



Curious connection

A retrospective review of hospital patients with bacteraemia has found reduced mortality among those taking statins. The study, from the United States, involved 368 male veterans and two women with bacteraemic infections caused by aerobic gram-negative bacilli or *Staphylococcus aureus*. Although the 35 patients (9%) who were taking statins were more likely than those not taking statins to have diabetes, hypertension and coronary artery disease, they had significantly lower rates of death from any cause (6% v 28%; $P=0.002$), and attributable to the infection (3% v 20%; $P=0.01$). The authors suggest that this may result from the effects of statins on the inflammatory process. This interesting finding will need to be confirmed in a prospective study.

Clinical Infect Dis 2001; 33: 1352-1357

Hidden weakness

A large observational study conducted in the United States has found high rates of osteopenia and osteoporosis among otherwise healthy, post-menopausal women. Researchers in the NORA (National Osteoporosis Risk Assessment) study enrolled 200160 postmenopausal women aged 50 years and over from 4236 primary care practices in 34 states. The women underwent peripheral bone densitometry or ultrasonography of heel, finger or forearm in their physician's office, and self-reported any fractures at baseline and 12 months later. Using World Health Organization criteria, 39.6% had osteopenia and 7.2% had osteoporosis. Women with osteoporosis or osteopenia had

significantly higher one-year fracture rates than women with normal bone densitometry values (rate ratios, 2.7 and 1.7, respectively).

JAMA 2001; 286: 2815-2822

Infection alert

An Australian team has identified a number of hospital-acquired computer virus infections. The team reported on 10 types of virus, differentiated clinically by the message they flash. For example, Pathology Department Virus (PDV) flashes the message "a fatal error has occurred", Radiology Virus (RV) "scan repeatedly until broke" and Orthotics Virus (OV) "needs re-booting".

Arch Dis Child 2001; 85: 496-496

Sneezing season

A new approach to the treatment of seasonal allergic rhinitis has been trialled in the United States. Omalizumab is an immune-based, targeted therapy which is administered by subcutaneous injection. In this double-blind randomised controlled trial, 536 patients with moderate to severe ragweed-induced seasonal rhinitis were randomly allocated to receive courses of 50, 150 or 300mg of omalizumab, or placebo. Self-reported nasal symptoms and the use of "rescue" antihistamine were key outcome measures. Treatment effectiveness was globally rated as good or excellent by significantly more patients in the omalizumab groups than those receiving placebo (71% for 300mg omalizumab, 60% for 150mg omalizumab and 52% for 50mg omalizumab v 41% for placebo). Nasal symptom severity scores were significantly lower in those receiving 300mg of the drug than those receiving placebo. Patients in the 150mg and 300mg groups also used less rescue antihistamines than those in the placebo group. Pharmaceutical companies funded this research and played a major role in its design and conduct. Comparative trials will be needed to determine the role of omalizumab in the overall treatment of allergic rhinitis.

JAMA 2001; 286: 2956-2967

At a cost

The Victorian Infant Collaborative Study Group has recently reported on the neurosensory outcomes of a regional cohort of extremely low birth weight (ELBW) babies who are now teenagers. Between 1979 and 1980 there were 351 live births of infants weighing 500–999g, all born before exogenous surfactant was available. At age 14 years, 88 (25%) had survived and 79 were assessed. More than half the subjects had some disability, which was classified as severe in 14%, moderate in 15% and mild in 25%. Forty-six percent of ELBW teenagers had no disability, compared with 83% of a group of normal birth weight controls. Impairments included eight cases of cerebral palsy, five of bilateral blindness and four of deafness requiring hearing aids. Sixteen subjects had IQs more than two standard deviations below the mean. Early-childhood assessments, from age 2 years, were highly predictive of disability at age 14 years, although there was a tendency to over-diagnose mild cerebral palsy. The authors note that the longer the period of follow-up of this cohort, the less the relevance to contemporary ELBW infants in newborn nurseries, as perinatal care and survival rates have improved dramatically in the interim.

Arch Dis Child Fetal Neonatal Ed 2001; 85: F159-F164

