SHORT CUTS

ALL YOU NEED TO READ IN THE OTHER GENERAL JOURNALS

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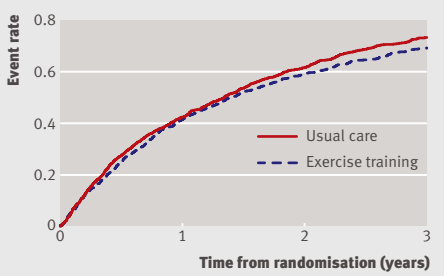
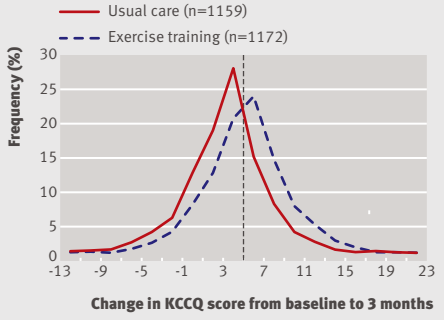
Exercise is safe and slightly better than usual care for people with stable heart failure

TIME TO ALL CAUSE MORTALITY OR ALL CAUSE HOSPITAL ADMISSION



Adapted from *JAMA* 2009;301:1439-50

PREDICTED CHANGE IN KCCQ SCORE BY TREATMENT GROUP



Adapted from *JAMA* 2009;301:1451-9

Guidelines now recommend some exercise for people with stable heart failure, instead of the traditional advice to rest, but definitive clinical data to support this recommendation have been lacking. A multicentre trial of 2331 outpatients fills the gap. Participants' median age was 59 years: 28% were women, and 37% had New York Heart Association stage III or IV disease. During a median follow-up of 30 months, the trial compared usual care with added aerobic exercise training, which consisted of 36 supervised sessions followed by training at home.

Non-significant results favouring exercise were seen across all outcomes, which included a composite of all cause mortality or all cause hospital admission (primary outcome 65% (759/1159) *v* 68% (796/1172); hazard ratio 0.93, 95% CI 0.84 to 1.02; P=0.13) and several prespecified secondary outcomes—mortality (0.96, 0.79 to 1.17), cardiovascular mortality or hospital admission for cardiovascular disease (0.92, 0.83 to 1.03), and cardiovascular mortality or hospital admission for heart failure (0.87, 0.75 to 1.00). After adjustment for baseline prognostic characteristics, some of the outcomes just reached significance.

In the first year quarterly and subsequent yearly assessments with the Kansas City cardiomyopathy questionnaire (KCCQ; 0 to 100, with higher scores indicating better health), self reported health status was also better with exercise. At three months, adding exercise to usual care led to a 1.93 point increase (P<0.001) in the overall summary score compared with usual care alone, and the difference persisted throughout follow-up.

JAMA 2009;301:1439-50 , 1451-9

Cognitive behavioural therapy works for anxiety in older adults in primary care

A randomised trial of 134 older adults (mean age 66.9 years) with generalised anxiety disorder compared three months of weekly one hour sessions of cognitive behavioural therapy based in primary care with enhanced usual care (twice weekly telephone calls aimed at ensuring patient safety and providing minimal support).

At three months, people receiving cognitive behavioural therapy had greater improvements in worry severity (by 8.8 points on the Penn State worry questionnaire), depressive symptoms (2.6 points on the Beck depression inventory II), and general mental health (4.3 points on the 12 item short form health survey) than those receiving enhanced usual care. These improvements were maintained or improved over one year of follow-up, although the groups did not differ at any point in severity of their generalised anxiety disorder.

With a low recruitment rate (968 people initially referred), the trial's generalisability is limited. Compared with people who provided consent but were not randomised, participants were younger, better educated, more likely to be women, and their worry severity was greater at baseline. Still, the trial paves the way for studies that test various models of care in more heterogeneous populations.

JAMA 2009;301:1460-7

No support for empirical treatment of poorly controlled asthma with esomeprasole

When asthma is poorly controlled with moderate to high doses of inhaled corticosteroids, patients should be evaluated for comorbidities that might be contributing to the lack of response to treatment, including gastro-oesophageal reflux. A placebo controlled trial of 412 people with poorly controlled asthma and no symptoms of gastro-oesophageal reflux found that 40% of participants had acid reflux, diagnosed by pH monitoring. However, 40 mg of esomeprasole twice daily over 24 weeks did not reduce the number of asthma episodes, irrespective of the participants' acid reflux status. Moreover, although the regimen normally suppresses reflux in more than 90% of people, it did so in only about 75% of trial participants. Because the treatment also failed to affect lung function, symptom scores, awakening at night, or quality of life, the editorialists (p 1551) conclude that there is no evidence to support empirical treatment with proton pump inhibitors in these patients.

N Engl J Med 2009;360:1487-99

High dose esomeprasole can prevent recurrent ulcer bleeding

A randomised trial investigated 764 adults admitted to 91 emergency departments in 16 countries for a single bleeding stomach or duodenal ulcer of no less than 5 mm in diameter who also had endoscopic signs consistent with a high risk of recurrent bleeding. After endoscopic haemostasis, patients received 80 mg intravenous esomeprazole bolus and a 8 mg/h infusion over 72 hours, or placebo. The proton pump inhibitor reduced recurrent bleeding at 72 hours (5.9% (22/375) *v* 10.3% (40/389); difference 4.4%, 95% CI 0.6% to 8.3%), and the difference was sustained at seven days and 30 days of follow-up. Compared with placebo, the treatment also reduced the need for a repeated endoscopic procedure (6.4% (24/375) *v* 11.6% (45/389); 5.2%, 1.1% to 9.2%). The trial, which was funded by AstraZeneca, aimed to resolve the conflicting results seen in different ethnic groups in previous studies.

Ann Intern Med 2009;150:455-64

Cite this as: *BMJ* 2009;338:b1526