chotropic drugs in either group. Days of physical restraint use decreased 36% in the education homes vs 5% in the control homes ($P<.001$). Behavior problem frequency did not increase in either group, even among the 48% of base-line antipsychotic users in the education homes who had antipsychotic drug regimens discontinued for 3 or more months.

Conclusions: The educational program led to a substantial reduction in antipsychotic use with no increase in the frequency of behavior problems. This suggests that for many antipsychotic drug users benefits may be marginal and that programs to reduce such drug use among the 250 000 US nursing home residents receiving these drugs should have high priority.

(1993;153:713-721) Wayne A. Ray, PhD, et al, Department of Preventative Medicine, Vanderbilt University School of Medicine, Nashville, TN 37232.

Weight Loss Intervention in Phase 1 of the Trials of Hypertension Prevention

Background: Phase 1 of the Trials of Hypertension Prevention was a collaborative, randomized controlled clinical trial designed to determine the feasibility and efficacy of selected nonpharmacologic interventions in reducing or preventing an increase in diastolic blood pressure.

Methods: Participants aged 30 to 54 years who had a high-normal diastolic blood pressure (80 to 89 mm Hg), and were between 115% and 165% of their desirable body weight, were randomly assigned to either an 18-month weight loss intervention (n=308) or a usual-care control condition (N=256). Intervention consisted of 14 weekly group meetings followed by monthly maintenance sessions. Intervention participants received training in behavioral self-management technique and were asked to make life-style changes aimed at achieving a moderate reduction in energy intake and an increase in physical activity.

Results: The average weight losses in the intervention group at 6, 12, and 18 months of follow-up were 6.5, 5.6, and 4.7 kg for men and 3.7, 2.7, and 1.6 kg for women. The mean ($\pm$SE) change in diastolic blood pressure for intervention participants compared with controls at termination was -2.8 ± 0.6 mm Hg for men and -1.1 ± 0.9 mm Hg for women. For systolic blood pressure, the corresponding change was -3.1 ± 0.7 mm Hg for men and -2.0 ± 1.3 mm Hg for women. Blood pressure reductions were greater for those who lost larger amounts of weight. Sex-related differences in blood pressure response were largely due to the smaller amount of weight lost by women, and sex differences in weight loss could be accounted for by differences in baseline body weight.

Conclusions: During an 18-month follow-up period, this weight reduction program was shown to be an effective nonpharmacologic intervention for reducing blood pressure in overweight adults with high-normal blood pressure.

(1993;153:849-858) Victor J. Stevens, PhD, et al. Reprint requests to the TOHP Coordinating Center, 900 Commonwealth Ave E, Boston, MA 02215-1204.

LIVING IN MEDICINE

Catching

I feel silly being here—
I've just got a cough.
Not like any other, though . . .
There's nothing to it—
just a cough.

If it was bronchitis, OK,
I had that before plenty.

So then "hayfever" runs
through my head.
What d'ya say, Doc,
allergies?

I don't even have a fever;
you must think I'm nuts!
Nothing hurts, just this
nagging cough
keeps disturbing
my sleep, my dreams.

Ya know, Gramp's got lung cancer . . .

Tim Van Ert, MD
Seattle, Wash