

IATH Bulletin

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British Heart Foundation
The heart research charity

Scientific Update

Smoking, dementia & Alzheimer's disease

Previous studies have suggested a protective effect of smoking on Alzheimer's disease, but most were case-control studies based on prevalent cases. The findings of prospective studies on the association between smoking and the risk of dementia are inconclusive. A team of scientists in The Netherlands did a population-based follow-up study of elderly people who were initially free of dementia. 6870 people aged 55 years and older agreed to take part. Smoking history was taken at baseline and participants were classified as never smokers, former smokers, and current smokers. During follow-up, all incident cases of dementia were recorded. Never smokers were used as the reference category to calculate relative risks of dementia and Alzheimer's disease by Cox proportional hazards regression, after adjustment for age, sex, education, and alcohol intake. The researchers also examined modification of risk by age, sex, and the apolipoprotein E (APOE) genotype. During mean follow-up of 2.1 (range 1.5-3.4) years, 146 incident cases of dementia were detected, of which 105 were Alzheimer's disease. Compared with never smokers, smokers had an increased risk of dementia (relative risk 2.2 [95% CI 1.3-3.6]) and Alzheimer's disease (2.3 [1.3-4.1]). Smoking was a strong risk factor for Alzheimer's disease in individuals without the APOEepsilon4 allele (4.6 [1.5-14.2]), but had no effect in participants with this allele (0.6 [0.1-4.8]). Smoking was associated with a doubling of the risk of dementia and Alzheimer's disease. The finding that carriers of the APOEepsilon4 had no increased risk of dementia suggests an interaction

between smoking and the APOEepsilon4 genotype in the aetiology of Alzheimer's disease. [Truncated author abstract]

Ott, A, et al. Smoking and risk of dementia and Alzheimer's disease in a population-based cohort study: the Rotterdam Study. *Lancet* 1998 Jun 20;351(9119):1840-3.

Smoking & thromboangiitis obliterans (Buerger's disease)

To date there have been no clinical studies providing data on which to base a long-term medical and social prognosis of thromboangiitis obliterans (TAO). Against this background a retrospective investigation in Germany of the long term course of patients with TAO, who attended the vascular clinic in the medical department of the Klinikum Westend of the Freien Universitat Berlin (Free University of Berlin) or the Franziskus Hospital in Berlin was carried out during the period between 1970 and 1990. The 69 patients making up the overall group included 53 males and 16 females whose average age at the time of initial manifestation of TAO was 34 years. The mean interval between the initial manifestation of the disease and the follow up investigation was 10.7 (range: 2-30) years. The assessment of the course over the long-term was based on a clinical follow-up survey or the data provided by a questionnaire. In 96% of the patients symptoms began in one of the lower limbs, predominantly in the forefoot. During the further course of the illness, 73 % of the patients developed symptoms in at least one other limb, either upper or lower. Since the initial development of symptoms, the patients had experienced an average of 5.4 (range: 1-20) acute attacks, that is, episodes of more severe symptoms. The most

common reason for hospitalisation was necrosis of the lower limbs, the usual site being the forefoot with primary involvement of the big toe in 57% of the cases. The mean duration of hospitalisation per hospital stay was 36.8 (range: 1-210) days. During the course of the disease 54 (78.2%) of the patients required an average of 3.7 (range: 1-17) operations, 40 (74 %) undergoing one or more amputations. Most of the amputations were performed during the first five years after disease onset and the amputation rate was 26%. With the exception of a single lady, all the patients were smokers, and 40 (83.5 %) of 48 smokers for whom the relevant information was available persisted with their habit after the onset of the disease. 8 (16.6 %) of the 48 patients claimed to have stopped smoking during the course of their disease. Among the patients who continued to smoke, 65 % required an amputation, which was almost twice that seen in those who stopped smoking. In terms of number of acute attacks, surgical procedures and smoking, no relationship was found between early age (< 35 years) at onset and progression of the disease. TAO had a pronounced influence on the working life of many of the patients. Twelve changed their jobs because of thromboangiitis obliterans, while 24 (34,8 %) retired prematurely on a pension at the mean age of 42. The researchers concluded that long-term investigation showed that TAO was associated with frequent hospitalisations and surgical procedures. Continued consumption of tobacco in particular was found to be associated with a multiplication of the amputation rate. An influence of patient age at disease onset on the progression of TAO was excluded. In 49 (71 %) of the patients, the disease

resulted in termination of the working life by either dismissal or premature retirement.

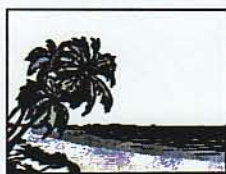
Borner, C & Heidrich, H. Long-term follow-up of thromboangiitis obliterans. *Vasa*. Vol 27(2) (pp 80-86), 1998.

Workplace passive smoking & lung cancer

A study was undertaken by a researcher in the USA to determine whether exposure at work to environmental tobacco smoke is associated with an increased risk of lung cancer. Data from 14 studies providing information on lung cancer and exposure to environmental tobacco smoke at work were examined. Six quality criteria were developed for determining usable data. A meta-analysis was performed to obtain a combined risk for those data that met the quality restrictions. Five studies met the quality standards. Their combined relative risk was 1.39 (95% confidence interval [CI] = 1.15, 1.68) based on 835 lung cancer cases. In various meta-analyses prepared by tobacco industry employees or consultants, no increase in risk was found. The main reason for this difference is that the earlier analysts failed to find errors in 2 underlying studies that resulted in over-weighting of the odds ratios from those studies, both of which were less than unity. The researcher concludes that when appropriate attention is given to the quality of data inputs, the increase in lung cancer risk from workplace exposure to environmental tobacco smoke is about the same as that from household exposure.

Wells, AJ. Lung cancer from passive smoking at work. *Am J Public Health* 1998 Jul;88(7):1025-9.

Advertising & Promotion



Europe: BAT brand-stretching

BAT is understood to be planning the launch of a brand of bourbon (American whisky) and beer throughout Europe

next year under its Lucky Strike cigarette brand name. Such a move is part of a strategy by tobacco companies to circumvent restrictions on tobacco advertising. BAT has been working on three different projects for "brand stretching", including a mail order catalogue tested recently in the UK, The Netherlands and Spain. One consultant who worked

on the projects said: "Lucky Strike... is the only brand BAT has with youth appeal. The company wants to play on that." [ASH]

UK: B&H coffee

BAT is test-marketing Benson & Hedges Quality blend coffee in Britain as part of a plan to push its brands into new areas. It has set up a division called the World Investment Company to investigate how its cigarette names can be fully exploited. The company denies that it is trying to circumvent European restrictions of tobacco advertising. General manager Dean Sims said: "The key is to move