

ATTACKS IN NO TIME

The cardiovascular risks associated with rofecoxib use are more acute than previously thought, according to Canadian researchers. Levesque and colleagues analysed data from 526 patients aged 66 years or older who were current users of either rofecoxib ($n=239$) or celecoxib ($n=287$) and who had had a first acute myocardial infarction (MI) during an average follow-up period of 2.4 years. The risk of a first MI was highest following first-time use of rofecoxib — about a quarter of those who had an MI experienced it within the first few weeks of use, corresponding to the highest period of risk for this agent.

CMAJ 2006; 174: 1563-1569

HOW'S YOUR DOG?

Australian Professor Lesley Campbell says she teaches all her registrars to ask patients with diabetes about the health of their dog. And not only because the dog forces the owner to walk and a fat family dog is a bad metabolic risk indicator. In an essay, Campbell advises: "Beware the day the dog dies". In her considerable experience, real-life events, such as the death of a family pet, have been the root of a significant deterioration in a patient's glycaemic control. Although such an observation has proven difficult to replicate in a controlled laboratory experiment, it nevertheless informs her clinical practice, as do other lessons learned from past patients — as Professor Campbell calls them, her "companionable ghosts".

Lancet 2006; 367: 1626-1627

**FROM THE BBC "DIET TRIALS"**

Resource-strapped GPs should discuss effective commercial weight loss programs with their overweight and obese patients, say UK researchers. They conducted a randomised controlled study, filmed in a BBC series on diet trials, which compared the effects of four such programs on weight and fat loss in 231 trial participants allocated to undertake one of the programs. Over a trial period of 6 months, all four programs — Dr Atkin's new diet revolution, the Slim-Fast plan, Weight Watchers pure points program and Rosemary Conley's eat yourself slim diet and fitness plan — led to a similar and clinically useful average weight loss of 5.9 kg and average fat loss of 4.4 kg. Some participants lost more than 25 kg over the study period, whereas others gained weight.

BMJ Online First, 23 May 2006

MORE THAN ASPIRIN

The European/Australasian Stroke Prevention in Reversible Ischaemia Trial (ESPRIT) may provide enough evidence to prefer aspirin plus dipyridamole over aspirin alone as secondary prevention for cerebral ischaemia of arterial origin. The trial assigned 2739 patients, within 6 months of a transient ischaemic attack or minor stroke of presumed arterial origin, to receive aspirin (30–325 mg daily) either with or without dipyridamole (200 mg twice daily). After an average follow-up period of 3.5 years, 389 participants had at least one primary outcome event (death from a vascular cause, a non-fatal stroke or myocardial infarction, or a major bleeding complication): 216 (16%) had been taking aspirin alone but 173 (13%) had been on combination therapy — an absolute risk reduction of 1.0% per year. Trial participants came from 14 countries; 23 were from Australia.

Lancet 2006; 367: 1665-1673

LESS SURGICALLY INCLINED

New Zealand may face a shortage of trainee surgeons in the near future. So suggest the findings of a recent survey of senior students at one medical school. Insull and colleagues asked fourth and fifth year students at the University of Auckland Medical School to answer 25 questions in an online survey; five of the questions were designed to positively (but not obviously) identify a "surgically inclined" student. Only one in five respondents were deemed to be so inclined. Male students were more likely to be surgically inclined than females; however, males now make up less than 50% of the medical students in New Zealand.

N Z Med J 2006; 119: U1983

POLICOSANOL AND LIPIDS

German researchers have raised doubts about the widely publicised putative lipid-lowering effects of policosanol — a natural substance derived from sugar cane. In a randomised controlled trial, 143 white patients with hypercholesterolaemia or combined hyperlipidaemia were allocated to five equal groups, to receive policosanol, at a usual daily dose (10 mg or 20 mg) or at a high dose (40 mg or 80 mg), or placebo for 12 weeks. The researchers were looking to find and document a dose-dependent lipid-lowering effect of policosanol. Instead, they found no evidence that policosanol, at usual or high doses, was more effective than placebo in reducing lipid levels. The researchers pointed out that most of the published literature supporting the beneficial effects of policosanol on lipids came from a single research group in Cuba; further, that there are still no data on relevant patient-related outcomes, such as cardiovascular morbidity and mortality.

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