RESEARCH DIGEST

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Even Very Low Levels of Cardiac Troponin T Linked to Heart Failure, Cardiovascular Death

Even very low levels of cardiac troponin T are associated with increased risk for heart failure and cardiovascular death among patients with stable heart disease, according to an industry-funded study in the *New England Journal of Medicine*.

Using a highly sensitive assay, researchers tested for troponin T in nearly 3700 adults with stable coronary artery disease and preserved left ventricular function, and then followed them for roughly 5 years. (The assay is not commercially available.)

The test detected very low troponin T levels in nearly all subjects — levels that would have gone undetected using conventional assays, the researchers write. Even at these low concentrations, increasing troponin T was associated with elevated risk for cardiovascular death or heart failure (but not MI).

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Chronic Pain Linked to Greater Risk for Fall in the Elderly

Chronic pain among older adults is a risk factor for falls, according to a study in *JAMA*.

Researchers assessed pain among roughly 750 community-dwelling adults (aged 70 and older) at baseline and at monthly intervals. Over 18 months, 55% of the participants fell at least once. In adjusted analyses, seniors who had more pain at baseline — i.e., greater number of joints with pain, more severe pain, or greater pain interference with daily activities — were at increased risk for falling, compared with those reporting little or no pain. The researchers also found an association between monthly pain severity and risk for falls in the subsequent month.

The authors speculate that the following factors may contribute to the observed association: local joint pathology, neuromuscular effects leading to muscle weakness, and pain interfering with executive function or cognition.

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Tool to Estimate Short-Term Risk for Ischemic Stroke Recurrence

A new tool to assess 90-day risk for ischemic stroke recurrence, the RRE-90 (http://www.nmr.mgh.harvard.edu/RRE/), might help clinicians identify patients most in need of prompt follow-up.

A retrospective analysis of the tool in some 1400 patients, published in *Neurology*, showed that a combination of clinical and, when available, MRI features had sufficient calibration and good discrimination in predicting early recurrent stroke. The independent predictors included history of TIA or stroke, image findings, and stroke etiology. The model held up well in a small validation cohort.

Both the study authors and editorialists emphasize that the tool must be validated prospectively in a multicenter study, particularly to account for possible differences in stroke treatment among centers, before being used widely.

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CV Benefits of Tight Glycemic Control May Be Limited to Patients with Lower Comorbidity

Intensive glucose control appears to reduce cardiovascular events only among patients with low-to-moderate comorbidity, according to an industry-funded, observational study in *Annals of Internal Medicine*.

Some 2600 Italian adults with type 2 diabetes underwent hemoglobin A_{1c} tests and completed comorbidity questionnaires (measuring eight areas including atherosclerotic disease, lung disease, and arthritis).

During roughly 5 years' follow-up, 16% of the patients experienced cardiovascular events. Tight glycemic control (defined as baseline HbA_{1c} of either 6.5% or lower, or 7% or lower) was associated with a significant (40%) reduction in cardiovascular events among patients with low-to-moderate baseline comorbidity — but not among those with high comorbidity.

The authors acknowledge the study's limitations (e.g., observational design, lack of data on clinical management), but conclude that "comorbidity should be considered when tailoring glucose-lowering therapy in patients with type 2 diabetes."

Published in Physician's First Watch *December 15, 2009*

Antidepressants Linked to Higher Risk for Stroke, Death among Postmenopausal Women

Antidepressant use is associated with increased risk for stroke and all-cause mortality among postmenopausal women, *Archives of Internal Medicine* reports.

Researchers prospectively followed, for about 6 years, some 136,000 Women's Health Initiative participants who weren't using antidepressants at baseline. They compared cardiovascular outcomes between women who started using antidepressants during follow-up (4%) and those who did not.

Among the findings:

- Antidepressants were not associated with coronary heart disease.
- SSRIs were associated with a 45% increase in stroke risk, largely due to an increase in hemorrhagic stroke (consistent with SSRI's antiplatelet effects, the authors note).
- SSRIs and tricyclic antidepressants conferred higher risk for all-cause mortality.

The authors caution that their findings "must be placed in the context of the observational nature of these analyses ... and the known risks associated with depression."

Published in Physician's First Watch *December 15, 2009*

One in Five Stroke Survivors Not Taking Antithrombotics

Roughly 20% of stroke survivors do not take antithrombotic agents, according to a survey published in the *American Journal of Preventive Medicine*.

