

## Correspondance

## The most compelling lesson of September 11

The *CMAJ* editorial on the events of September 11<sup>1</sup> and the superb piece by Anne Marie Todkill<sup>2</sup> put into words far better than I can, and better than I have encountered anywhere else, the most compelling lesson of September 11: that the enemy is the perversion of belief to blind fanaticism and that by responding with hyperbole, rigidity, fear and intolerance we threaten to recreate the very process we are trying to defeat. Although the call for vengeance is understandable, our fundamental strength derives from our commitment to democracy and free thought, rather than from superior military technology. Terror is nourished by terror; it can only be defeated by understanding and changing the conditions that breed it.

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## Disordered eating attitudes among Canadian teenagers

It is unfortunate that Jennifer Jones and colleagues<sup>1</sup> did not discuss the results of 2 previously published surveys of maladaptive eating attitudes among school-aged Canadians. In 1982 my colleagues and I surveyed 5150 male and female students aged 12 to 20 years, using the original 40-question Eating Attitudes Test (EAT-40).<sup>2</sup> Of the 2404 female students we surveyed, 22.3% scored 30 or above on the EAT-40, suggesting that they had significant concerns about their weight and exhibited maladaptive eating behaviours. When

this information is combined with self-reported weights, it can be speculated that close to 1% of these female students could have been suffering from anorexia nervosa and 6% from bulimia nervosa. High EAT scores were dramatically more common for students older than 12 years than for younger girls, a finding that is similar to the results of Jones and colleagues.

In 1993, we surveyed francophone and anglophone students in the urban Montreal region using the EAT-26 questionnaire.<sup>3</sup> Of the 181 female students aged 11 to 18 years, 14.2% scored 20 and above, which matches the results reported by Jones and colleagues. This suggests that the prevalence of disordered eating attitudes and behaviours has not increased, but neither has it decreased.

Despite increased awareness among health care workers and the public of the dangers of dieting, girls continue to value thinness. We have traditionally associated this attitude with the values of Western culture. However, a recent study in Iran that showed a similar prevalence of disordered eating attitudes challenges this assumption.<sup>4</sup> Could it be that self-induced emaciation is in fact common among women around the globe and related to more universal stresses such as inequities in social power and poverty rather than a fear of fat? This possibility adds support to the recommendation by Jones and colleagues that prevention programs should target self-esteem and encourage girls to express their thoughts and feelings.

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## [Two of the authors respond:]

Pierre Leichner has queried whether there has been a recent change in the prevalence of eating disorders in Western countries such as Canada. Our cross-sectional study<sup>1</sup> was not designed to address this question. However, there is now considerable evidence that there has been a rise in the prevalence of eating disorders, particularly those of the binge-purge variety, in Western and Westernized countries over the past 3 or 4 decades.<sup>2</sup> As Leichner notes, the extent to which the prevalence has changed in Canada in the past 1 or 2 decades is not clear.

Leichner also raises the interesting question of how cultural attitudes toward women in less Westernized countries may affect the prevalence of eating disorders. There is consistent evidence that the prevalence of eating disorders is on the rise in Asia, Eastern Europe, the Middle East and parts of Africa and that this increase is inversely related to the body mass index desired by women.<sup>3</sup> Such attitudes toward female weight and shape are inextricably linked to factors affecting the social roles and perceived power of women in society.<sup>4</sup> In recent times, a thin body ideal for women has been most often associated with more liberalized and egalitarian attitudes toward women, as well as with increased pressures for them to compete and to perform in diverse spheres.<sup>4-6</sup> Further, with more plentiful global food supplies, an increasing prevalence of obesity and a more pervasive influence of the media, cultural determinants of eating disorders may now be tied more to modernity than to specific geographic locations.<sup>7</sup> The occurrence of clinical eating disorders presumably depends

upon the interaction of these cultural factors with the vulnerabilities of individual women.

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## Fibrinolytic therapy for acute ST-segment elevation myocardial infarction

In Paul Armstrong's review article on fibrinolytic therapy for acute ST-segment elevation myocardial infarction, the fibrinolytic or thrombolytic treatment recommended for the case presented is not completely supported by the evidence cited.<sup>1</sup> In the Fibrinolytic Therapy Trialists' study a non-significant reduction in mortality of 1% was observed in the group of patients over 75 years of age who were administered fibrinolytics.<sup>2</sup> Armstrong also cited a subgroup analysis confined to patients in the same age group who received fibrinolysis within 12 hours of symptom onset, in which there was an absolute risk reduction of 3.4% in the treated group.<sup>3</sup> In contrast, a retrospec-

tive and nonrandomized study mentioned by Armstrong showed a survival disadvantage in those patients over 75 years of age given thrombolytics.<sup>4</sup> In the treated group, there was an excess mortality of 2.6%. The author of this last study has commented in *CMAJ* on this finding.<sup>5</sup> Therefore, the evidence for administering fibrinolytics to patients older than 75 years does not appear to be as strong as in younger age groups.

A further issue relating to the patient presented in Armstrong's article is the decreased benefit of fibrinolysis in patients with an inferior infarction. In the Fibrinolytic Therapy Trialists' study, the absolute risk reduction in patients with inferior infarctions was 0.9% whereas it was 3.7% in patients with anterior infarctions.<sup>2</sup>

Given the fixed risk of complications of fibrinolysis in elderly people, in particular intracranial hemorrhage, one might question whether the risks are in fact outweighed by the benefits in the patient presented and how the information about these risks and benefits might be transmitted to the patient and her family to obtain informed consent before administration of fibrinolysis.<sup>6</sup>

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### [The author responds:]

Anthony Kerigan's thoughtful letter provides me a welcome opportunity to expand on the important issue of fibrinolytic therapy in the elderly. Although the evidence for fibrinolysis in patients older than 75 years is somewhat less strong than that for younger patients (on the basis of numbers of patients treated), it remains, in my view, convincing.<sup>1</sup> The retrospective administrative data reported by Thiemann and colleagues have significant deficiencies, including exclusion of patients with left bundle branch block and patients who were treated in hospitals with on-site angioplasty capability.<sup>2</sup> A more recent and more comprehensive study from the Swedish Register of Cardiac Intensive Care included every patient admitted to the coronary care unit at 58 participating hospitals and involved 5428 patients more than 75 years of age with acute myocardial infarction who were admitted with ST-segment elevation or left bundle branch block; this study revealed that the combined end point of cerebral bleeding plus death from any cause at 1 year was significantly lower in the group treated with reperfusion (38.3%) than in the conservatively treated group (48.4%;  $p < 0.001$ ).<sup>3</sup>

It is important to emphasize that the risk to life of myocardial infarction in patients over 75 years is much greater than in younger patients; the risk of intracranial hemorrhage is also significantly increased in this population and approximately two-thirds of these intracranial hemorrhages are fatal. Thus, the majority of intracranial hemorrhages are accounted for in the mortality statistics reported. Although this attenuates the relative benefit, it still demonstrates the substantial number of lives per 100 patients treated that can be saved with effective reperfusion therapy.

With respect to the case presented, it is important to recognize that not all inferior myocardial infarctions are the same.<sup>4</sup> Hence, the elderly woman of low body weight with a tachycardia and congestive heart failure presenting within 4 hours with a clear inferior in-