In brief

Red clover not effective for menopause: Two popular herbal remedies, Promensil and Rimostil, which contain phytoestrogens extracted from red clover, are no more effective than placebo for treating menopausal symptoms (*JAMA* 2003;290:207-14). The study deals a blow to women seeking an alternative to traditional hormone replacement therapy.

Hungarian doctors accused of taking bribes: Five doctors in Miskolc in northeast Hungary were arrested last week on suspicion of accepting bribes—ranging from 150 000 Hungarian forints (£400; \$650; €575) to 250 000 forints—from several hundred people to falsely certify them for disability benefits.

FDA takes action on antimalarial drug: The Food and Drug Administration has taken the unusual step of issuing a medication guide for the antimalarial drug mefloquine (Lariam). The document, which sets out the potential risk of sudden adverse psychiatric event from the drug, must by law be given to patients whenever they are prescribed the drug. Only 18 drugs currently have this requirement. (See www.fda.gov)

Cholera affects almost 600 people in Liberia: From 6 June to 29 June, 586 cases of cholera were reported from health facilities still operational in Monrovia. Because of the security situation, exact numbers of cases and deaths are difficult to obtain. The World Health Organization is supporting the country's health ministry with control measures, including mass chlorination.

Hip replacement patients get better service: NHS patients receiving hip replacements have received an improved service over the past three years, a report from the National Audit Office has said. But more needs to be done. Surgeons should use replacement hips that meet the National Institute for Clinical Excellence benchmark, and the time patients stay in hospital should be reduced. The report can be accessed at www.nao.gov.uk

Lords committee warns of gaps in infection control measures

Lynn Eaton *London*

England has a shortage of appropriately trained experts in identifying infectious diseases, says a report published this week by the House of Lords.

It warns that this is a deficiency that could put the country at risk of failing to notice an outbreak of a potential epidemic, such as the severe acute respiratory syndrome (SARS), and that the country may not be able to cope with a major outbreak of infection.

In its report, *Fighting Infection*, the select committee on science and technology reports that the lack of expertise in identifying or treating difficult or rare infections means that patients might receive suboptimal clinical care.

"In addition," it says, "there is a risk that potentially significant events... could be overlooked until an epidemic has taken

hold. We note that the early detection of the anthrax outbreak in the US was due to general clinicians who became suspicious something untoward was occurring."

Although the report makes no direct mention of terrorist threats—one potential source of an outbreak of disease—it says that the country should be able to produce vaccines quickly. The United States already has an institute working on a vaccine for SARS, but the UK government, it says, recently turned down an application for a similar facility, on the grounds of cost.

The committee calls on the government to draw up a strategy for securing vaccine supplies in the event of a major outbreak of an infectious disease and welcomes moves to reconsider a

vaccine institute in the United Kingdom.

It calls on the government to improve cross departmental working and set up infection centres to coordinate working, build up expertise, and do research.

About 70 000 people die in the United Kingdom each year from infection, the report says, and hospital acquired infections cost the NHS an estimated £1bn (\$1.6bn; €1.4bn) a year. But the number of infectious disease physicians in England seems to be very low, they say, at 1:750 000 population. This compares with 1:53 000 in the United States and 1:250 000 in the Netherlands, where the structure is more like that in England.

It suggests combining training in microbiology—where it is hard to fill posts—with infectious diseases—where there are more physicians in training but only a limited number of posts. □

Fighting Infection is available at www.parliament.uk/hlscience

Hypertension is increasing in United States

Janice Hopkins Tanne *New York*

Hypertension in the United States increased during the 1990s and now affects more than a quarter of the population. Less than a quarter of those affected have their hypertension under control.

An analysis of the national

health and nutrition examination survey (NHANES) published in *JAMA* showed that 29% of Americans—more than 58 million people—have hypertension, defined as 140/90 mm Hg or above (*JAMA* 2003;29:199-206).

Between the 1988-91 survey and the 1999-2000 survey, hypertension increased by 3.7% (95% confidence interval 0% to 8.3%).

More than half the increase (2%) is due to an increase in body mass index, even after adjustment for age, sex, and race or ethnicity, say the investigators, Dr Ihab Haj-

jar of Palmetto Health Richland, University of South Carolina, Columbia, and Dr Theodore Kotchen of the Medical College of Wisconsin, Milwaukee.

The survey is based on home interviews of a representative sample of Americans. Participants also have their blood pressure measured by health workers at the same time. Surveys from 1960 to 1991 had shown a decrease in hypertension.

Dr Hajjar told the *BMJ*: "According to the multivariate analysis, age, being African American, and higher body mass index were associated with having hypertension."

Hypertension prevalence was highest in non-Hispanic black Americans (34%), those aged 60 or older (65%), and women (30%).

Control of hypertension was poor. Most (69%) people with hypertension were aware of the problem and most (58%) were receiving medication. Just over half of those taking medication (53%) had their hypertension controlled. Nearly three quarters of people with diabetes and hypertension did not have their blood pressure controlled at the recommended level of less than 130/85 mm Hg. □

Hypertension was most common among non-Hispanic black Americans, those aged 60 or older, and women