Better coronary care reduces deaths from heart disease

Zosia Kmietowicz *London*

Improvements in the care given to people with coronary heart disease have contributed more to reducing deaths from the condition than reduction in risk factors in the general population, the results of a 10 year monitoring study show.

In May last year the first results of the World Health Organization's MONICA project (which monitors trends in and determinants of cardiovascular disease) across 21 countries showed that deaths from cardiovascular disease had fallen by more than 20% in men and women between the mid-1980s and the mid-1990s.

Results released last week relate how changes in certain risk factors and the treatments used during the first days after myocardial infarction influenced this trend.

In the analysis of risk factors, blood pressure and blood cholesterol concentration were decreasing over the study peri-

od, but weight was increasing. Smoking decreased in men, but results were mixed among women. Overall, these factors explained 15-40% of the fall in deaths from coronary heart disease throughout the world—less than the proportion anticipated, commented the investigators (*Lancet* 2000;355:675-87). They say that there may be other important risk factors driving heart disease in the community, and further research is needed to identify them.

In contrast, the increased use of modern, evidence based treatment modalities during the study period affected mortality from coronary heart disease more than expected. Overall, 72% of the drop in mortality from coronary heart disease in men and 56% in women could be related to or explained by changes in treatment, such as greater use of aspirin, thrombolytic agents, and β blockers and angiotensin converting enzyme inhibitors for the control of raised blood pressure (*Lancet* 2000;355:688-700).

"This is the first evidence of treatment having a major impact on outcomes in a chronic disease," said Professor Hugh Tunstall-Pedoe of Dundee University's cardiovascular epidemiology unit and a member of the MONICA steering group. "The

Shoppers in a mall in Fairfax, Virginia, watch on television monitors as eye surgeon Dr Michael Duplessie (not seen) performs laser eye surgery on a patient in his operating theatre. The surgery uses a cool laser beam to reshape the cornea and correct a person's vision.

results also show that looking after one's risk factors is not going to be enough. It is important to follow treatments as well."

In an accompanying commentary Steven Grover from the division of clinical epidemiology at Montreal General Hospital said that it was reassuring that

"some of the expected benefits associated with evolving clinical care are being realised" and that "some modifiable risk factors that remain important irrespective of the individual's nationality or place of residence have been identified" (*Lancet* 2000;355:668-9). □

UK pilot scheme for HPV testing announced

Jacqui Wise *London*

The NHS is to start screening women for human papillomavirus (HPV) if they have a mild or borderline cervical smear result. Women who test positive for the virus will then be "fast tracked" for further investigation and treatment.

The pilot scheme will start this summer and run for a year at three sites as part of the NHS cervical screening programme. The UK National Screening Committee recommended the move following the publication of a report from the Health Technology Assessment programme last September (www.hta.nhsweb.nhs.uk). This said that the evidence supported testing for human papillomavirus when a smear showed bor-

derline nuclear change and mild dyskariosis.

A spokeswoman for the Department of Health said: "We are fine tuning the programme in order to get women with borderline smear results who are HPV positive seen as quickly as possible for further investigation as we know it is this group of women who are more likely to get cervical cancer."

Women who test negative for the virus will be called back for a repeat smear six months later, as happens now, and for a second test for the virus. If the smear shows no progression to a high grade abnormality and the test is negative again, the woman will be discharged back to the normal screening cycle.

The human papillomaviruses are a group of more than 80 different types of virus, including those causing genital warts. They can be transmitted through sexual intercourse and have been linked to cervical cancer.

Most human papillomavirus infections disappear without treatment, and even women who develop types of the virus associated with cancer rarely go on to develop cervical cancer.

Professor Jack Cuzick, head of mathematics, statistics, and epidemiology at the Imperial Cancer Research Fund, London, welcomed the pilot screening programme: "The lives saved will be relatively modest, probably 50-100 a year. But it should lead to better management of cervical smears and possible cost savings as women don't have to be called back so often."

Professor Cuzick said, however, that the NHS needed to invest in new technology and

carry out the test for human papillomavirus using liquid cytology. Liquid cytology entails placing the smear sample into a liquid storage tube for transporting so that an improved smear test can be made in a laboratory and other tests can be done with remaining cells. The technique is currently being evaluated by the National Institute for Clinical Excellence.

"Using liquid cytology the sample is easier to read and gives more accurate results, and because you can go back to the sample you don't need to call women back for a second smear," said Professor Cuzick. Screening for the virus using liquid cytology is already carried out in some parts of the world—for example, in Geneva.

Professor Cuzick added that the government should urgently fund a large study to evaluate screening women in the general population for human papillomavirus. □