

Likevel feilsiterer de budskapet fra metaanalysene. Disse sier ikke at tiazider forebygger koronarsykdom like godt eller bedre, men at blodtrykkssenkingen som er oppnådd med kombinasjonsbehandling, er avgjørende. Alle de store, kontrollerte kliniske forsøkene med harde endepunkter de senere år er basert på behandlingsregimer der tiazider kan gis som tillegg i en av grenene, og ikke alene. Derfor kan disse studiene ikke påvise noen effekt av tiazider alene.

Tiazider i små doser bør inngå i kombinasjonsbehandling hos eldre med alvorlig og komplisert hypertoni, der man må få ned blodtrykket for å forebygge hjerneslag og hjertesvikt. Til yngre og middelaldrende pasienter med mild til moderat hypertensjon, der man først og fremst skal forhindre utvikling av koronarsykdom, er tiazidbruk alene helt malplassert som førstevalg. Dokumentasjonen per i dag har vist at slik behandling øker risikoen for koronarsykdom og diabetes hos disse pasientene, som det er svært mange av. Flottorp & Fretheim gjør seg til talspersoner for samme katastrofale feil som norske myndigheter har begått ved å innføre tiazider som tvunget førstevalg til denne pasientgruppe. De har ikke forstått eller villet forstå vårt hovedpoeng.

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Litteratur

1. Leren P, Helgeland A. Coronary heart disease and treatment of hypertension. Some Oslo Study data. *Am J Med* 1986; 80: 3–6.
2. Green KG. British MRC trial of treatment for mild hypertension – a more favorable interpretation. *Am J Hypertens* 1991; 4: 723–4.

Tattoo, human identity and new fashion

Tattoos and other forms of body art have recently become a popular fashion accessories worldwide (1). Despite their ornamental and psychological attributes they can carry considerable health risks (2). I read with interest two articles published in *Tidsskriftet* No. 7/2004 on this subject (1, 2) and would like to add the following comments with a transcultural perspective to these issues (3–5).

Pozgain et al (3) examined the association between the tattoo(s) and human personality traits in the sample population of Croatian war veterans and concluded that the tattooed war veterans demonstrated higher levels of impulsiveness, adventurousness, empathy, and neuroticism than the non-tattooed ones. Armstrong et al (4) examined the incidence of tattooing amongst U.S. Army soldiers, i.e. basic recruits and advanced individual training students (N = 1,835), and reported that more than one third (36%) of the soldiers were tattooed, with 22% possessing three or more tattoos.

There are very few differences in the childhood experiences or personality characteristics of people with or without body modifications, including tattoos. Tattoos and piercings in U.S. college students are associated with significantly more risk-taking behavior, greater use of alcohol and marijuana, and less social conformity. Although tattooing is no longer confined to the circle of sociopaths and delinquents, it is known, that criminal offenders have always had heightened tendencies towards body ornamentation.

Most tattoos are applied for the sake of fashion. The main reasons for removal are enhancement of self-esteem and social,

domestic and family reasons. In those patients attending for removal, most tattoos are applied impulsively and inexpensively in youth.

Almost 50% of all tattoos are being done on women. Most women obtain tattoos as an expression of individuality. Strong support for tattoo acquisition is usually received from the significant other in the women's life and friends, while mild support is received from mothers, siblings and children. Most women cite a lack of, or negative response from their fathers, physicians, and the general public. In recent years body tattooing in unconventional sites (lumbar area, lower abdomen, breast) has gained increasing popularity among young women, including in pregnancy (5).

Psychiatric disorders, such as antisocial or borderline personality disorders, alcohol and/or drug abuse are frequently associated with tattoos. Finding a tattoo on physical examination should therefore alert the clinician to the possibility of an underlying psychiatric condition.

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Litteratur

1. Vik LJ, Bredablik HJ, Ekeland TJ et al. Kroppsdekoring, helse og identitetsutvikling. *Tidsskr Nor Lægeforen* 2004; 124: 960–2.
2. Charnock C. Tatoveringsløsninger forurenset av bakterier. *Tidsskr Nor Lægeforen* 2004; 124: 933–5.
3. Pozgain I, Barkic J, Filakovic P et al. Tattoo and personality traits in croatian veterans. *Yonsei Med J* 2004; 45: 300–5.
4. Armstrong ML, Murphy KP, Sallee A et al. Tattooed Army soldiers: examining the incidence, behavior, and risk. *Mil Med* 2000; 165: 135–41.
5. Kuczkowski KM. Diagnostic tattoo in a parturient with «ecstasy» use. *Anaesthesia* 2003; 58: 1251–2.