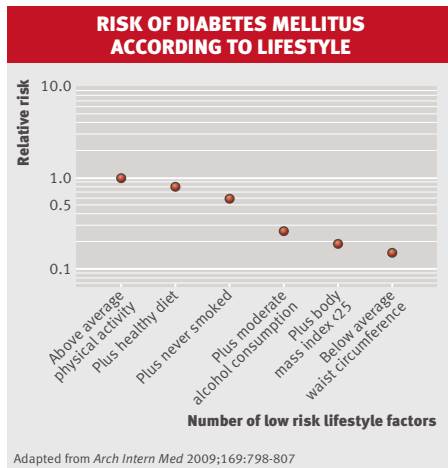


# SHORT CUTS

ALL YOU NEED TO READ IN THE OTHER GENERAL JOURNALS

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## Unhealthy lifestyles blamed for most new diabetes in older adults



Unhealthy lifestyles could be responsible for nine out of ten new cases of diabetes mellitus among older US adults, say researchers. A cohort study that tracked 4883 men and women aged 65 or over for ten years suggested that if all older people exercised more, stopped smoking (or never started), ate a healthy diet, drank moderately, and had a body mass index of less than 25, the incidence of drug dependent diabetes in this age group would fall by 89% (95% CI 23% to 99%). The analysis found a clear dose-response effect. Risk of diabetes fell in a stepwise fashion with each extra healthy lifestyle factor.

All five factors were linked to incident diabetes independently of each other and of age, sex, ethnic background, education, and income. Even without body mass index, which is hard to modify, the population attributable risk of the other four factors combined was 81% (95% CI 42% to 94%).

The participants were randomly selected from lists of adults who were eligible for state funded health care (Medicare), and the mean age at baseline was 72 years. Lifestyle advice seems to be just as important for older people as it is for anyone else, say the researchers.

*Arch Intern Med* 2009;169:798-807

## Pharmacists reduce drug errors in outpatients

Having a pharmacist on the team can help prevent drug errors and adverse drug events

in hospital patients. There are fewer studies in the outpatient setting though, so researchers in the US reanalysed data from two trials set up to measure the impact of an outpatient pharmacist on adherence. Both trials also collected data on drug errors and adverse drug events. One study recruited patients with heart failure, the other patients with hypertension.

After combining the two trials, researchers found that the dedicated services of a pharmacist reduced the incidence of harmful or potentially harmful drug events by around a third (risk ratio 0.66; 95% CI 0.50 to 0.88). These events included mistakes in prescribing, mistakes in monitoring, preventable drug interactions, and near misses—mistakes that could have harmed someone but didn't. Most adverse drug events in this analysis occurred in the 484 patients with complicated hypertension or heart failure.

Both trials were set in a single pharmacy serving one primary care centre in Indiana. The pharmacists gave advice and information; answered questions; kept track of patients and their treatment; and alerted doctors and nurses at the clinic to potential drug related problems. Which elements of the service reduced the incidence of adverse drug events is not yet clear.

*Arch Intern Med* 2009;169:757-63

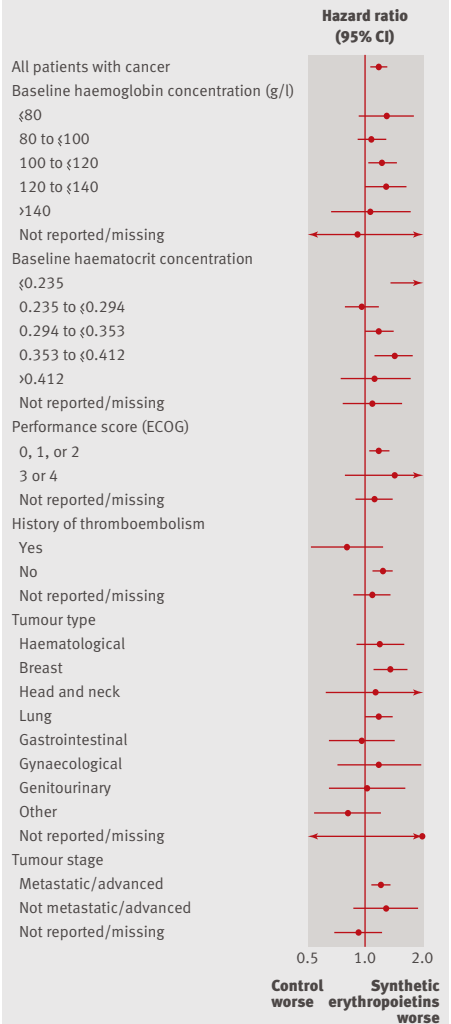
## Exogenous erythropoietins reduce survival in people with cancer

Cancer patients given synthetic erythropoietins to prevent or treat anaemia had a higher mortality than controls (hazard ratio 1.17, 95% CI 1.06 to 1.30), in the latest meta-analysis to look at this controversial issue.

Researchers led by a team from Germany analysed data from nearly 14000 patients in 53 trials of epoetin and darbepoetin. Around half of the participants had breast or lung cancer, and many were in advanced stages. Trial results were generally consistent across different trial populations and treatment regimens. Close analysis found no particular patient subgroups that benefited from synthetic erythropoietins; however, the excess mortality was non-significantly smaller in an analysis confined to patients who had received chemotherapy (1.10, 0.98 to 1.24).

The companies who make or market syn-

## MORTALITY IN ALL PATIENTS BY SUBGROUP



**Mortality in all patients with cancer**  
Synthetic erythropoietins arm: 865/7634;  
control arm: 665/629;  
hazard ratio 1.17 (95% CI 1.06 to 1.30)

Adapted from *Lancet* 2009;373:1532-42

thetic erythropoietins contributed data but had no other influence on the meta-analysis, which was paid for by grants from the German government and two universities.

The researchers say their findings are the most reliable indication so far that stimulating erythropoiesis can be harmful in patients with cancer. The mechanism of this effect is unknown, although plausible theories include an increased risk of thromboembolism and a direct effect of synthetic erythropoietins on tumour growth.

*Lancet* 2009; 373: 1532-42

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