WEIGH BY DAY

Daily self-weighing has been linked with a decreased risk of regaining lost weight in a US trial. In a group of 314 participants who had recently lost at least 10% (and about 20kg) of their body weight, the Study to Prevent Regain (STOP Regain) trial compared the weight regained during an 18-month face-to-face intervention or an Internet-based intervention with that regained by a control group. Both intervention groups received a similar program that stressed daily self-weighing and self-regulation. Although the face-to-face group regained the least weight overall, fewer participants in both intervention groups who weighed themselves daily regained 2.3kg or more in weight, compared with those who weighed themselves less often.

N Engl J Med 2006; 355: 1563-1571

FROM ON HIGH

Researching high-altitude pulmonary oedema may help us to better understand and treat some common lowland pulmonary oedemas, suggests a US expert.[1] Swenson was commenting on a small European study conducted at high altitude which has unexpectedly found that prophylactic dexamethasone prevented not only acute mountain sickness but also high-altitude pulmonary oedema (HAPE) in HAPE-susceptible individuals.[2] Taken as 8mg twice daily, dexamethasone was commenced the day before a rapid ascent from about 1100m to 4559m and continued throughout the duration of the study. This prolonged intake seemed critical to its effectiveness in reducing pulmonary arterial pressure, which had not been notable previously. Swenson said it was intriguing to speculate that the pulmonary vascular hyperreactivity of HAPE-susceptible persons may account for the severe secondary hypertensions sometimes seen with sleep apnoea, heart failure or lung disease.

1. *Ann Intern Med 2006; 145: 550-552*
2. *Ann Intern Med 2006; 145: 497-506*

GETTING OLDER?

If you or your patients are seeking an anti-ageing hormone supplement, be advised that the adrenal sex steroid dehydroepiandrosterone (DHEA) is unlikely to be effective. Mayo Clinic researchers led a 2-year study in which 56 elderly men and women with low baseline levels of sulfated DHEA were randomised to receive DHEA supplementation. Although plasma DHEA levels increased to values in the high–normal range for young adults, there was no detectable effect on physical performance, insulin sensitivity or quality of life. There was a small effect on bone mineral density.

N Engl J Med 2006; 355: 1647-1659

PSORIASIS AND THE HEART

Patients with psoriasis have an increased risk of myocardial infarction, according to UK researchers. In a prospective study using data collected over an average of 5 years by general practitioners, they compared outcomes in 127139 patients with mild psoriasis, 3837 patients with severe psoriasis and 556995 control patients. The risk of myocardial infarction was greater for patients with psoriasis; it was greatest in young patients with severe psoriasis. The findings add to the growing evidence linking T-helper cell type 1 immunological diseases, like psoriasis and rheumatoid arthritis, to atherosclerosis and coronary artery disease.

JAMA 2006; 296: 1735-1741

MAKING NO BONES ABOUT IT

Tasmanian researchers have determined that calcium supplementation in childhood is unlikely to reduce the risk of fracture to a degree which would be of major public health importance. They conducted a meta-analysis of 19 randomised controlled trials, involving 2859 children aged 3 to 18 years, that compared calcium supplementation, taken for at least 3 months, with placebo. After at least 6 months of follow-up, calcium supplementation was found to have no effect on bone mineral density (BMD) at the femoral neck or lumbar spine. However, there was a small effect on total body bone mineral content and upper limb BMD. Although the upper limb effect persisted after supplementation ended, the size of effect was thought to be clinically insignificant. The researchers suggested that it may be appropriate to explore possible alternative nutritional interventions, such as increasing vitamin D concentrations and the intake of fruit and vegetables.

BMJ 2006; 333: 775-780

I APOLOGISE...

Apology is an emerging clinical skill in medical practice, according to a US expert. Lazare believes that an effective apology is one of the most profound healing processes between individuals and groups. Effective apologies are characterised by up to four parts — acknowledgement of an offence; an explanation for committing the offence; an expression of remorse; and reparation. As well as restoring damaged relationships, effective apologies can strengthen existing good relationships, for example, between doctors and their patients and colleagues. As with other activities that have the power to heal, Lazare says that it is essential for physicians to develop skills and ethical principles to allow them to use apologies effectively and honestly in practice.

JAMA 2006; 296: 1401-1404

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