

FLU DRUGS FOR EPIDEMICS ONLY

Have we been guilty of over-estimating the ability of anti-flu drugs to prevent illness and infection? A recent systematic review of 53 randomised controlled trials has revealed various shortcomings of available agents.

The M2 ion-channel blocking drugs amantadine and rimantadine had a mainly symptomatic effect on influenza virus infections; however, they did not prevent infection or nasal shedding. The reviewers said their use should be discouraged.

The neuraminidase inhibitors oseltamivir and zanamivir were also useful symptomatically. They also did not appear to prevent asymptomatic infection; however, they did decrease nasal shedding, possibly interrupting viral transmission in households. Because of this relatively low effectiveness, the reviewers advised against the use of neuraminidase inhibitors in seasonal influenza control; they said these agents should only be used in serious epidemics or pandemics — together with other public health measures.

Lancet 2006; 367: 303-313

AMPUTATION HEIGHTS

Being of taller height may be a disadvantage, in at least one respect, for patients with diabetes — their height is linked with lower-extremity amputation, according to Taiwanese research. Phone interviews with more than 93000 patients with diabetes found that lower-extremity amputation has been performed in 1.7% of those with type 1 diabetes and 0.8% of those with type 2 diabetes. Further, in this large group of patients, for each 10-cm increase in height there was a 16% increase in risk of amputation. The report says it may be wise to pay particular attention to the early detection and treatment of leg ulcers in taller patients with diabetes.

CMAJ 2006; 174: 319-323

CLEARING THE LUNGS

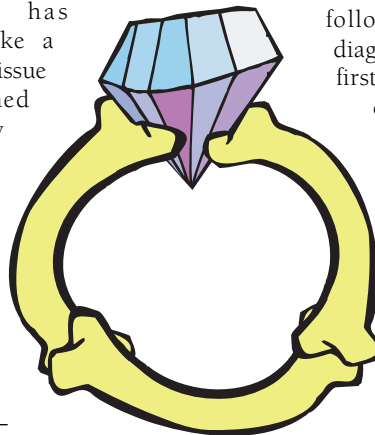
Sydney researchers have found that hypertonic saline can reduce pulmonary exacerbations in patients with cystic fibrosis.¹ They randomised 164 patients with stable disease to receive 4 mL of either 7% hypertonic saline or 0.9% saline, preceded by a bronchodilator, twice daily for 48 weeks. Patients who received hypertonic saline were more likely to have no or fewer pulmonary exacerbations during the treatment period. A smaller, complementary US study of 24 patients with cystic fibrosis found that inhalation of hypertonic saline produced a sustained acceleration of mucus clearance.²

1. *N Engl J Med 2006; 354: 229-240*
 2. *N Engl J Med 2006; 354: 241-250*

WITH THIS BONE I THEE WED ...

A company called Biojewellery has proposed to take a sample of bone tissue from a betrothed couple and grow their samples into wedding rings, reports a UK ethicist. Brassington argues that the perceived ethical problem with such surgery — that is, when it implies surgery without any medical need — may not be a problem at all. He says that while surgery as a means to get jewellery might not be medically justified, this did not mean that it is not justified at all; he sees no reason why surgical skills might not be put to use in at least some non-medical projects. In this circumstance, a couple may believe that the exchange of bone-grown rings is a better one than the exchange of mere gold ones.

J Med Ethics 2006; 32: 13-16



SCARLET FEVER OUTBREAK

A Western Australian report has raised the question of whether scarlet fever should be a notifiable disease in all of Australia and not, as is currently the situation, in just Western Australia. Although scarlet fever only occurs sporadically now, and infection is readily treated with antibiotics, an outbreak in a Perth primary school was successfully curtailed after notification of a cluster of cases led to the identification, and subsequent treatment, of asymptomatic pharyngeal carriers of group A streptococci.

Commun Dis Intell 2005; 29: 386-390

WHAT'S MY PROGNOSIS?

Euro Heart Survey Investigators have developed a heart angina score to help doctors determine very high risk and very low risk patients with stable angina. They followed 3031 patients with newly diagnosed stable angina for 1 year after first presentation or re-referral to a cardiologist. Six of the seven factors they found most predictive of death or myocardial infarction during this follow-up were subsequently included in the Euro heart angina score — comorbidity, diabetes, recent onset of symptoms, increasing severity of symptoms, abnormal ventricular changes, and ST or T wave abnormalities on the resting ECG. The seventh factor not included in the score was not having had any kind of stress test done; this also indicates high risk.

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