Researchers examined data from 4200 people with cerebrovascular disease who participated in the Medical Expenditure Panel Survey. From 2000 through 2006, there was no significant improvement in overall antithrombotic use. After excluding respondents who said that aspirin was unsafe for them, the researchers found that just 81% were using any antithrombotic agent.

The authors conclude: "Further research should investigate whether the remaining 20% truly have indications for antithrombotic therapy that outweigh any contraindications, and if so, why they are not taking these medications, particularly among younger, female, and Hispanic patients."

Published in **Physician's First Watch** *December 1*

Bleeding after MI: Risk Increases with Number of Antithrombotics Used

Risk for bleeding after aMI is higher among patients taking more than one antithrombotic drug than among those on aspirin alone, reports *Lancet*.

Danish researchers examined data on nearly 41,000 adults with first MIs who were treated within 90 days with various combinations of aspirin, clopidogrel, and vitamin K antagonists. During roughly 1.3 years' follow-up, about 5% of patients were admitted for bleeding. Non-fatal bleeding was most frequently gastrointestinal, and the most common fatal bleeding was related to femoral pseudoaneurysms.

Compared with aspirin monotherapy, all other drug regimens (except vitamin K antagonists alone) were associated with significantly elevated bleeding risks. Risk increased with the number of agents used, and the hazard ratio with clopidogrel plus a vitamin K antagonist (3.5) was similar to that with triple-drug therapy (HR, 4.1).

The authors propose that "treatment with triple therapy or ... with clopidogrel plus vitamin K antagonist should be prescribed only after thorough individual risk assessment and careful consideration of the risk-benefit ratio."

Published in Physician's First Watch *December 11, 2009*

Bisphosphonates Associated with Reduced Risk for Breast Cancer

Patients may ask about two widely reported studies suggesting that oral bisphosphonates are associated with a 30% reduction in breast cancer risk. The studies — a retrospective analysis from the Women's Health Initiative and a case-control analysis among postmenopausal Israeli women — were presented Thursday at the San Antonio Breast Cancer Symposium.

The *New York Times* emphasized: "Several top cancer doctors expressed skepticism about the findings, saying they prove only an association and may reflect the fact that women with bone problems who are most likely to take the medications have a lower breast cancer risk to begin with."

Published in Physician's First Watch *December 11, 2009*

Patients Often Don't Know Which Drugs They're Prescribed in the Hospital

Patients are often unaware of which medications they're taking while in the hospital, according to a pilot study published online in the *Journal of Hospital Medicine*.

Fifty cognitively aware adults (mean age, 54) admitted to a teaching hospital compiled lists of the medications they believed they were prescribed during their admission. Their lists were then compared with the inpatient medication records. Among the findings:

- Nearly all patients left at least one prescribed medication off their list (average number of medications omitted, 7).
- The most commonly omitted medications included analgesics, gastrointestinal drugs, antibiotics, and cardiovascular drugs.
- Almost half of patients thought they were receiving a medication they were not prescribed.

The researchers write: "These results are a call to reexamine how we educate and involve patients regarding hospital medications," with the potential benefits of patients catching medication errors and having greater satisfaction with their care.

(Editor's note: This study has been released from embargo but has not yet been posted. Our link is to the Journal of Hospital Medicine*'s early-release page, where the article will appear shortly.)*
Published in Physician's First Watch *December 10, 2009*

Soy Food Intake Associated with Better Breast Cancer Outcomes

Breast cancer recurrence and overall mortality are lower among women who eat soy foods after their initial diagnosis, *JAMA* reports.

Some 5000 survivors of breast cancer in Shanghai provided information on lifestyle 6 months after their diagnosis and during several subsequent interviews. After a median 4 years' follow-up, women in the highest quartile of soy consumption (for example, tofu, soy milk, or fresh soy beans) showed lower hazard ratios for total mortality (0.71) and recurrence (0.68), relative to those in the lowest quartile.

The effect was noted in both estrogen-receptor–positive and –negative tumors, and with early- and late-stage cancers.

