

SHORT CUTS

ALL YOU NEED TO READ IN THE OTHER GENERAL JOURNALS

Kristina Fišter, associate editor, *BMJ* kfister@bmj.com

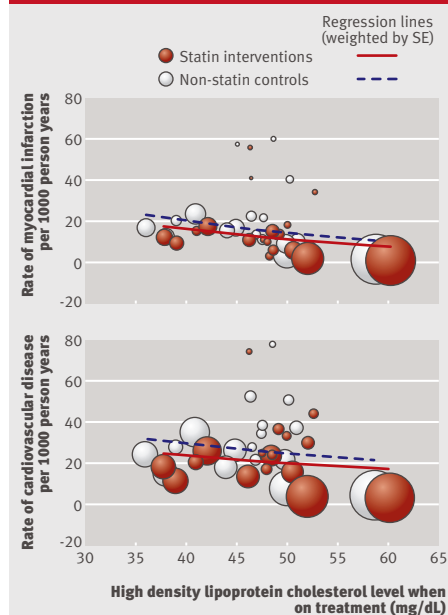


"Evidence that dairy fat prevents type 2 diabetes has been around for some time, and this impressive study shows that it is probably mediated by trans-palmitoleic acid"

Read Richard Lehman's journal blog at bmj.com/blogs

Statins don't help evade myocardial infarction when high density lipoprotein cholesterol is low

ASSOCIATIONS BETWEEN CONCENTRATION OF HIGH DENSITY LIPOPROTEIN CHOLESTEROL AND CARDIOVASCULAR OUTCOMES



Adapted from *Ann Intern Med* 2010;153:800-8

Many patients who take statins still experience myocardial infarction, despite the fact that their concentrations of low density lipoprotein cholesterol have been successfully lowered before the event. A meta-analysis of large randomised controlled trials has confirmed that statins don't alter the link between low levels of high density lipoprotein cholesterol and myocardial infarction.

A total of 20 trials were included in this study, with 543 210 person years of follow-up and 7838 recorded myocardial infarctions. There was a significant inverse association between concentrations of high density lipoprotein cholesterol and risk of myocardial infarction and cardiovascular disease, which remained after adjustment for levels of low density lipoprotein cholesterol during statin treatment, age, hypertension, diabetes, and use of tobacco. Every 10 mg/dL (0.26 mmol/L) decrease in high density lipoprotein concentration brought about an increase in myocardial infarctions of 7.1 per 1000 person years among patients treated with statins, compared with 8.3 in patients who did not receive statins.

The relation between high density lipoprotein concentration and myocardial infarction did not differ according to statin use ($P=0.57$).

This study could not determine whether low levels of high density lipoprotein cholesterol caused an increase in cardiovascular risk, or whether the link was because of unmeasured confounding.

Ann Intern Med 2010;153:800-8

Echinacea in common cold provides small benefits at best

Echinacea for common cold has been assessed in hundreds of studies, including more than a dozen randomised trials and several meta-analyses. We are still unsure of the efficacy of echinacea products, however, because the evidence on whether they relieve a common cold is conflicting and many studies are of poor quality.

A new trial aimed to clear up this uncertainty by randomising 719 people with a common cold to one of four arms—two blinded groups (placebo pills or echinacea pills) and two open label groups (no pills or echinacea pills). Echinacea was given in a dose of 10.2 g of dried root during the first 24 hours and 5.1 g during each of the next four days.

The blinded placebo pills group and the echinacea pills group did not significantly differ on any of the outcomes, which included severity of the cold (assessed twice daily by a validated self reported questionnaire), and change in nasal wash neutrophil counts and serum levels of interleukin 8 (assessed at intake and two days later). A non-significant trend towards some effect of echinacea was seen though. Mean cold severity scores for the blinded echinacea group, unblinded echinacea group, placebo group, and no pill group were 236, 258, 264, and 286, respectively (max score 301), while duration of cold was 6.34, 6.76, 6.87, and 7.03 days, respectively.

The relative benefit with echinacea amounted to an average half day reduction in the duration of a week long cold, or a 10% reduction in overall cold severity. However, previous research by the same authors has shown that fewer than one in four people judge these benefits as worth while, given the costs and adverse effects.

Ann Intern Med 2010;153:769-77

Hope for people with depression and diabetes, heart disease, or both

A primary care based intervention improved outcomes in 214 participants in 14 primary care clinics who had depression and concomitant poorly controlled diabetes, coronary heart disease, or both.

Patients in the intervention group first chose self care and clinical targets with nurses and primary care doctors. Structured visits with nurses were then provided every two to three weeks, on top of which nurses proactively followed patients to provide support for adherence to drugs. Motivational and encouraging coaching was used and self help materials handed out.

Compared with usual care, 12 month outcomes were better in the intervention group for glycated haemoglobin concentration (by 0.58%), low density lipoprotein cholesterol concentration (by 6.9 mg/dL (0.2 mmol/L)), systolic blood pressure (by 5.1 mm Hg), and symptom checklist-20 (SCL-20) depression scale scores (by 0.40 points). The small effects could translate to marked reductions of risk at the population level.

Patients in the intervention group were also more satisfied with the care they received (86% v 70%), and more likely than patients who received usual care to meet guideline criteria (37% v 22%), have systolic blood pressure lowered by 10 mm Hg or more (41% v 25%), and have a 1% or greater decrease in glycated haemoglobin (36% v 19%).

N Engl J Med 2010;363:2611-20

Think of parapoxvirus infections in deer hunters

Two cases of infection with parapoxvirus have been reported in deer hunters in the United States who cut their fingers while field dressing apparently healthy white tailed animals. Over the course of the following weeks, a painless skin lesion developed at the wound site.

Such lesions can be mistaken for more serious diseases such as anthrax. Features that distinguish parapoxvirus infections are the characteristic exposure to ruminants, the benign course of the disease, and the slow evolution of the lesion.

N Engl J Med 2010;363:2621-7

Cite this as: *BMJ* 2011;342:c7466