation of the arteries can reduce narrowing

Deborah Josefson *San Francisco*

Intracoronary artery radiation can significantly reduce restenosis rates after angioplasty, according to a new report (*Circulation* 2000;101:350-1,360-5).

Angioplasty is often complicated by restenosis, or coronary artery renarrowing. An estimated 30-50% of vessels dilated by angioplasty develop restenosis, a process that seriously limits the efficacy of the procedure. Restenosis can occur early or late after angioplasty and is heralded by symptoms of recurrent angina or even by myocardial infarct.

Restenosis is a consequence of the blood vessel wall responding to the "injury" of angioplasty and can thus be seen as a maladaptive repair response of the vessel wall to the injury induced by the coronary catheter.

Typically, the arterial wall responds via intimal proliferation, fibroblast invasion, and

smooth muscle hyperplasia. The end result, a thickened arterial wall with scar formation, further compromises the vessel's luminal diameter.

Strategies for reducing restenosis rates have included mechanical stenting, antilipid drugs, and medication with platelet inhibitors, such as aspirin, ticlopidine, and glycoprotein IIa/IIIb inhibitors. Recently intracoronary radiation has been tried, but long term follow up studies are scanty.

The study published in *Circulation* was led by Dr Paul Teirstein of the Scripps Clinic in LaJolla, California. It enrolled 55 patients who had restenotic lesions after angioplasty into a double blind randomised trial that compared intracoronary radiation with iridium-192 pellets to placebo. Twenty six patients were randomised to the iridium group and 29 to the placebo group.

Efforts were made to control for age, sex, cholesterol level, history of hypertension, diabetes, previous heart attack, and location of the target lesion.

Inclusion criteria required a target lesion in a restenotic coronary artery that already contained a stent or was a candidate

for stent placement. If a stent was not yet in place, stents were put in, and if stents were already in place, redilation with a balloon catheter was performed and additional stents were inserted, if necessary.

Patients then received either ¹⁹²Ir pellets or placebo pellets, which were left in place for 20-45 minutes to deliver an estimated radiation dosage of 800-3000 cGy to the adventitial border. Patients returned after six months and after three years for surveillance angiography.

Revascularisation via coronary artery bypass or by repeat angioplasty was done only if clinically indicated by recurrent symptoms or if cardiac testing showed ischaemia.

At the three year follow up, repeat medical histories were obtained. The researchers found that the patients treated with iridium had lower rates of target lesion revascularisation than the controls (15.4% v 48.4%; $P<0.01$).

The restenosis rate for radiated patients having follow up coronary angiography was 33.3% compared with 63.6% for controls.

Full story in News Extra at www.bmj.com

UK launches initiative on global health

Tessa Richards *BMJ*

Proposals to set up a new UK Partnership for Global Health to take a lead in responding to global health threats have been welcomed by Gisela Stewart, England's parliamentary under-secretary for health.

Speaking at a recent meeting in London organised by the Nuffield Trust and the Royal College of Physicians, she said that the government was committed to tackling global health problems and pledged she would take the initiative forward. The new organisation is envisaged as an alliance between the government, the NHS, industry, non-governmental organisations, and the voluntary sector.

A proposed agenda for action is set out in *Global Health: a Local Issue*, a report from the Nuffield Trust and the Royal College of Physicians.

Full story in News Extra at www.bjm.com