Editorialists write that until additional studies can be undertaken in larger cohorts, "clinicians can advise their patients with breast cancer that soy foods are safe to eat and that these foods may offer some protective benefit for long-term health."
Published in Physician's First Watch *December 9, 2009*

Childhood Cancer Survivors have Higher Risk for Cardiovascular Disease

Survivors of childhood cancer have higher rates of cardiovascular disease in young adulthood than their siblings do, according to a retrospective analysis in the *BMJ*.

Researchers assessed cardiac conditions in more than 14,000 people who had survived at least 5 years after cancer treatment as children or adolescents, and in some 4000 of their siblings. By a median age of 27, survivors were five to six times more likely to experience any cardiac event (e.g., heart failure, MI, pericardial disease, valvular abnormalities) than their siblings. Exposure to 250 mg/m^2 of anthracyclines or 1500 centigray of cardiac radiation was associated with increased cardiac risk among survivors.

The authors conclude that these patients "require ongoing clinical monitoring, particularly as they approach ages in which cardiovascular disease becomes more prevalent."
Published in Physician's First Watch *December 9, 2009*

Self-Delivered, High-Flow Oxygen Effective for Cluster Headache

A study in the current *JAMA* strengthens the evidence on the efficacy of high-flow oxygen in patients with cluster headache.

In the industry-supported, crossover study, some 100 adults with cluster headache were randomized to use inhaled, high-flow oxygen (self-delivered in the home via facemask) or air placebo for 15 minutes at the start of four attacks. (All patients used oxygen for two attacks and placebo for two attacks, but in randomized order.)

The primary endpoint — being pain-free at 15 minutes — was significantly more common with oxygen than with placebo (78% vs. 20%). There were no serious adverse events.

The authors call for more research, but conclude that high-flow oxygen provides "an evidence-based alternative to those who cannot take triptan agents" for acute attacks of cluster headache.
Published in Physician's First Watch *December 9, 2009*

Oral Diabetes Drugs and CVD Risk

An assessment of "real world" use of oral agents for type 2 diabetes shows significant risk differences among drug classes, *BMJ* reports.

Using a U.K. general practice database, researchers retrospectively examined prescribed drugs and subsequent outcomes among some 90,000 patients, who were followed a mean of 7 years. The outcomes examined included incident myocardial infarction, heart failure, and all-cause mortality.

Using metformin monotherapy as the reference group, the researchers noted:

- First- and second-generation sulfonylureas carried significantly higher mortality risks; second-generation drugs were more likely to cause heart failure.
- In some models, the sulfonylureas were associated with higher MI risk.
- Contrary to previous findings, no excess MI risk with rosiglitazone was found.
- Pioglitazone was associated with lower mortality (and had a more favorable risk profile than rosiglitazone).

The authors write that the sulfonylureas' unfavorable risk profile "is consistent with the recommendations of the American Diabetes Association ... that favor metformin as the initial treatment for type 2 diabetes."
Published in Physician's First Watch *December 4, 2009*

Length of ICU Stay Closely Linked to Infection Rate, International Survey Shows

An international point-prevalence survey in *JAMA* shows that ICU infections are more likely in patients with longer stays.

The EPIC II study examined infection rates in 75 countries and their 1265 participating ICUs on a single day — May 8, 2007.
Among the nearly 14,000 adult patients studied, just over half were considered infected, and infection was more likely among those with longer ICU stays and higher SAPS II scores (a composite score based on several physiologic variables — e.g., bicarbonate, systolic pressure, and white blood cell count). Infected patients had higher ICU mortality rates than those not infected (25% vs. 11%).

Editorialists point with alarm to the higher prevalence of gram-negative infections, which are increasingly resistant to antibiotics.
Published in Physician's First Watch *December 2, 2009*

WHO Updates HIV Guidelines

The World Health Organization is advocating an earlier start to HIV treatment in a set of updated recommendations published online.

Among the new guidelines, last updated in 2006:

- Adolescents, adults, and pregnant women with HIV should be started on antiretroviral treatment when their CD4 count is at or below 350cells/mm^3, whether or not they have clinical symptoms. (The 2006 guidelines recommend starting treatment at 200cells/mm^3.)
- All patients should have access to CD4 testing and routine viral load monitoring.
- Countries should start phasing out stavudine (d4T) as a first-line therapy because of its toxicity. Zidovudine (AZT) - or tenofovir (TDF)-based regimens are preferred.
- Pregnant women who do not need antiretroviral treatment for their own health should be started on antiretroviral prophylaxis in the second trimester to reduce the risk for transmission to their infant.

