BEST news for air travel

Being short, my wife and I cope moderately well in the cramped economy seats on long-haul flights. But the seating room is not designed for citizens such as lanky sportsmen, or for those of greater girth. Passengers seated next to large people endure some of their overflow but sympathise with the discomfort of being wedged into a confined space for many hours.

Having had a deep-vein thrombosis, I fall into the category of high risk for a repeat during long-haul flights and therefore take a shot of low-density heparin on embarking, as advised by expert colleagues. One nevertheless remains apprehensive in view of much recent publicity surrounding ‘economy class syndrome’ or flight-related venous thrombosis. The report of the BEST study by Jacobson and colleagues (p. 522) therefore comes at an opportune time and is likely to be recognised as one of the most important studies on this topic.

The sheer logistics of the study, its considerable cost in cash and kind and the co-operation that the group achieved are quite remarkable. The roles played by doctors, scientists, laboratories and businesses are acknowledged, and South African Airways deserve special congratulations for their foresight and courage in participating so significantly despite the fact that the findings could have been unfavourable. And of course the participation by large numbers of passengers enabled the study to reach significant conclusions.

There have been several studies on flight-related venous thromboembolism, but the BEST study is the first to specifically examine the association between markers of thrombosis (D-dimers) and class of travel. Contrary to what they expected, there was no statistical relationship between flight class and the development of raised D-dimers. The similarity in the proportion of passengers with raised D-dimers in both classes might have been the result of immobility rather than the cramped position, as only 6% of passengers reported exercising during the flight. They showed that the incidence of clinical and/or compression ultrasonography-documented lower limb venous thrombosis is much lower than has been previously reported, as it occurred in none of the passengers studied. An amusing finding was that mean alcohol intake was 66% higher in business class. The study demonstrated positive correlations between elevated D-dimers and the presence of the factor V Leiden mutation and the use of aspirin.

The BEST study results provide reassurance, if not physical comfort, for the majority of passengers located in the rear of the plane. Those with air miles to spare may also be inclined to use them for purposes other than upgrades of their flights. Pity that the study will not prod airlines to increase the space in the room is not designed for citizens such as lanky sportsmen, or for those of greater girth. Passengers seated next to large people endure some of their overflow but sympathise with the discomfort of being wedged into a confined space for many hours.

Having had a deep-vein thrombosis, I fall into the category of high risk for a repeat during long-haul flights and therefore take a shot of low-density heparin on embarking, as advised by expert colleagues. One nevertheless remains apprehensive in view of much recent publicity surrounding ‘economy class syndrome’ or flight-related venous thrombosis. The report of the BEST study by Jacobson and colleagues (p. 522) therefore comes at an opportune time and is likely to be recognised as one of the most important studies on this topic.

The sheer logistics of the study, its considerable cost in cash and kind and the co-operation that the group achieved are quite remarkable. The roles played by doctors, scientists, laboratories and businesses are acknowledged, and South African Airways deserve special congratulations for their foresight and courage in participating so significantly despite the fact that the findings could have been unfavourable. And of course the participation by large numbers of passengers enabled the study to reach significant conclusions.

There have been several studies on flight-related venous thromboembolism, but the BEST study is the first to specifically examine the association between markers of thrombosis (D-dimers) and class of travel. Contrary to what they expected, there was no statistical relationship between flight class and the development of raised D-dimers. The similarity in the proportion of passengers with raised D-dimers in both classes might have been the result of immobility rather than the cramped position, as only 6% of passengers reported exercising during the flight. They showed that the incidence of clinical and/or compression ultrasonography-documented lower limb venous thrombosis is much lower than has been previously reported, as it occurred in none of the passengers studied. An amusing finding was that mean alcohol intake was 66% higher in business class. The study demonstrated positive correlations between elevated D-dimers and the presence of the factor V Leiden mutation and the use of aspirin.

The BEST study results provide reassurance, if not physical comfort, for the majority of passengers located in the rear of the plane. Those with air miles to spare may also be inclined to use them for purposes other than upgrades of their flights. Pity that the study will not prod airlines to increase the space in the areas in that I, and the majority of other passengers, usually occupy!

Sex education: at what age?

All are agreed that the youth should receive sex education other than what they inevitably and informally pick up themselves — but at what age?

Some years ago a major meeting about HIV/AIDS was held at President Mbeki’s official residence in Pretoria. It was attended by NGOs, religious organisations, government representatives and other interested parties. The guests were entertained by a wonderful Soweto children’s choir. During the open session the choirmaster pleaded passionately for sex education at junior school level, the group from which he drew his choir. The article by Fisher and colleagues (p. 537) strongly supports this view.

Data on sexual behaviour are of critical importance in formulating an appropriate response to the AIDS pandemic. The study shows that the proportion of sexually active students has increased considerably since similar studies in 1990. Among males, 23.2% in Grade 8 and 57.8% in Grade 11 had experienced intercourse. Among females the corresponding percentages were 10.8% and 42.8%. Specifically, by the age of 14 years, 23.4% of males and 5.5% of females had experienced sexual intercourse. There is cause for concern that many are exposing themselves to risk of pregnancy and disease. For instance, injectable steroids were used by 71.7% of sexually active grade 8 girls who used contraception. While these girls are protected against pregnancy, they are not protected against disease.

The results underscore the urgent need for school-based HIV prevention programmes. For those with curious minds it is intriguing that there is such a preponderance of 14-year-old males with sexual experience — who would be their partners?

Hyperthyroidism and obesity

One of the most characteristic features of hyperthyroidism is weight loss, despite an increased appetite. Brunova et al. (p. 529) report that many women treated for hyperthyroidism gain excessive weight following therapy. This is corroborated by other studies cited in the accompanying editorial by Ross and Levitt (p. 515). They advise that the obesity should be managed through appropriate advice. Replacement therapy with thyroxine should be commenced timeously when hypothyroidism arises and thyroid hormone levels should be meticulously maintained within normal levels.

New drugs — hype versus hope

The June 16 issue of Business Week reviews new cancer cures. They observe that ‘the hunger for a silver bullet remains, and can make it hard for patients, and investors to dispassionately assess new cancer treatments. It can also lead companies and researchers to overplay marginal results.’ A similar refrain echoes concerning a new pharmaceutical agent, drotrecogin alfa, for the treatment of severe sepsis (pp. 474, 500, 502). The cost/benefit debate is a classic ethical dilemma about the allocation of scarce resources, particularly when South Africa spends less than one-twentieth on health care compared with the USA.

JPvN