Minerva hangs her head in shame after casting undeserved aspersions on neurologists a few weeks ago (7 June; BMJ 2008;336:1316). Misquoting a study in Neurology, she managed to identify neurologists as the most disruptive group of non-surgical specialists. It was actually cardiologists who were deemed to have the most disruptive behaviour, with gastroenterologists and neurologists coming a close joint second. Minerva wishes to apologise to non-disruptive neurologists everywhere.

A review in Clinical Diabetes (2008;26:115-20) offers tips to help patients who are trying to lose weight. The authors say that contrary to popular opinion, setting unrealistic goals does not affect success rates. People who participate in weight loss programmes that include exercise can expect to lose 11-24 lb (5-10 kg) over six months. After this, weight loss tends to plateau. Desiring or expecting to lose more, makes little difference to how much weight is lost, and no study has found a negative association between unrealistic weight loss goals, thin dream weights, and eventual weight loss.

Body mass index can be added to the list of traditional cardiovascular risk factors (high systolic blood pressure, higher ratio of cholesterol to high density lipoprotein cholesterol, and diabetes) for predicting first coronary heart disease events, according to Circulation (2008;118:124-30). The same list of factors, apart from the presence of diabetes, was predictive of a first cerebrovascular disease event. The authors say that a common pathophysiological mechanism must underlie the roles of body mass index, diabetes, and blood pressure as predictors of a first cardiac or cerebrovascular event.

Yet more fat issues—an exploration of appetite and adiposity in childhood (American Journal of Clinical Nutrition 2008;88:22-9). The parents of two groups of children, a population based twin cohort (aged 8-11 years) and a community sample of 3-5 year olds in the UK, were asked to complete the child eating behaviour questionnaire. Adiposity was measured by body mass index SD scores. Links between appetite (response to cues to eat and satiety cues) and adiposity were consistent with the behavioural susceptibility model of obesity, suggesting an opportunity to intervene when children are still at a healthy weight.

Animal experiments indicate that refined carbohydrates contribute to the development of non-alcoholic fatty liver disease. Carbohydrates such as fructose can cause intestinal bacterial overgrowth and increased intestinal permeability, which ends up creating a fatty liver. Plasminogen activator inhibitor (PAI)-1 has also been linked to liver damage. Now a pilot study in the Journal of Nutrition (2008;138:1452-5) has compared dietary factors, endotoxin, and PAI-1 concentrations in patients with non-alcoholic fatty liver and controls. It found that dietary fructose, increased intestinal translocation of bacterial endotoxin, and PAI-1 may all contribute to formation of fatty liver in humans.

Minerva was appalled to hear about a notice put up in a general practice which apparently said that although the GP surgery was required by the government to conduct a patient survey, patients were kindly reminded that if they didn’t give the place good feedback, they stood the risk of losing their local GP service. Unsurprisingly, some in the area said the surgery already had a dreadful reputation.

Dealing with the death of a patient is an emotional experience, no less so for anaesthetists who experience a perioperative catastrophe ending in death. Psychological recovery from these events can take months, and longer if there’s no emotional or professional support. When interviewed, anaesthetists say they generally prefer a more formal support structure, and they like the option of taking time off from clinical work (Anesthesia and Analgesia 2008;107:591-600). The Association of Anaesthetists of Great Britain and Ireland advises support at multiple levels. When a major adverse event occurs during an operation, the adverse event protocol on the Anaesthesia Patient Safety Foundation’s website (www.apsf.org) lists steps to follow to minimise injury to the patient.

A 22 year old previously healthy woman returned to Canada from Peru with expanding bruises but no history of bleeding disorders, systemic symptoms, or medication. While walking barefoot in Peru she had stepped on five caterpillars and immediately experienced burning pain in her feet, which radiated up to her thighs. An online search came up with caterpillar envenomation, and doctors in Brazil advised immediately giving a locally produced antivenin. Before it arrived, though, she developed an atypical disseminated intravascular coagulation, and she died before the antivenin took effect (CMAJ 2008;179:158-61).

When mice were given autoantibodies isolated from humans with pre-eclampsia, they developed a pre-eclampsia syndrome (Nature Medicine published online 27 July 2008). Some women with pre-eclampsia have autoantibodies that bind and activate a receptor called angiotensin II type 1a (AT), which is important in regulating blood pressure. Scientists managed to prevent the pre-eclampsia syndrome in mice by co-injecting the AT receptor antagonist losartan or a peptide derived from AT, receptor that could neutralise the antibody.

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