The guidelines also outline first-, second-, and third-line treatment options.
Published in Physician's First Watch *December 1, 2009*

Commentary Urges 'Expanding the Diagnostic Paradigm of Pharyngitis' in Young People

An *Annals of Internal Medicine* commentator urges that clinicians change their approach to treating pharyngitis in adolescents and young adults. He argues that *Fusobacterium necrophorum* is more likely to cause severe complications than group A beta-hemolytic strep is to cause rheumatic fever.

Using available data, the commentator, Dr. Robert Centor, estimates that both organisms are equally likely to cause pharyngitis in young people between the ages of 15 and 24. Of greatest concern is the association between fusobacterium infection and Lemierre syndrome, which has a mortality rate of nearly 5%.

When physicians treat pharyngitis empirically in young people, he argues, macrolides should no longer be used, since they are ineffective against fusobacterium. Instead, penicillins or cephalosporins should be used until a better way of diagnosing fusobacterium infections is found.
Published in Physician's First Watch *December 1, 2009*

Diabetes Self-Assessment Score Identifies Those Needing Formal Screening

A simple questionnaire-based measure of the likelihood of developing diabetes can encourage at-risk patients to seek medical attention for formal screening. The questionnaire appears in the current *Annals of Internal Medicine*.

To derive the risk algorithm, researchers used National Health and Nutrition Examination Survey (NHANES) data on U.S. adults over age 20 who had recorded fasting plasma glucose values from 1999–2004. For validation, they used NHANES data from 2005–2006 and data from two cohort studies. During self-assessment, patients answer six questions (regarding

age, sex, family history, blood pressure status, BMI, and physical activity) and, depending on the score, are told they are at high risk for undiagnosed diabetes or prediabetes.

The researchers found that their algorithm performs somewhat better than existing methods, giving a sensitivity of roughly 75% and a specificity of approximately 65%.
Published in Physician's First Watch *December 1, 2009*

Pharmacist-Physician Collaboration Could Reduce BP in Hypertensive Patients

A pharmacist-physician team approach to managing hypertension is "highly effective," reports *Archives of Internal Medicine*.

Six community-based, family medicine residency clinics were randomized to be either intervention or control sites (some 400 patients with uncontrolled hypertension were enrolled). In the intervention group, clinical pharmacists were encouraged to assess patients' medication and blood pressure routinely, and they made in-person recommendations to physicians based on national guidelines. In the control group, pharmacists abstained from patient care but did answer physicians' general questions.

By 6 months, BP was under control in more patients at intervention versus control sites (64% vs. 30%). Mean BP was reduced by 20.7/9.7 mm Hg in the intervention group, possibly because more antihypertensive drugs were added, the authors say. Rates of adherence to national guidelines did not differ between the groups.

The authors say their results suggest that "clinics or health systems with clinical pharmacists should consider reallocation of duties to provide more direct patient management to significantly improve BP control."
Published in Physician's First Watch *November 24, 2009*

CT Testing for Pulmonary Embolism is More Likely to Yield Burdensome 'Incidental Findings'

Using computed tomographic angiography to test for pulmonary embolism is more than twice as likely to find an incidental nodule or adenopathy as it is to find PE, according to an *Archives of Internal Medicine* study.

Researchers reviewed the results of some 600 angiographies ordered to work up suspected PE in one tertiary care emergency room. They found that:

- 9% of patients had PE;
- 33% had findings that supported alternative diagnoses;
- 24% had incidental findings — a nodule or adenopathy — that required follow-up.

The authors' suggestion that clinicians familiarize themselves with how to evaluate pulmonary nodules may, according to an accompanying commentary, "miss the point."

The commentator argues, instead, for limiting the use of CT rather than following up patients "for unexpected findings of doubtful clinical significance." He adds that CT should be reserved for those with indeterminate findings on ventilation/perfusion lung scans or abnormal findings on high-quality chest radiographs.
Published in Physician's First Watch *November 24, 2009*

Intimate Partner Violence Linked to Increased Risk for Medical and Psychosocial Diagnoses

Women who've recently experienced intimate partner violence (IPV) are more likely to have mental, musculoskeletal, reproductive, and other diagnoses, reports *Archives of Internal Medicine*.

