

ECHINACEA: THE COLD FACTS

Is echinacea effective against the common cold? Not likely, according to a US expert who laments that further trials of implausible remedies are continuing because of their public popularity rather than some reasonable chance of efficacy.¹ Sampson was commenting on a placebo-controlled study sponsored by the US National Center for Complementary and Alternative Medicine (NCCAM) which found three extracts from *Echinacea augustifolia* roots ineffective in preventing and/or treating a cold in about 400 healthy, young adult volunteers inoculated with rhinovirus type 39.² The NCCAM is reported to have three more clinical trials of echinacea currently under way.

1. *N Engl J Med* 2005; 353: 337-339
2. *N Engl J Med* 2005; 353: 341-348

ABOUT REFUGEES

Refugees resettled in permanent, private accommodation have significantly better mental health than refugees resettled in institutional and temporary private settings, according to the authors of an extensive meta-analysis. The study, co-authored by Australian researcher Nick Haslam, extracted data from 56 reports published from 1959 to 2002 that examined the experiences and mental health outcomes of 22221 refugees. Among the many results of the study, post-displacement experiences were reported to affect mental health outcomes with, for example, worse outcomes observed for refugees who lived in institutional accommodation and those who experienced restricted economic opportunity. Refugees who were older, more educated and female also had worse outcomes.

JAMA 2005; 294: 602-612

DOUBTING DEMENTIA DRUGS

Questions about the scientific basis for treating Alzheimer's disease with cholinesterase inhibitors have been raised by German authors. They conducted a systematic review of 22 randomised controlled trials that had compared donepezil, rivastigmine or galantamine with placebo in patients with Alzheimer's disease. Two main concerns arose on review: variously flawed methods; and small benefits — too small to be considered clinically significant. The reviewers suggested that if, as clinicians may argue, only a sub-group of patients respond to treatment with cholinesterase inhibitors we should focus on defining these responders.

BMJ 2005; 331: 321-327

**REFLUX: THE FAT FACTOR**

Overweight and obesity are risk factors for acid-related oesophageal disease, suggest US researchers. In a systematic review and meta-analysis of data from nine studies, they found that obesity was linked to increased risk for gastro-oesophageal reflux symptoms, erosive oesophagitis and oesophageal adenocarcinoma. The risk seemed to increase with increasing weight. The researchers suggested that, while we sort out the mechanism(s) behind the link, doctors could advise overweight patients with gastro-oesophageal reflux-related diseases that weight loss may help improve their symptoms.

Ann Intern Med 2005; 143: 199-211

HEAD LICE? TRY "BUG BUSTING"

Head lice infestations have the dubious reputation of being notoriously difficult to control. Now, UK researchers say that "Bug Busting" — a method of treating head lice developed by a UK charity — may be more effective at dealing with those pesky little pests than over-the-counter pediculicides.

The method involves combing wet and conditioned hair from root to tip across the whole scalp with a fine toothed comb, repeating in rinsed hair, with this whole process being repeated another three times at 3-day intervals. In a community-based trial in 133 children aged 2 to 15 years, the researchers found that Bug Busting was four times more effective in eliminating head lice than the recommended (single) dose of either aqueous malathion or aqueous permethrin — a 57% versus 13% "cure" rate, that is, no more live lice. Ovicidal activity was not evaluated.

BMJ Online

IN SUPPORT OF A SWITCH

Postmenopausal women with hormone-sensitive early breast cancer who initially receive tamoxifen as adjuvant therapy should be switched to the aromatase inhibitor anastrozole after 2 years of treatment, European researchers advise. They combined data from over 3000 such women in two trials which compared ongoing oral tamoxifen (20 or 30 mg daily) with oral anastrozole (1 mg daily) after 2 initial years of adjuvant tamoxifen, finding that the anastrozole group were more likely to experience event-free survival with, in particular, less distant metastasis detected. However, the researchers were careful to point out that their findings should not be used to support a treatment strategy of starting with tamoxifen and switching to an aromatase inhibitor in newly diagnosed women.

Lancet 2005; 366: 455-462

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