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Privacy protection: implications for public health researchers

To the Editor: The recent article by Lane¹ asserts that State electoral rolls were used to provide the list of names for a Victorian study of recruitment strategies to encourage cervical cancer screening.² This is incorrect. Commonwealth electoral data from 1988 were used. The data were provided by the Australian Electoral Commission.

Heather Mitchell, MD, MSc, FRACP, FFAPHM
 Registrar, Victorian Health Department
 PO Box 178, Carlton, Victoria 3053

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Information provided in Australia about the size of standard drinks

To the Editor: In 1992 one of the first tasks facing Australia's new National Food Authority will be the formulation of a method for labelling alcohol containers, depicting alcohol content in "standard drinks". A recent survey of 1160 adults in the Perth metropolitan area has confirmed that this move will be popular with most drinkers.¹ Meanwhile, the Australian drinking public must tolerate information about the size of standard drinks which is often misleading, contradictory and inaccurate.

At present, different States and territories in Australia provide different definitions of standard drinks. This is illustrated in the Table which summarises the information provided by health departments about the sizes of these for "regular" beer (usually 5% alcohol by volume) and for table wine.

The glass sizes for beer in the Table show brim capacity not the amount of drink served. As a consequence of the "head", a 285 mL glass will, in fact, only hold 250 mL of beer. Conveniently, a 250 mL serve of regular beer contains exactly 10 g of alcohol or, as it is usually defined in Australia, one standard drink.

With regard to wine, the amount of average strength table wine (12% alcohol by volume) which contains 10 g of alcohol is actually 105 mL. Unfortunately, such a small quantity of wine is only rarely served in either private² or public drinking settings. A research team recently visited a representative sample of 90 metropolitan hotels in Western Australia and measured

TABLE: Information on "standard drinks" provided by Australian Health Departments*

State or territory	Regular beer (mL)	Table wine (mL)
Victoria	200	90
Queensland	225	100
Tasmania	240	120
Australian Capital Territory	250	100
New South Wales	285	120
South Australia	285	120
Northern Territory	285	120
Western Australia	285	120

*Ms Ilse O'Ferrall of the Victorian Health Department is gratefully acknowledged for providing this information.

the amount of wine served per glass in each establishment. The mean serve size was 169.3 mL (standard deviation 33.4 mL) and, as shown in the Figure, in 20% of cases this was 200 mL or more.

While we wait for the introduction of standard drink labelling on alcohol containers it would help if the definitions of standard drinks were to be clear, consistent, memorable and accurate. If a unit of 10 g ethyl alcohol is adopted, then the definitions provided by the Australian Capital Territory fit these criteria most readily — 100 mL for wine and 250 mL for regular beer.

Timothy R Stockwell, PhD

Deputy Director
 National Centre for Research into the Prevention of Drug Abuse
 Centre for Alcohol Studies, PO Box 01987, Perth, WA 6001

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Cardiac risk factor management

To the Editor: Straznicki and colleagues advise patients in their hypertension clinic to limit salt intake by not adding salt in cooking or at the table.¹ It would be interesting to compare the outcome in such patients with that of a subgroup who made a further reduction in salt intake.

Scottish families who abandoned the discretionary use of salt achieved only a 15% reduction in salt intake, as 75% of their usual intake came from processed foods,² and I think many Australians would show similar figures. A 37% reduction was obtained in the latest NHMRC study,³ and even then the drop in blood pressure was so small that the authors were criticised for implying that it was clinically useful.⁴ The main value of the NHMRC study was to indicate the approximate threshold for a therapeutic effect (a sodium excretion rate of about 90 mmol/24 h).

A consumer group (Salt Skip Incorporated) is trying to help patients achieve a sodium excretion rate of 50 mmol a day or less by giving detailed advice on

Premarin

PREMARIN PRESCRIBING INFORMATION - ABRIDGED.

