

**THE SUGAR STORY CONTINUES**

The accepted normal fasting plasma level of glucose has been lowered, step-by-step, over the past two decades from 7.7 mmol/L (140 mg/dL) to less than 5.5 mmol/L (100 mg/dL). Now, a US expert suggests that fasting plasma glucose levels represent a continuum, and that the border between what is “normal” and “abnormal” is a shady zone, influenced by a range of factors, including weight, age and sex.<sup>1</sup> Dr Ronald Arky was commenting on an Israeli study which followed a large military cohort for 12 years.<sup>2</sup> Healthy young men with fasting plasma glucose levels at the high end of the normoglycaemic range were found to be more likely to develop type 2 diabetes. Together with other independent risk factors for diabetes, like body mass index (BMI) and serum triglyceride levels, this assay could help to identify apparently healthy men at increased risk of diabetes.

1. *N Engl J Med* 2005; 353: 1511-1513

2. *N Engl J Med* 2005; 353: 1454-1462

**DON'T FOLLOW OUR LEAD**

An Australian expert has cautioned that Canada will face “similar ill effects” if it follows the Australian path of health organisation by allowing private health sector provision of some essential health services.<sup>1</sup> Currently in Canada, there is a government monopoly of health care services but this public system is perceived to have several problems (eg, inefficiency, high costs) which need fixing.<sup>2</sup>

Professor Stephen Duckett, writing in the *CMAJ*, said that the dual system of public and private care had deleterious implications for the equity and efficiency of the Australian health care system. For example, those with health insurance have faster access to elective surgery than those without; and, due to subsidies, government expenditure for each additional patient treated in the private sector is well over the price paid for treating additional patients in the public sector.

1. *CMAJ* 2005; 173: 745-747

2. *CMAJ* 2005; 173: 565

**HIGH-TOXIN INTRUDER ALERT**

A hypervirulent strain of *Clostridium difficile* has been identified as the agent responsible for the high mortality reported in the 2003–2004 outbreak in Sherbrooke in Quebec, Canada.<sup>1</sup> Compared with non-epidemic strains, the epidemic strain (NAP1/027) produces 16 times the amount of toxin A and 23 times the amount of toxin B.<sup>2</sup> The NAP1/027 strain has also been detected in the USA, the UK and the Netherlands. A commentator warned that we are feeling the cold wind of another threatening epidemic emerging in the face of our frequent use of broad-spectrum antibiotics.<sup>3</sup>

1. *CMAJ Online*, 29 Sept 2005

2. *Lancet* 2005; 366: 1079-1084

3. *Lancet* 2005; 366: 1053-1054

**WEIGHING UP FOR A LIFETIME**

The lifetime risk of becoming overweight or obese may be even higher than that previously estimated from cross-sectional surveys, according to data from the Framingham Offspring Study data. In this long-term longitudinal study, 4117 participants, aged 30 to 59 years of age at baseline, were followed for up to 30 years. It found that nine in 10 of these young to middle-aged adults were already overweight, or developed overweight over the three decades; and, that one in two adults were already obese or developed obesity.

*Ann Intern Med* 2005; 143: 473-480

**POSTCARDS FROM THE EDGE**

Australian researchers have reported that a low-cost postcard-based intervention could reduce repetitions of deliberate self-poisoning. They randomised 772 patients, aged 16 years or older, who had presented with deliberate self-poisoning to either receive or not receive a postcard intervention, in addition to usual care. A total of eight postcards, conveying a simple message of good wishes, was sent to each patient in the intervention group (at 1, 2, 3, 4, 6, 8, 10 and 12 months after discharge). For the year after discharge, the proportion of “repeaters” was the same in both the intervention and control groups; however, the number of repeat episodes per person was lower in the intervention group. The intervention group occupied hospital beds for 129 days (101 repetitions) compared with 239 days (192 repetitions) in the control group — a total of 101 bed days saved.

*BMJ Online*, 23 Sept 2005

**EXERCISE FOR THE BRAIN**

Leisure-related physical activity in midlife may decrease the risk of dementia in later life, according to Scandinavian researchers. They followed 1449 adults, with an initial mean age of 50 years for an average of 21 years, by which time 117 persons had dementia and 76 had Alzheimer's disease. Participants had been asked, in midlife questionnaires, “How often do you participate in leisure-time physical activity that lasts at least 20–30 minutes and causes breathlessness and sweating?” Those who had engaged in leisure-time physical activity at least twice a week at midlife had 50% lower odds of dementia compared with sedentary participants. This protective effect seemed more pronounced for Alzheimer's disease and among APOE ε4 carriers.

*Lancet Neurology Online*, 4 Oct 2005

*Dr Ann Gregory, MJA*