Correspondence

Response to: Association of perceived environment with meeting public health recommendations for physical activity in seven European countries

Sirs,

The paper by Bamana et al. raises important public health issues regarding the increasing levels of obesity and the numerous implications for healthcare services. Bamana et al. are exploring the associations with these obesity levels in order to identify gaps in motivation and awareness of available facilities. Hence, the conclusions could potentially influence initiatives to promote physical activity.

However, we have identified some causes for concern within the methodology which we wish to discuss. First, a cross-sectional study that creates too many constraints for the analyses of the strengths of the associations and we suggest a cohort study over at least 2 years would have been more suitable to enable regular questioning about the variables. Thus, the snapshot of physical activity undertaken would not solely consider the summer months when activity levels are most likely to be at their highest.

Secondly, there is a high percentage of unemployed participants (34.8%) who may be less motivated or possess lower self-esteem. However, this may be due to the time at which the information was obtained. Also, it would seem to be important to take into account the power of individual schema types. For example, passive and fatalistic types would be less likely to pay attention to motivation, whereas more active and dynamic individuals will be more alert to what is available and more aware of motivations.

Thirdly, obtaining reliable information through self-reports in response to a telephone call is problematic. For example, it permits exaggerations of physical activity and poor estimations of weight and height, thus affecting BMI calculations.

Finally, we suggest that Bamana et al’s study should be used as a starting point for a cohort study at national level with regular questioning incorporating inquiries into the perceived and the objective environment. The results could then be compared with other countries to try to identify suitable environments to assist physical activity.

References


Natalie Williams
Intercalated BSc Medical Students
School of Medicine
Cardiff University, UK
E-mail: williamsns@cardiff.ac.uk

Iain Robbé
Clinical Senior Lecturer
School of Medicine
Cardiff University, UK

doi:10.1093/pubmed/flp009
Advance Access Publication 24 February 2009

Measles outbreak in Qassim, Saudi Arabia

Sirs,

We read with interest the report on epidemiology and evaluation of an outbreak of measles in Saudi Arabia. This has particular relevance to UK readers due to the current rise in measles in the UK and well publicized outbreaks in London and Cheshire.

The authors present an analysis of notified cases of measles. In this outbreak (and others), they attribute the high proportion of notified cases who had been vaccinated to vaccine failure. This is one potential explanation of the results presented, but an alternative and more likely explanation is that a significant proportion of the notified cases was not measles. In fact, 154 samples (of 226) were negative for measles IgM. Even allowing for a significant false-negative rate due to early testing (well described and assay dependent), the analysis of notified cases includes a large number of non-measles cases. The use of notified cases will