Some 3600 randomly selected women from a U.S. health plan completed telephone surveys about IPV. Eight percent reported IPV within the past year; their medical records from the previous year were then compared with those of women who had never experienced IPV.

In age-adjusted analyses, recent IPV was associated with increased risk for numerous diagnoses, including:

- musculoskeletal conditions (e.g., low back pain, acute sprains);
- psychosocial problems (e.g., anxiety, substance use, depression);
- reproductive diagnoses (e.g., vaginitis, menstrual disorders);
- lacerations;
- sexually transmitted infections.

The authors say their findings suggest that certain diagnoses, including those listed above, "may be important indicators for screening women for IPV."
Published in Physician's First Watch *October 13, 2009*

Breast Tenderness after Starting Combination Hormone Therapy May Indicate Higher Breast Cancer Risk

Postmenopausal women who experience new-onset breast tenderness after starting combination hormone therapy may face increased risk for breast cancer, according to an *Archives of Internal Medicine* study.

Researchers examined data on some 17,000 Women's Health Initiative participants who were randomized

to receive estrogen-progestin or placebo daily. In the hormone group, women with new-onset breast tenderness at 12 months were about 50% more likely to be diagnosed with breast cancer during 5.6 years' follow-up, relative to those without tenderness. (There was no such association among placebo recipients.)

The sensitivity and specificity of breast tenderness for predicting cancer risk were 41% and 64%, respectively — which, the authors say, are similar to values for the Gail model.

The authors note that hormone-induced elevations in serum estrone and estrone sulfate might lead to increased breast tenderness and heightened cancer risk. They add that their findings "should be considered by ... prescribing physicians to inform decisions regarding continued combined hormone therapy."
Published in Physician's First Watch *October 13, 2009*

Herpes Zoster Linked to Increased Risk for Stroke
A patient's risk for stroke increases during the year after a herpes zoster attack, according to a retrospective study published online in *Stroke*.

Using a national database, researchers in Taiwan examined the incidence of stroke in some 7800 adults who had herpes zoster attacks and 23,000 matched controls. During 1 year of follow-up, stroke occurred in 1.7% of zoster patients and 1.3% of controls (adjusted hazard ratio, 1.3).

Patients with zoster and ophthalmic complications were at especially high risk (adjusted HR, 4.3).
The association between zoster and stroke was limited to patients aged 45 and older.

The authors write: "Although varicella zoster virus vasculopathy is a well-documented complication ... it does not fully account for the unexpectedly high risk of stroke in these patients."
Published in Physician's First Watch *October 9, 2009*

Prostate-Specific Antigen Doesn't Measure Up as a Screening Test
Despite its value as a prognostic marker, prostate-specific antigen does not meet criteria for use as a screening test for prostate cancer, according to a *BMJ* study published online.

Using a large Swedish cohort linked to a national cancer registry, researchers compared the initial PSA values of those who developed prostate cancer over roughly 7 years post-screening with other matched men who did not develop cancer. The overlap in PSA values between the two groups' frustrated researchers' efforts to find a cut-off value that had a high specificity as well as sensitivity above 50%. (However, they note that a PSA value below 1 ng/mL "virtually ruled out" a diagnosis during the follow-up period.)

An accompanying review argues that "data on [PSA testing's] costs and benefits remain insufficient to support population based screening."
Published in Physician's First Watch *September 25, 2009*

Clinical Algorithms can rule out Brain Trauma in Kids without using CT
New clinical prediction rules could help physicians determine when a child with blunt head trauma does not need a CT scan, according to a study published online in *Lancet*.

Researchers developed and validated risk-prediction rules using data on more than 42,000 children presenting to emergency departments with seemingly minor head trauma. The rules incorporated six clinical variables (e.g., altered mental status, loss of consciousness, and mechanism of injury) for children younger than 2 years, and six variables (including the three noted above) for older children.

The negative predictive value for clinically important traumatic brain injury was 100% in children younger than 2 years and 99.95% in older children.

The authors conclude: "Application of these rules could limit CT use, protecting children from unnecessary radiation risks."
Published in Physician's First Watch *September 15, 2009*

Physical Activity Associated with Increased Survival in Elders
Physical activity is associated with increased survival among elderly adults — even when they don't begin to exercise until they are of advanced age — reports a longitudinal study in *Archives of Internal Medicine*.

