

**QUID PRO QUO**

Australian researchers have suggested that any extra life gained by healthy, elderly people using low-dose aspirin is just as likely to be lost through related adverse events. Nelson and colleagues used epidemiological modelling to simulate the broad implications of routine low-dose (75–150mg) aspirin use in a hypothetical Victorian population of 10000 men and 10000 women, aged 70 years or older, all without overt cardiovascular disease. Calculating health outcomes by applying available evidence, they found that the prevention of 721 myocardial infarctions and 54 ischaemic strokes would be offset by excess episodes of serious bleeding — 1071 gastrointestinal and 130 intracranial. However, they acknowledged that due to statistical uncertainty, this balance could, in reality, tip either way — towards harm or benefit. A randomised controlled trial in elderly people could help settle the matter.

*BMJ Online First 20 May 2005 (www.bmj.com)*

**DEMENTIA LINKED TO OBESITY**

Mid-life overweight and obesity increase the risk for dementia in later life, according to US researchers. They followed a large multi-ethnic cohort of 5564 women and 4712 men aged 40–45 years who underwent detailed health evaluations at the start of the study. At the conclusion of follow up — an average of 27 years later — dementia had been diagnosed in 713 participants. Compared with people of normal weight in mid-life, people who were obese in mid-life were 75% more likely to have dementia; and overweight people were 35% more like to have dementia. This increase in risk was most marked in women, and could not be explained by the presence of common comorbidities, such as diabetes and hypertension.

*BMJ Online First 16 May 2005 (www.bmj.com)*

**DEATH BY BREASTFEEDING?**

Sudden infant death is a potential, albeit extremely rare, complication of breastfeeding, say US authors. They reported two cases of male infants, aged 5 and 6 weeks, who died while their mothers were breastfeeding them. Both mothers were distracted at the time of infant death — one was shopping, and the other was watching a movie in a cinema. Given that pre-mortem evaluation and post-mortem examination revealed no abnormality in the infants, the authors concluded their deaths were caused by oronasal obstruction associated with breastfeeding.

*J Paediatr Child Health 2005; 41: 215-217*



*This caricature from the 16th century shows barber-surgeons combining haircuts with various surgical tasks (from Hæger K. The illustrated history of surgery. London: Harold Starke, 1998).*

**NO MORE MISTERS?**

With the rise of non-medically qualified surgical care practitioners in the UK, the president of the Royal College of Surgeons of England, Mr Hugh Phillips, has suggested that there may be a good case for surgeons to use the title of “doctor” — principally so that patients will know whether the person treating them is a doctor, or not.<sup>1</sup>

The tradition of addressing a surgeon as Mr (or Miss) is thought to have its origin in the days of the unqualified barber surgeons, becoming a symbol of status when the Royal College of Surgeons of London was set up in 1745.<sup>2</sup>

1. *Ann R Coll Surg Engl (Suppl) 2005; 87: 153*

2. *BMJ 2005; 330: 1103*

**ASLEEP ON THE JOB?**

Australian editorialists, Grunstein and Rogers, say that there is evidence of a harsher legal climate for doctors who continue to work despite sleep loss — just as society and the law is tiring of dangerous drivers escaping punishment due to “fall asleep” defences. Falling asleep behind the wheel, in most cases, is now recognised as being foreseeable, avoidable and an act of recklessness.

In fact, since 2003, a US state law known as “Maggie’s Law” has held that causing the death of another person in a motor vehicle accident after driving without any sleep in the previous 24 hours is a criminal offence. Grunstein and Rogers believe that unless senior medical staff review their own work hours and those of their on-call registrars, it will be only a matter of time before there will be a Maggie’s Law for doctoring.

*Intern Med J 2005; 35: 269-271*

**PREDICTING SUDDEN DEATH**

A man’s heart-rate profile during exercise and recovery could help predict his risk of sudden death, according to French researchers. They conducted exercise testing in a cohort of 5713 asymptomatic men, enrolled in the Paris Prospective Study I, aged 42–53 years. Over a 23-year follow-up period, 81 subjects died suddenly. The risk of sudden death was increased in subjects with a higher resting heart rate (> 75 beats per minute), a smaller increase in heart rate during the exercise, and a smaller drop in heart rate after stopping the exercise test.

The researchers say their findings are consistent with the idea than an underlying autonomic nervous system imbalance predisposes such subjects to life-threatening cardiac arrhythmias. They suggest that regular exercise training may help to prevent sudden death in those at risk, by shifting autonomic balance through an increase in vagal activity.

*N Engl J Med 2005; 352: 1951-1958*

*Dr Ann Gregory, MJA*