A Prospective Study on the Relationship between Body Mass Index and Mortality from All Causes in 15 827 Middle Aged and Elderly Citizens *Guo Qiang, Xue Guangbo, Zheng Huimin, et al., Epidemiological Section, The Second Military Medical University, Shanghai* 200433

The association between Body Mass Index (BMI) and mortality from all causes was investigated in a cohort study of 15827 citizens (aged 35 and over) in Shanghai. During about 3-year follow up the person-year mortality for men and women were 1311.78/100000 and 1036.87/100000, respectively.

Cox regression analysis was conducted in a lower and an upper range of BMI, respectively. The inverse association between BMI and mortality in the lower range was statistically significant for men and women. The positive association between BMI and mortality in the upper range was highly statistically significant for women but not for men. Logistic regression analysis conducted over the entire range of BMI showed that BMI and all-cause mortality association was significantly "L" -shaped distribution for men and women. The mortality or relative harzard curve can be fit with quadratic model ($Y=a-bX+cX^2$) in different sex.

Key words Body mass index Mortality Prospective study Regression analysis

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1055张疫情报告卡质量分析

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笔者对诸暨市1993年1～6月上报的1055张传染病报告卡片作了分析，试图找出存在问题，以求进一步提高疫情报告质量。

一、报告卡规范合格率：1993年1～6月共上报卡片1055张，其中填写规范合格的687张，合格率仅65.12%，不合格的368张，占34.88%。

二、不合格原因：①患者地址不清（包括无地址、字迹无法辨认等）260张，占总报告卡片的24.64%，占不合格原因的70.65%；②重复报告52张，占不合格原因的14.13%；③诊断不正确（指经流行病学个案调查后否定的）47张，占不合格原因的12.77%；④其它（指无病名、患者姓名不清）9张，占不合格原因的2.45%。

分析1993年上半年的疫情报告卡片质量，发现不少问题。而造成卡片质量不高的原因主要有两点：一是法制观念淡薄；二是责任心不强。针对上述原因，笔者认为在抓提高报告率的同时，一定要狠抓报告卡的报告质量。具体可采取以下两条措施：①进一步加强法制教育，使医务人员充分认识疫情报告是法定义务；②将传染病报告卡的报告质量，列入医疗单位年度考核内容，并与奖金挂钩。

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