Description: A mixture of natural oestrogens comprised principally of oestrone, equilin and 17-alpha-dihydroequilin. **Indications:** Moderate to severe vasomotor symptoms associated with the menopause, osteoporosis, atrophic vaginitis and kraurosis vulvae; dysfunctional uterine bleeding due to hormonal imbalance in the absence of organic pathology; breast cancer (for palliation only); female hypogonadism. **Precautions:** A complete pretreatment physical examination should be performed with special reference to histological endometrial assessment, pelvic and breast examinations. Prolonged administration of unopposed oestrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Appropriate diagnostic measures should be taken to rule out malignancy in the event of recurring abdominal vaginal bleeding. Oestrogens should be used with caution in patients with epilepsy, migraine, asthma, cardiac or renal disease. If unexplained or excessive vaginal bleeding should occur, re-examination should be made for organic pathology. Pre-existing uterine fibromyomata may increase in size while using oestrogens, therefore, patients should be examined at regular intervals while receiving oestrogenic therapy. Oestrogens should be used judiciously in patients in whom bone growth is incomplete. Oestrogens should be used cautiously in patients with liver dysfunction, renal insufficiency and a past history of jaundice during pregnancy. **Contraindications:** Known or suspected, pregnancy; cancer of the breast; oestrogen-dependent neoplasia. Undiagnosed abnormal genital bleeding. Acute (or history of) thrombophlebitis, thrombosis or thromboembolic disorders. Markedly impaired liver function. **Warnings:** Oestrogen therapy should not be given to women with recurrent mastitis or abnormal mammograms unless it is warranted despite the possibility of aggravation of the mastitis or stimulation of undiagnosed oestrogen-dependent neoplasia. The physician should be alert to the earliest manifestation of thrombotic disorders. **Adverse reactions:** The following adverse reactions have been reported with short-acting oestrogen administration: nausea, vomiting, anorexia, abdominal cramps, bloating, breakthrough bleeding, breast tenderness and enlargement, reactivation of endometriosis, possible diminution of lactation when given immediately postpartum, oedema, aggravation of migraine headaches, allergic rash; hepatic cutaneous porphyria. **Dosage and Administration:** *Premarin* should be administered cyclically (3 weeks of daily oestrogen and 1 week off) for all indications except selected cases of carcinoma. Withdrawal bleeding may occur during the rest period. For maintenance therapy, the lowest dose which provides adequate control should be used. **Menopausal syndrome** - 0.625 mg daily, cyclically. **Adjust dose, upwards or downwards, according to patient response.** **Postmenopause** - 0.3 to 1.25 mg daily, cyclically. **Abnormal uterine bleeding** - to stop bleeding, 3.75 to 7.5 mg daily. Cycle 1, the dosage required to stop bleeding is continued without interruption for 20 days. An oral progestogen should be given during each of the last 5 to 10 days of oestrogen therapy. Cycles 2 to 4, 3.75 mg daily in divided doses for 20 days beginning on the fifth day of bleeding. A progestogen should be given on the last 5 days of treatment. **Amenorrhoea** - 2.5 to 7.5 mg daily in divided doses for 20 days. An oral progestogen to be given during the last 5 days of therapy. **Mammary carcinoma** - suggested dosage is 10 mg, 3 times daily for at least 3 months. **Use during Pregnancy and Lactation** - Oestrogen therapy is not recommended during this time. **Presentation** - Tablets, 0.3 mg (day marked Ayerst 686), 0.625 mg (day marked Ayerst 687), 1.25 mg (day marked Ayerst 866). Full prescribing information is available from the manufacturer on request, or from MIMS Annual.

Ayerst Laboratories, Division of Wyeth Pharmaceuticals, A.C.N. 000 296 211, Gregory Place, Parramatta, NSW 2150. *Premarin* is a trademark of Ayerst Laboratories.

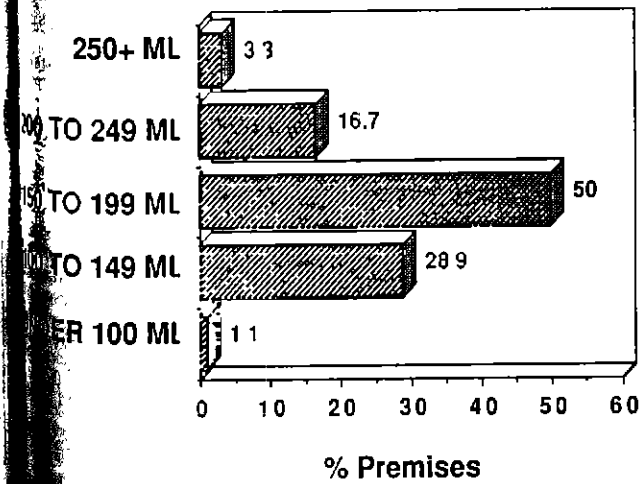


FIGURE Wine serve sizes in Western Australian hotels