It has been suggested that sudden infant death syndrome (SIDS) and febrile convulsions (FC) are related aetologically. Both conditions may be age specific reactions to fever in susceptible children, and the common mechanism may be termolabile syncope with cerebral ischaemia. The hypothesis is supported by observations that cats’ reactions to artificially induced fever depend on age; younger kittens tend to die suddenly, older kittens tend to have convulsions, and mature cats tend to remain intact. Both SIDS and FC occur in time based clusters, and children who die of SIDS are generally younger than children with FC. If the shared susceptibility hypothesis is true, we would expect siblings of children with FC to have an increased risk of SIDS.

SUBJECTS AND METHODS
We performed a follow up study based on information from two nationwide registries in Denmark. The National Hospital Register contains information on almost all discharges (99.4%) from Danish hospitals since 1977. Diagnostic information is classified according to a Danish version of the International Classification of Diseases; ICD8 was used from 1984 to 1993, and ICD10 from 1994 to 1998. We included children with FC if they had ICD8 code 780.21 or ICD10 code R95.9. The period of follow up for children with FC was from December 1991, the health authorities in Denmark recommended a non-prone sleeping position, which was followed by a notable decrease in the incidence of SIDS. Excluding children born after 1991 had no impact on the result. Furthermore, no change in the results was seen when half siblings and children with unknown fathers were excluded.

DISCUSSION
First degree relatives of patients with FC had no overall increased risk of SIDS, and the study did not support the shared susceptibility hypothesis. Our cohort study was population based, had complete follow up, and the data did not rely on parental recall. We find it unlikely that bias or confounding have masked an association.

Table I Risk of SIDS in siblings of children who had had febrile convulsions (FC+) relative to the risk in siblings of children who had never been hospitalised with febrile convulsions (FC−) as measured by the Cox HR

<table>
<thead>
<tr>
<th>Cohorts</th>
<th>Person years at risk</th>
<th>SIDS</th>
<th>No.</th>
<th>No. per 1000</th>
<th>HR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC−</td>
<td>20036.98</td>
<td>34</td>
<td>1.70</td>
<td>1.00*</td>
<td></td>
</tr>
<tr>
<td>FC+</td>
<td>9807.25</td>
<td>15</td>
<td>1.53</td>
<td>0.90 (0.49 to 1.66)</td>
<td></td>
</tr>
</tbody>
</table>

*Reference.
ACKNOWLEDGEMENT
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