Drug abuse in children and adolescents: an update

EDITOR,—I read with interest the annotation by H Swadi, which was a most helpful overview of drug abuse in children and adolescents. Although illicit drugs are one of the main sources of substance abuse, iatrogenic sources also form a significant proportion. Abuse of prescribed pressurised aerosols (antiasthmatic inhalers) by young children and adolescents is little known and possibly underestimated. Young asthmatics are at risk of this form of drug abuse and may manifest acute psychosomatic symptoms. Addiction is probably due to the fluorinated hydrocarbons used as propellants, rather than the active substance itself.

The medical profession, primarily general practitioners, must be made aware of this unapproved route of drug abuse, especially by young asthmatics presenting with bizarre behaviour.

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There can be few British paediatricians unaware of the work currently proceeding in Southampton University regarding the early origins of adult disease, but probably not many have been able to study the full reports, or to have formed a view of the importance of the work. All this is provided in this volume, which includes 31 relevant articles from a large number of different journals, and is prefaced by a very readable and balanced critique by Roger Robinson.

The work by David Barker and his group was initiated by the observation that geographical areas that had had high infant mortality rates in the earlier parts of the century were now those with high rates of adult ischaemic heart disease. This prompted a search for obstetric and infant health records dating from that time, and the follow up and examination of the health of the individuals for whom these data were available, as well as the use of data from two of the national longitudinal studies. The description of the ingenious methodology used itself warrants the purchase of the book. But the subsequent studies that relate placental weight and fetal and infant growth rate to adult blood pressure, risk of ischaemic heart disease and stroke, and to the risk of non-insulin dependent diabetes read like a series of detective stories, and can be recommended for holiday reading.

The results have lead to a series of very plausible and sometimes complex hypotheses that raise basic and very important questions regarding influences on intrauterine growth and coping mechanisms when uterine nutritional supplies are constrained. The work also shows readers to the differences between birth cohort effects and effects stemming from the health behaviour prevalent during the period under study. Thus many of the conclusions have been questioned by those who see adult health behaviour such as smoking, diet, and exercise as having more influence than early experience. Almost certainly both are highly relevant, and what needs to be assessed is their relative importance.

Whatever the final outcome of the lively discussions that this work has initiated, David Barker and his team have performed a great service by carrying out and stimulating research in a field of fundamental importance, and by linking the interests of paediatricians and adult physicians. The book is entertaining, intellectually challenging, of a modest price, and highly recommended.

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What do parents know about vitamins?

EDITOR.—'Health professionals should also aim, and be reminded, to improve supervision of vitamin supplementation', say Dr Ko and colleagues.1 I would draw a different conclusion: stop recommending routine vitamins, except to high risk groups. Parents are clearly indicating their lack of enthusiasm for this practice, and surely hard pressed health visitors have better things to do when the value of vitamins for all babies is questionable. Fluoride supplements, yes — but health professionals would be better advised to devote their energies to pressing for water fluoridation, than reminding parents to do their duty.

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