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Corticosteroids, pneumonia, . . . and other stories

Community acquired pneumonia

Corticosteroids have a small but worthwhile effect in reducing deaths from community acquired pneumonia, according to a systematic review of 15 randomised controlled trials. Average 30 day mortality fell from 9% in patients given standard care to 6% in those treated with adjunctive corticosteroids. Not all trials reported adverse events but, in those that did, corticosteroids were not associated with an increased risk (*Clin Infect Dis* doi:[10.1093/cid/ciad496](https://doi.org/10.1093/cid/ciad496)).

Cardiac arrest during anaesthesia

A UK register of cardiac arrests that occurred during anaesthesia reports 881 cases over a 12 month period, giving an incidence of three arrests per 10 000 anaesthetics. Arrests were more likely in older patients and those who were ill or who had serious comorbidities. Risk of cardiac arrest was much higher during emergency surgery than during elective procedures and it was higher at night and at weekends (*Anaesthesia* doi:[10.1111/anae.16156](https://doi.org/10.1111/anae.16156)).

Outcomes after perioperative cardiac arrest

Successful resuscitation following cardiac arrest during anaesthesia is strikingly more likely than in cardiac arrests that occur in other settings. Among the 881 cases mentioned above, 665 were successfully resuscitated. Data are incomplete, but at least 249 of these survivors made a good functional recovery, judged by a score of 0 to 3 on the modified Rankin scale when assessed at hospital discharge (*Anaesthesia* doi:[10.1111/anae.16157](https://doi.org/10.1111/anae.16157)).

Self-harm during the covid-19 pandemic

Nine years' worth of linked data from Northern Ireland show that the number of people presenting to hospital with self-harm, or thoughts of self-harm or suicide, dropped at the beginning of the covid-19 pandemic, before returning to expected levels a few months later. Trends were similar across most demographic groups with the exception of children under 16 and adults over 65, where the numbers presenting with self-harm showed little change (*Br J Psychiatry* doi:[10.1192/bjp.2023.76](https://doi.org/10.1192/bjp.2023.76)).

Sleep influences insulin sensitivity

Thirty eight women took part in a crossover experiment in which their sleep was either curtailed to six hours per night for six weeks or maintained at their habitual sleep time of seven to nine hours each night. Tested at the end of the period of sleep deprivation, fasting levels of plasma glucose and insulin, and indices of insulin resistance, indicated an increase in insulin resistance that could not be explained by changes in adiposity (*Diabetes Care* doi:[10.2337/dc23-1156](https://doi.org/10.2337/dc23-1156)).

Dietary sodium and risk of type 2 diabetes

Another lifestyle choice that seems to influence glucose metabolism is dietary salt intake. At recruitment, 400 000 participants in the UK Biobank study were asked how frequently they added table salt to food. Compared with people who "never or rarely" added salt, risk of developing type 2 diabetes over 12 years of follow-up was raised by 10 to 20% in people who "sometimes," "usually," or "always" added salt (*Mayo Clin Proc* doi:[10.1016/j.mayocp.2023.02.029](https://doi.org/10.1016/j.mayocp.2023.02.029)).

Comparison of commonly used antidepressants in older people

Danish registry data on 90 000 adults, mean age 78, were used to compare outcomes in users of sertraline, the drug recommended by Danish guidelines as the first choice treatment for depression, with those in people taking other commonly prescribed antidepressants. Overall, people not taking sertraline were more likely to discontinue, switch, or augment their treatment, and their risk of cardiovascular events and death was higher. Users of venlafaxine, mirtazapine, and escitalopram had more adverse clinical outcomes (*Am J Psychiatry* doi:[10.1176/appi.ajp.20230356](https://doi.org/10.1176/appi.ajp.20230356)).