LETTERS TO THE EDITOR

The British Heart Journal welcomes letters commenting on papers that it has published within the past six months.

All letters must be typed with double spacing and signed by all authors.

No letter should be more than 600 words.

In general, no letter should contain more than six references (also typed with double spacing).

Mitrail valve hypoplasia in children with isolated coarctation of the aorta

Sir,—Venugopalans et al concluded that, compared with controls, patients with coarctation of the aorta have relative hypoplasia of the mitral valve which is likely to be more pronounced in patients with mitral diastolic murmurs.1 Unfortunately, they do not mention our previous study in which we found that patients with mitral diastolic rumble and coarctation of the aorta have minor abnormalities of the mitral valve or minimal mitral stenosis that significantly increase the rapid ventricular filling and pressure half times and decrease the mitral valve area.

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70% of practitioners. GPs are less sure that drug treatment prolongs life (65%) and prolonging life is the priority for only 18%. Those more recently qualified (P<0-01) and those who are vocationally trained (P<0-01) were less likely to believe that drug treatment prolongs life. Differences in beliefs about the value of drug therapy are reflected in treatment aims. More of those who were qualified longer were more likely to cite prolonging life as their main priority (P<0-001) and fewer of those who were vocationally trained (P<0-05). In addition, those who were vocationally trained were less likely to initiate treatment with the aim of delaying progression of the disease (P<0-05).

In contrast, control of symptoms was the priority of those most recently qualified (P<0-001) and those vocationally trained (P<0-01): 80% of those who qualified after 1980 compared with 69.8% of those who qualified from 1970 to 1979. 76% of those who qualified before 1970 cited symptomatic control as their main treatment priority. Of those vocationally trained 76% gave symptomatic control as their main priority compared with 64% of those who were not.

Side effects are a major problem and 73% reported that more than 10% of patients suffer from side effects. Not surprisingly this is reflected in compliance: 70% of practitioners believed that more than 10% of patients have poor compliance.

Clearly GPs have considerable experience and expertise in the management of mild to moderate cardiac failure and this experience is quite different from that of hospital specialists. There is a need to share community and hospital experience and develop guidelines and protocols that recognise this continuity of care.

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Peripheral vascular disease: consequence for survival and association with risk factors in the Speedwell prospective heart disease study

Sir,—We were interested in the findings of Bainton et al that a raised white cell count predicts the development of intermittent ischemic claudication.1 An epidemiological study also found a correlation between a raised white cell count and a significant risk of myocardial infarction and stroke.2 It is generally accepted that massive tissue ischemia followed by reperfusion has an adverse effect on the systemic vascular endothelium, particularly the pulmonary microcirculation.1 Both factors suggest an important role for oxygen-derived free radicals, activated neutrophils, and endothelial mediators in this injury, resulting in a systemic increase in vascular permeability.3 This may be quantified by a local increase in renal permeability, which is reflected by a change in urinary protein excretion—microalbuminuria.4 We have suggested that patients with claudication undergo a series of similar less severe ischaemia-reperfusion injuries with activation of the above mechanisms. This may have an adverse effect on cardiovascular mortality and morbidity in patients. In support of this hypothesis we found an increase in neutrophil activation, lipid peroxidation, and a rise in urinary albumin excretion after exercise in patients with claudication.5

Recently we found a decrease in neutrophil deformability, suggestive of activation, and a highly significant rise (P<0-001) in thromboxane B2 concentrations after exercise in patients with claudication. No change was found in the control group and concentrations of thromboxane B2 at rest were significantly lower in the controls. The results support the concept that intermittent claudication results in a series of repeated ischaemia-reperfusion injuries leading to neutrophil activation and increase in systemic vascular permeability. These events seem to play a part in atherogenesis, and this may explain why the excess cardiovascular mortality found in these patients.

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Direct access exercise electrocardiography: a new service that improves the management of suspected ischaemic heart disease in the community.

Sir,—The paper by McClements et al on direct access exercise testing (Br Heart J 1994; 71:531–5) is surely incorrectly titled. A new service that allows the management of suspected ischaemic heart disease to be assessed but suggests the management— I think not. As a result of the open access facility more than half of the patients with chest pain thought to be due to angina were referred for exercise testing. In those patients referred an abnormal exercise test were not referred for specialist examination and advice, thereby being deprived of access to two of the three available treatment options. Indeed apparently more than 10% of these patients received no treatment at all.

In the current environment where quantity rather than quality of management seems to be the important factor perhaps 1