Researchers examined associations between physical activity and mortality among nearly 1900 adults who were interviewed at ages 70, 78, and 85 and followed through age 88. After adjustment for confounders including major diseases, subjects who reported being physically active at the interviews were less likely to die throughout follow-up, compared with those who were sedentary. The survival benefit was seen for subjects who were already active when the study began — and also for those who started to exercise between ages 70 and 78 and ages 78 and 85.

The authors conclude: "Our findings clearly support the continued encouragement of [physical activity], even among the oldest old. Indeed, it seems that it is never too late to start."
Published in Physician's First Watch *September 15, 2009*

Corticosteroids and Antiviral Agents for Bell Palsy
Patients with Bell palsy benefit significantly from corticosteroid therapy, and the addition of antiviral agents may confer even greater benefit, according to a *JAMA* meta-analysis.
Researchers examined 18 randomized controlled trials that compared antiviral or corticosteroid treatment with a control in nearly 2800 patients with Bell palsy. Among the findings:

- Corticosteroids alone reduced the risk for unsatisfactory facial recovery (number needed to treat, 11).
- Antiviral agents alone did not improve outcomes.
- Corticosteroids plus antivirals were somewhat more effective than corticosteroids alone.

Neither treatment caused an increase in major adverse events.

An editorialist concludes that the analysis "helps resolve lingering doubt about the benefits of corticosteroids, but raises questions about the adjunctive role of antiviral medications."
Published in Physician's First Watch *September 2, 2009*

Mediterranean Diet Improves Glycemic Control in Patients with Type 2 Diabetes
A Mediterranean-style diet may be better than a low-fat diet for helping patients with type 2 diabetes delay treatment with antihyperglycemic drugs, reports *Annals of Internal Medicine.*
Italian researchers randomized some 200 overweight patients with newly diagnosed diabetes to either a Mediterranean-style diet (less than 50% of calories from carbohydrates) or a low-fat diet (less than 30% of calories from fat).

At 4 years, fewer patients on the Mediterranean diet than on the low-fat diet had HbA1c levels greater than 7%, thus requiring treatment with antihyperglycemic drugs (44% vs. 70%). The Mediterranean diet group also had a larger increase in insulin sensitivity, greater weight loss, and reduced coronary risk factors.

The authors say the Mediterranean diet's effects could be explained by the high consumption of monounsaturated fatty acids, which may increase insulin sensitivity. They conclude: "The findings reinforce the message that benefits of lifestyle interventions should not be overlooked."
Published in Physician's First Watch *September 1, 2009*

Combination Lipid-Lowering Therapy May Not Be More Effective Than High-Dose Statin Monotherapy

"Limited evidence" suggests that combination lipid-lowering therapy is no more effective than high-dose statin monotherapy for improving clinical outcomes, according to a meta-analysis published online in *Annals of Internal Medicine.*

Researchers examined studies comparing the efficacy of statin monotherapy with combination therapy in high-risk patients. Among the findings:

- In three fair- to poor-quality trials, statin-ezetimibe and statin-fibrate combinations did not improve all-cause mortality relative to high-dose statin monotherapy.
- No relevant trials assessed MI, stroke, or revascularization outcomes.
- Two fair-quality trials found statin-ezetimibe superior to monotherapy in terms of LDL reductions.

The authors point out several limitations of their analysis, including the lack of long-term data. They conclude: "The available evidence supporting the use of combination therapies over high-dose statin monotherapy ... is insufficient to guide many clinical decisions."
Published in Physician's First Watch *August 21, 2009*

How Accurately Do Primary Care Practitioners Diagnose Depression?
Primary care physicians tend to overdiagnose depression, according to a *Lancet* meta-analysis.
Using data from published trials comprising more than 50,000 patients, researchers found that, on the whole, primary care clinicians correctly identified depression about half the time. About 65 of every 80 patients without depression would be properly reassured, leaving 15 improperly diagnosed with the condition.
The findings should not be taken as a criticism of primary care providers, the authors write, bur rather as "a call for better understanding of the problems that non-specialists face."

A commentator, recounting the difficulties of classifying the mood disorders, observes tartly: "If the diagnosis of depression cannot be agreed satisfactorily by the best minds in psychiatry, why should we expect the general practitioner to be a reliable assessor of the condition?"
Published in Physician's First Watch *August 21, 2009*

Pioglitazone Associated with Lower Cardiovascular Risk than Rosiglitazone

In patients with type 2 diabetes, risks for heart failure and death are lower with pioglitazone than with rosiglitazone, according to a retrospective cohort study in *BMJ*.

