Past and future influences on public health

EDITOR,—At the summer scientific conference of the Faculty of Public Health Medicine the chief medical officer, Dr Kenneth Calman, challenged delegates to identify the most important influences on public health in the past 20 years and to predict the major influences in the next 20 years. Colleagues and I conducted a Delphi-type consultation (two rounds of comment and analysis) in this department and have now come close to a consensus. The box shows the results.

The messages from the consultation include the following points.

(1) Even in a society and time of considerable material wealth, improvements to health have depended on a rise in living standards; this interdependence between health and wealth is expected to continue. The key factor in better health may be increased disposable income. The implication is that to improve public health in the next 20 years we must avoid economic disaster; indeed, we must seek further rises in our economic strength.

(2) Environmental improvement, particularly housing, was a major contributor to public health in the past 20 years but is not expected to have such a great influence, in relative terms, in the next 20 years.

(3) The decline in tobacco consumption has been a powerful and increasingly important influence. The repercussions of the fight against tobacco have been wide, and the fight has helped shape the values and attitudes of large sections of society as well as providing strategies for other health related issues requiring changes in lifestyle.

(4) Education and communication held fourth place in respect of the past and next 20 years. Changing behaviour was identified as the health challenge for educators and communicators of the future.

(5) Health services were regarded as one of the great influences on health, with a suggestion from the responses that there was an expectation of more, and more effective, services in the future; the role of advances in genetics was noted by several participants.

(6) The other factors (given as footnotes in the box) included diet and nutrition as a strong contender for a place as one of the major influences of the past 20 years. One observation, possibly worthy of further reflection, concerned the influence of smaller families: smaller family size not only allows more attention to be given to the children but also releases substantial income.

In conclusion, the influences on health over the past 20 years were in line with those found in other analyses—for example, that of McKeown and Lowe—except that tobacco control was identified as one of the great issues of the time. For the future the influences will be about the same. No great revolutions in thinking about health and disease were predicted by this group, except that tobacco control was given an unusual priority. Our consultation endorses the thrust of the philosophy, practice, and science of public health and re-emphasises the principles of a broad based strategy for controlling disease and improving health status.

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1 McKeown T, Lowe CR. *An introduction to social medicine*.
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Over the counter H₂ receptor antagonists

Serve only as expensive antacids

EDITOR,—We agree with Morten Andersen and Jens S Schou that H₂ receptor antagonists can safely be sold over the counter, and we understand the pressures on the government and the pharmaceutical industry's pressure to make these drugs available over the counter.¹ We question, however, the clinical rationale for such over the counter drugs. Surely the most important issue apart from safety is efficacy. Will patients benefit from the ready availability of these drugs in pharmacies? The answer to this requires an examination of the potential range of clinical conditions for which over the counter H₂ receptor antagonists might be used.

The commonest cause of upper abdominal symptoms is functional dyspepsia, a term that describes an ill defined group of disorders that respond poorly to H₂ receptor antagonists apart from through a possible placebo effect. Andersen and Schou mention that failure of symptom relief should prevent an extended delay to diagnosis and appropriate treatment, and others have advocated a therapeutic trial of H₂ receptor antagonists as a screening tool to select patients for referral for

endoscopy. This strategy, however, has not been supported by a recent study, which indicated no improvement in the selection of patients for endoscopy, increased costs, and reduced satisfaction among patients.²

Gastro-oesophageal reflux is a common cause of dyspepsia, but over the counter H₂ receptor antagonists, available only in low dose preparations (cimetidine 100 mg), are unlikely to be more effective than simple antacids. These drugs, even in high doses, are being superseded by the more effective proton pump inhibitors when simple antacids and lifestyle measures are ineffective.

The main indication for H₂ receptor antagonists is symptomatic treatment of peptic ulceration. We are unaware that low dose, over the counter preparations are any more effective than antacids for this purpose. More importantly, the elucidation of the role of *Helicobacter pylori* in the pathogenesis of peptic ulceration has led to new curative treatment regimens, which do not require H₂ receptor antagonists.³

The cost of a month's supply of a typical H₂ receptor antagonist preparation bought over the counter is £39.90 (based on the maximum dose per month for dyspepsia), compared with £11.45 for the cheapest over the counter antacid.⁴ We believe that, in view of the decreasing long term role of H₂ receptor antagonists in gastroenterology, over the counter preparations will serve only as expensive antacids and are likely to benefit the pharmaceutical industry much more than dyspeptic patients.

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- 2 Bytzer P, Hansen JM, Scalfalitzky de Muckadell OB. Empirical H₂-blocker therapy or prompt endoscopy in the management of dyspepsia. *Lancet* 1994;343:811-6.
- 3 Heatley RV. The treatment of *Helicobacter pylori* infection. *Aliment Pharmacol Ther* 1992;6:291-303.
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Increase the risks to offshore workers

EDITOR,—I wish to add to the debate on whether H₂ receptor antagonists should be made available over the counter.¹ The United Kingdom Offshore Operators Association is a professional organisation committed to the needs of an industry with some 35 000 employees working offshore. As the responsibilities of the NHS cease at the low water tide mark the association's medical advisory committee has for many years been the sole guardian of and adviser about health care offshore.

Most installations are in remote locations, reached usually by helicopters on journeys taking from one to four hours each way. During inclement weather these installations can become isolated for many days, which places extra strain on the standards of health care provided. Despite the ever increasing skills of the person with medical training assigned to each platform or rig it is essential that each worker is medically screened before being allowed to work offshore because of the remoteness of the installations and the special requirements of the work.

Most important influences on public health in past and next 20 years

Past*

- Improvements in living standards, particularly arising from more disposable income
- Environmental improvements—for example, housing, roads
- Reduction in tobacco consumption
- Improvements in education and communication
- Better, more effective, and easier access to health services

Future†

- High standards of living and lower unemployment rates
- Decline of tobacco consumption
- Better health services delivering more effective treatments
- Education, to include change in behaviour to reduce risk factors
- Environmental protection and better housing

*Other influences identified were dietary and nutritional improvements, smaller families, exercise, community self help, prevention of AIDS and HIV infection, and recognition of social and psychological factors as important to health.

†Other influences were dietary improvement, better application of existing knowledge, focus on mental health and health care, and a patient centred approach to health care.