

# SHORT CUTS

ALL YOU NEED TO READ IN THE OTHER GENERAL JOURNALS

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**“The first written medical advice I ever penned was on the subject of obstetric epidural anaesthesia in 1976. So I came to this clinical update on the subject with slight trepidation . . .”**

Richard Lehman's journal blog, [doc2doc.bmj.com](http://doc2doc.bmj.com)

## Time to rethink B vitamins for lowering homocysteine

Supplements of B vitamins that include folic acid reduce serum concentrations of homocysteine but seem to make little difference to important vascular outcomes, such as heart attacks and strokes. A Canadian trial now reports that high doses may be positively harmful. Adults with diabetic nephropathy given a supplement containing folic acid (2.5 mg/day), vitamin B-6 (25 mg/day), and vitamin B-12 (1 mg/day) developed significantly worse renal function over three years than controls given a placebo. The supplement accelerated declining glomerular filtration rates and was associated with significantly more vascular events including deaths (hazard ratio 2.0, 95% CI 1.0 to 4.0).

The authors weren't expecting these results and can't rule out vitamin toxicity. Their 238 participants were not short of B vitamins at the start of the trial, thanks in part to Canada's policy of adding folic acid to many cereals. Poor renal excretion of these water soluble vitamins pushed concentrations even higher.

It may be time to abandon B vitamins as a way to reduce homocysteine concentrations, they write. Trials have yet to report an unequivocal benefit to anyone, and harms are clearly possible, at least in adults with diabetes who have poor renal function. Researchers should turn their attention to new agents with a different mechanism of action.

*JAMA* 2010;303:1603-9

## Hidden salt in fast food lunches tips New Yorkers over the limit

New York City's Department of Health recently commissioned a survey (with public funds) to find out how much salt New Yorkers were eating for lunch. Researchers stopped people on their way out of 11 fast food chains, scrutinised their receipts, and calculated the sodium content of full meals from nutritional information on restaurant websites.

The mean sodium content of 6580 lunches was 1.75 g, more than the recommended daily intake for higher risk adults (1.5 g), which includes anyone in middle age or beyond, anyone with hypertension, and all African Americans. One in five meals gave diners more than the recommended daily intake for everyone else (2.3 g). Just one in

36 met national regulatory standards for a healthy sodium content (0.6 g per meal).

Lunches from fried chicken outlets Kentucky Fried Chicken and Popeye's were the saltiest. Half of their meals exceeded the higher threshold for daily intake and 84% exceeded the lower threshold.

National initiatives are already under way to encourage fast food chains to limit the salt content of their food. These initiatives should be accelerated, say the researchers. A 50% cut would help protect people from hypertension and heart disease, and it would save an estimated \$20bn (£13bn; €15bn) a year in healthcare costs.

*Arch Intern Med* 2010;170:732-4

## Adding coronary artery calcium fine tunes traditional risk prediction

Coronary artery calcium is an early warning of cardiovascular disease that has the potential to help doctors predict clinical disease in adults without symptoms. But does it do any better than traditional risk factors such as age, sex, smoking, blood pressure, and serum lipids? In one multi-ethnic cohort of US adults (n=5878), a risk model that included a coronary artery calcium score was significantly more accurate than a risk model con-

fined to traditional risk factors alone. The new model worked better than the old one on several accepted measures of discrimination, and it correctly reclassified 23% of those who had an event as high risk and 13% of those who didn't as low risk. The authors and a linked editorial (p 1646) agree that the test could be useful in principle. The statistics look good.

In practice, however, coronary artery calcium is measured by computed tomography of the chest, which carries a small but noticeable and cumulative risk of cancer. It is also expensive. Although coronary artery calcium scoring ticks more boxes than most new tools for predicting disease, the biggest box remains blank, says the editorial. We still do not know if it can help people live longer healthier lives.

*JAMA* 2010;303:1610-6

## Southern Africa and eastern Europe buck global trends in adult mortality

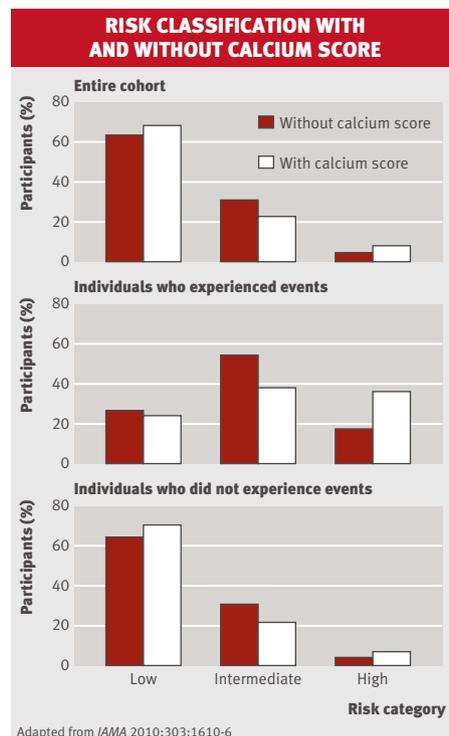
Adult mortality—the risk of dying prematurely between the ages of 15 and 60—has dropped by 19% for men and by 34% for women worldwide since 1970. By 2010, Iceland had the lowest adult mortality in a study of 187 countries, followed by Cyprus. Swaziland had the highest. Here, more than three quarters of 15 year old boys (765 per 1000; uncertainty interval 692-845) and more than half of 15 year old girls (597 per 1000; 517-689) can expect to die before their 60th birthday, say the authors. In general, men have higher mortality than women, and the gap has widened since 1970.

Although many countries have made good progress, notably Australia and South Korea, death rates in sub-Saharan Africa and the countries of the former Soviet Union have soared, partly because of HIV and the social upheaval that followed the collapse of communism. The chance of a premature death in southern Africa (men 578 per 1000, women 446 per 1000) is now about the same as it was in Sweden in 1751.

These estimates—from surveys, censuses, and vital registers—illuminate a much neglected measure of global health, say the authors. But sophisticated modelling was needed to fill in the many gaps. Just 26% of adults live in countries that systematically record births and deaths.

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