Researchers examined the healthcare records of nearly 40,000 older Canadians who began treatment with one of the two thiazolidinediones over a 6-year period. In adjusted analyses, risk for the primary composite endpoint — death or admission for acute MI or heart failure — was significantly lower with pioglitazone than rosiglitazone (5.3% vs. 6.9%). The difference between the groups was largely attributable to significantly reduced risks for death and hospital admission for heart failure with pioglitazone.

The authors conclude: "Given that rosiglitazone lacks a distinct clinical advantage over pioglitazone, continued use of rosiglitazone may not be justified." Editorialists, however, say that the study's limitations (e.g., pioglitazone users may have been healthier to start with) leave "clinicians unsure about the implications for prescribing."

Published in Physician's First Watch *August 19, 2009*

Albuminuria Associated with Poor Prognosis in Heart Failure

Albuminuria "might be of value" in risk stratification in heart failure, according to a *Lancet* study.

Urinary albumin-to-creatinine ratios were measured in some 2300 patients with heart failure at baseline and over the course of a 3-year follow-up. An increased ratio was associated with higher likelihood of suffering cardiovascular death, hospital admission for worsening heart failure, or death from any cause. Risks were significantly increased with both micro- and macroalbuminuria, even after adjustment for renal function, presence of diabetes, and hemoglobin A1c levels.

The authors point out that reducing albuminuria "might be useful in the prediction of improvement in clinical outcomes."

Published in Physician's First Watch *August 14, 2009*

Aspirin Use after Colorectal Cancer Diagnosis Linked to Lower Mortality Risk

Regular aspirin use after - but not before - receiving a diagnosis of colorectal cancer is associated with reduced mortality, *JAMA* reports.

Researchers assessed aspirin use in nearly 1300 health professionals with nonmetastatic colorectal cancer. Over a median 12 years' follow-up, patients who regularly took aspirin after their cancer diagnosis had reduced risk for overall and colorectal-cancer–specific mortality, compared with nonusers. (Those who used aspirin *before* their diagnosis did not see a similar risk reduction.)

The benefits of aspirin - a COX-2 inhibitor - were limited to patients with COX-2–positive primary tumors (70% of tumors assessed).

An editorialist says the results "bring an observational study as close as it can to offering patients a way to help themselves." However, the authors conclude that until further studies are conducted, use of aspirin or other COX-2 inhibitors for cancer treatment "cannot be recommended, especially in light of concerns over their related toxicities, such as gastrointestinal bleeding."

Journal Watch General Medicine Summary of Earlier Study on Aspirin and Colorectal Adenomas Stents Not Associated with Improved Function in Renal Artery Stenosis

Using stents to treat renal artery stenosis and decreased renal function has "no clear effect" on disease progression, according to an *Annals of Internal Medicine* study.

In a multi-institution study, European researchers randomized 140 patients with creatinine clearances less than 80 mL per minute and renal artery stenosis of 50% or more. Patients received either medical care alone, or a stent plus medical care.

By 2 years' follow-up, renal function had deteriorated by 20% or more in more patients on medication alone, but the difference was not statistically significant. In addition, stent recipients had serious complications related to the procedure.

The authors say that stenting "may cause more harm than benefit in a community setting." Their findings, they conclude, "favor a conservative therapeutic approach ... focused on cardiovascular risk factor management without stenting."

Published in Physician's First Watch *June 16, 2009*

Experts Issue Guidelines on Managing Reproductive Tract Bleeding in Women

An international panel has released guidelines "to allow physicians to better recognize bleeding disorders as a cause of menorrhagia and postpartum hemorrhage so that effective disease-specific therapies can be offered."

Among the recommendations, published online in the *American Journal of Obstetrics and Gynecology*:

- Clinicians should consider an underlying bleeding disorder when a patient has any of the following: menorrhagia since menarche, family history of bleeding disorders, or personal history of "notable" bruising in the absence of injury. (The paper includes a complete list of other indicators.)
- When a disorder is suspected, clinicians should work with a hematologist to evaluate the patient's platelet number and function and coagulation profile.
- Treatment varies and depends on the patient's desire for future fertility.

Published in Physician's First Watch *August 12, 2009*