

# In other journals

19 FEBRUARY

## GROWING OLD GRACEFULLY

Growth hormone (GH) is unlikely to be useful as an anti-ageing therapy in the healthy elderly, according to a US-based systematic review. Use of GH as an anti-ageing agent is widespread, due to reports in the mainstream and medical literature, but after conducting a systematic analysis, researchers concluded that the practice is not supported by the evidence base. Although people using GH show changes in body composition, such as increased lean body mass and decreased fat mass, those treated with GH experience adverse events such as soft tissue oedema, carpal tunnel syndrome, and gynaecomastia at significantly higher rates. The researchers acknowledged the limitations in the review, including the lack of robust, large, randomised controlled trials studying the effects of GH in this population, but concluded that “GH cannot be recommended for use among the healthy elderly”.

*Ann Intern Med 2007; 146: 104-115*

## MAMMOGRAPHIC DENSITY AND RISK OF BREAST CANCER

Extensive mammographic density (ie, dense tissue in 75% or more of the breast) is strongly associated with an increased risk of breast cancer, regardless of the mode of detection, a Canadian study reveals. Researchers conducted three case-control studies with over 1000 matched pairs of women in a screened population and found the greater risk to be independent of other risk factors for breast cancer. This increased risk is apparently greater in younger women. Moreover, women with extensive mammographic density are more likely to be diagnosed with breast cancer over the 12 months following a negative baseline mammogram. The researchers concluded that alternative screening methods such as digital mammography, ultrasonography, and magnetic resonance imaging should be evaluated and developed for women with extensive mammographic density.

*N Engl J Med 2007; 356: 227-236*

## SEX SCHOOL

A specially designed, theoretically based sex education program delivered in schools has had no effect on the number of conceptions or terminations, UK researchers have shown.<sup>1</sup> The SHARE (sexual health and relationships) program is delivered in the third and fourth years of high school. It comprises lessons, group exercises, and written information aimed at reducing unwanted pregnancies, reducing unsafe sex, and improving the quality of sexual relationships. The effect of this program on reducing the incidence of conceptions and terminations was compared to that of routine sex education classes (the control group) in a Scottish district. Data were collected from the National Health Service on all births, stillbirths, terminations and miscarriages that linked to the population of schoolchildren who underwent the program and those who did not. All the girls in the sample were followed until the age of 20. There were no significant differences between the two groups in levels of conceptions and terminations, whereas conception rate was strongly linked to socioeconomic factors. An accompanying editorial calls for further evaluation and recognition of alternative “saved sex” programs, commenting that delayed first sex has been shown to be the most significant factor in reducing the teenage abortion rate in the United States and Europe.<sup>2</sup>

*1. BMJ 2007; 334: 133-137*

*2. BMJ 2007; 334: 103-104*



## FALLING FOR YOU

Dramatically decreasing benzodiazepine use among the elderly does not appear to decrease hip fracture rates, despite previous evidence to the contrary. Researchers observed benzodiazepine prescribing and hip fracture rates in New York State after the adoption of legislation to control prescription of these drugs. Prescription rates decreased by 60% but hip fracture rates remained the same. In New Jersey, where no changes have been made to prescribing, fracture rates also remained unchanged. While acknowledging the possible existence of unknown confounders and selection bias, the authors conclude that the association between use of benzodiazepines and the risk of hip fracture must be small, if present at all.

*Ann Intern Med 2007; 146: 96-103*

## TOO LATE FOR FOLATE?

Folate supplementation may improve cognitive function in older adults, according to Dutch researchers. A randomised, double-blind, placebo-controlled study with over 800 participants conducted in The Netherlands has shown promising results for the benefits of daily folic acid supplements in adults aged between 50 and 70 years. The authors allocated people to one of two groups: a treatment group receiving 800 µg per day of folic acid and a placebo group. After 3 years, cognitive function was assessed using tests for memory, sensorimotor speed, complex speed, information processing speed, and word fluency. The change in global cognitive function (the average of all the measured domains) after 3 years was significantly better in the folic acid group compared with the placebo group. The researchers commented that although folate improved performance on memory tests, more work is required to determine whether folic acid supplementation can reduce the risk of Alzheimer's disease.

*Lancet 2007; 369: 208-216*

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