inotropic drugs are used as soon as intravascular volume is restored. Many of our patients did receive inotropes. It should however, be appreciated that after completion of initial resuscitation the fluid leak from intravascular compartment to interstitial space ('third-space loss') does not stop immediately. Moreover, a significant proportion of administered fluid continues to move out of intravascular space. It has been shown that only about 20% of administered saline stays in intravascular compartment by the end of two hours(4). The capillary leak may take several hours, sometime days, before it is reversed. In such patients, therefore, the continuing management of intravascular volume requires replacement of ongoing' 'third space loss'. Usually, this is achieved by administration of maintenance fluids at a higher infusion rate but some patients need fluid bolus because of continuing rapid 'third space loss'.

Sunit Singhi,
Professor and Incharge,
Pediatric Emergency and
Intensive Care Units,
PGIMER,
Chandigarh, India.

REFERENCES

1. Huskisson L. Intravenous volume replacement: which fluid and why? Arch Dis Child 1992; 67: 649-653.

2. National Institute of Health. Fresh frozen plasma indications and risk. JAMA 1985; 253: 551-355.

3. Boon P. Clinical use of polygelatin. Dev Biol Stand 1981; 48: 193-197.

4. Ernest D, Belzberg AS, Dodek PM. Distribution of normal saline and 5% albumin infusions in septic patients. Crit Care Med 1999; 27: 46-50.

Tobacco use Among Students in Orissa and Uttar Pradesh

Orissa

The Global Youth Tobacco Survey (GYTS) in Orissa(1) carried out during January- March 2002 that provides the first representative database on tobacco use prevalence among school children in the age group of 13-15 years in Orissa, India.

Among 50 sampled schools; all participated (100%). Among 3541 eligible students 2913 (82.3%) participated in the survey. Ever tobacco use was reported by 20.5%; of them about 30% used their first tobacco at the age of ten years or earlier.

Current tobacco use (any product) was reported by 14.2%; current smokeless tobacco 10.9%; current smoking by 8.6%. Among smoking, bidi smoking was most common.

Over 2/3rd students saw tobacco products advertisements in TV and outdoor print media and over half in newspaper and social events. About 10% students had some object with tobacco products brand names and were offered free sample of tobacco products. Watching a lot advertisement using tobacco by actors {actors smoking, 100 vs 59.3% (P <0.05); actors chewing 62.6% vs 44.1% (P <0.05)}, vendors offered free samples {Cigarettes 35.4% vs 8.3% (P = <0.05) Bidi 26.3% vs 9.3% (P <0.05), Gutka 21.3% vs 9.1% (P <0.05)}, having objects with tobacco brand logo {Something with Cigarette brand logo 21.2% vs 9.0% (P <0.05); something with

Gutka brand logo 22.9% vs 9.1% (P <0.05)} was associated with tobacco use. Nearly 60% students purchased tobacco products in a store; of them about nearly 1/3rd (28.9%) were refused because of their minor age.

Uttar Pradesh

There is increasing global concern regarding tobacco use, especially among young and adolescents people which is referred as "pediatric epidemic"(2). This study provides the first representative database on tobacco use prevalence among school children in the age group of 13-15 years in Uttar Pradesh, India.

A school-based survey was conducted in mid 2002 (June-September) through trained survey administrators. it was a two-stage cluster survey in schools using a standardized questionnaire based on the Global Youth Tobacco Survey (GYTS)(1,3) to assess the knowledge, attitudes and behaviour of adolescents (13-15 years of age) towards tobacco use, their exposure to environmental tobacco smoke and pro-tobacco advertise-ment. The GYTS questionnaire consisted of 85 multiple choices questions, each with a maximum of 8 response categories. Every question was to be answered by each student.

Current tobacco use was defined as "the percentage of students who used any tobacco product on one or more days during the past 30 days".

Among 51 sampled schools, all partici-pated. A total of 4542 students participated (86.6%); 73% were boys. The non-response was due to absence on the day of the survey.

Current use of any tobacco product was 23.1%%; current smoking was 11.2%; and current use of smokeless tobacco was 21.6%. There was no significant difference in current tobacco use between boys and girls. Among chewers, gutka use was the most popular (9.9%). Nearly one third of non-smoker students were exposed to environmental tobacco smoke at their homes and more than that (38.9%) at outside homes. Over 82% boys and girls saw a tobacco (cigarette or gutka) advertisement on billboards. Exposure to second hand smoke and tobacco promotions were found associated with current tobacco use. Over 85% users wanted to quit.

The prevalence of tobacco use among adolescent especially among girls is alarming. Immediate action is required to create a supportive environment for the health of young people by implementing compre-hensive tobacco control policy.

Dhirendra N. Sinha,
*Prakash C. Gupta,
School of Preventive Oncology, Patna and
*Healis Sekhsaria Institute of Public Health,
Mumbai, India.
Correspondence to:
Dr. Dhirendra N. Sinha,
School of Preventive Oncology,
A/27, Anandpuri, West Boring Canal Road,
Patna 800 001, India.
E-mail: dhirendrasinha1@hotmail.com

REFERENCES

1. The Global Youth Tobacco Survey Colla-borative Group: Gender Differences in Worldwide Tobacco Use by Gender: Findings from the Global Youth Tobacco Survey, Journal of School Health, 2003; 73: 207-215.

2. Perry CL, Eriksen MP, Giovino G. Tobacco use: A pediatric epidemic. Tobacco Control 1994; 3: 97-98.

3. The Global Youth Tobacco Survey Collaborative Group: Tobacco use among youth-a cross-country comparison. Tobacco Control 2002; 11: 252-270.