AIDS

Risk of AIDS Related Complex and AIDS in Homosexual Men with Persistent HIV Antigenaemia.

A prospective study in a population of homosexual men in Amsterdam followed for 20 months showed that ARC and AIDS developed more commonly in subjects who developed HIV antigens.

<table>
<thead>
<tr>
<th>HIV antigen seronegative</th>
<th>ARC 10.9%</th>
<th>AIDS 1.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV antigen seroconverters</td>
<td>20</td>
<td>25.0%</td>
</tr>
<tr>
<td>HIV antigen seropositive at entry</td>
<td>40</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

Temporal Relation of Antigenaemia and Loss of Antibodies to Core Antigens to Development of Clinical Disease in HIV Infection.

The development of ARC and AIDS was preceded by the recurrence of HIV antigens and a decrease in anti p24 core antibody. Why some patients develop antigenaemia within 2 years of infection and others remain antigen free for 7 years or longer is not known.

Fig. 2 — Serological profile of HIV infection.

AIDS in the United Kingdom
In Notes and News: Lancet 1988, 1, No. 8591:953

The article lists the cases of AIDS, and the classes of individuals testing HIV positive in England, Scotland, Wales, Northern Ireland, up to the end of March 1988. The information is of current interest as a few U.K. companies recently boosted life insurance premiums ostensibly because of AIDS.

Eighty-eight per cent of male AIDS cases were homosexual, or bisexual, and 7% had received blood products so that the number of cases related to IV drug abuse and heterosexual spread remains low.

The per capita number of AIDS cases per 1,000,000 remains small compared to Canada: 65.5 and the U.S.A.: 228.1. United Kingdom: 24.0. (Source: Federal Centre for AIDS Report, April 5, 1988.)

Aids and Life Insurance
In Notes and News: Lancet 1988, 1, No. 8597:1293

AIDS is “one of the most serious threats to life insurance that we have seen for a long time”, Prof. David Wilkie told a meeting in February this year of the AIDS Working Party of the Institute of Actuaries. Professor Wilkie had previously prepared various projections for the insurance industry about the AIDS epidemic, ranging from optimism to pessimism. With a moderate combination of the projections, the working party calculates the expectation of life for a 30-year-old to be 47 years if he is “clear” of AIDS (i.e., not in an at-risk group and remaining free of HIV infection), 27 years if he is at risk, 8 years if he is HIV-positive, and 1½ years if he has AIDS. A 30-year-old man with AIDS if over 900 times more likely to die in the next year from AIDS than an average 30-year-old man who is “clear”; the man who is HIV-positive is 10 times as likely to die in the next year. How will premium be affected? If all those with AIDS, half of those who are HIV-positive, and a quarter of those at risk are excluded from being insured a “relatively strict level of underwriting”, net premium rates would be increased by 70% or more for terms of 10-20 years because of the additional deaths from AIDS. It will only be possible for insurers to limit their exposure to the effects of HIV to a modest extent, says the working party. They recommend routine blood testing for HIV in applicants for policies of £ 50,000 and over. Asking all applicants about numbers of sexual partners and frequently of change of partner might be an unpopular but necessary development, although the working party acknowledges that applicants may lie.

Cancer

Hodgkin’s Disease Prognosis: A Directly Predictive Equation

586 patients with Hodgkin’s disease (all stages) diagnosed between 1970 and 1979, staged and treated the same way, were evaluated for prognostic indicators. On univariate analysis, sex, age, stage, histological subtype, presence of constitutional symptoms or mediastinal mass, erythrocyte sedimentation rate (ESR), hemoglobin and serum albumin concentrations were significant predictors of future survival.
On multivariate analysis, 6 factors — ESR, stage, histological subtype, age, sex and albumin — were found to have value. Symptoms (surprisingly), mediastinal bulk, and hemoglobin were not important. The authors derived a linear prognostic equation using those six factors which estimated median survival time for any given patient. For those with all favorable factors, 15 year survival was over 60%; for those with all unfavorable factors, survival was near zero for the same time span.

**Tumor Burden as the Most Important Prognostic Factor in Early Stage Hodgkin’s Disease**


290 patients in a Danish Study with Hodgkin’s disease stage I or II were treated with radiotherapy alone or radiotherapy and adjuvant chemotherapy, went into remission and were followed on average for 12 years (study period 1971 to 1983). Tumor burden was assessed by direct measurements of the size of each nodal and mediastinal/hilar area involved with disease. Ten variables were studied for prognostic importance (similar to those mentioned in the paper above). A combination of tumor burden, histologic subtype, and sex appeared to single out patients with a high relapse rate, but with regard to survival, “only tumor burden and age were independently significant.” In the low risk group (low tumor burden, best subtype, female sex), survival to 12 years was 100%; in the high risk group, survival was approximately 86%.

**Infectious Diseases**

**Chronic Fatigue Syndrome: A Working Case Definition**


The authors redefine what is sometimes called chronic Epstein-Barr virus syndrome as chronic fatigue syndrome and present a working definition for chronic fatigue syndrome. The authors state that there is questionable diagnostic value for the serologic tests for Epstein-Barr virus. There is also serious question about the relationship between Epstein-Barr virus infection and patients who have been diagnosed as chronic Epstein-Barr virus syndrome.

**Neurology**

**Medical Treatment of Transient Ischemic Attacks: Does it Influence Mortality?**

Ramírez-Laspeas E and Cipolle RJ Stroke 1988; 19:397-400

This review article analyzes prior randomized studies on the medical treatment of TIA’s in which controls received either no treatment or placebo and in which mortality was given. The authors utilized the odds ratio method to determine the effect of treatment. The authors conclude that neither anticoagulation nor platelet inhibitors reduce mortality from a statistically significant standpoint.

**Psychiatry**

**Excess Mortality Among Formerly Hospitalized Child Psychiatric Patients**

Kuperman S, Black DW and Burns, TL Arch Gen Psychiatry 1988; 45:277-282

1,331 patients under age 18 years admitted to a university psychiatric hospital over an eleven year period were followed for four to 15 years. The standardized mortality ratio for deaths from unnatural causes was 230% compared to the control group. A statistically significant increased risk of unnatural death was found only for a group that included patients with organic mental disorders, schizophrenia, and mental retardation. Clinical factors associated with an increased risk of unnatural death included seizure disorder and multiple psychiatric hospitalizations. There was no increase in deaths due to natural causes.