

MENINGOCOCCAL VACCINE

A novel tetravalent meningococcal vaccine appears to be safe and effective in infants, according to the results of a British and Canadian randomised controlled trial. The meningococcal vaccine currently used in the United States to immunise adolescents (serogroup ACWY) is poorly immunogenic in infants — the group with the highest rates of disease. The researchers administered the tetravalent conjugated meningococcal vaccine (MenACWY) to 225 UK and 196 Canadian infants and compared results with a monovalent vaccine. Outcome measures were safety, reactogenicity and human complement serum bactericidal activity — a measure of vaccine effectiveness. MenACWY was well tolerated and immunogenic for the tested serogroups. A booster at 12 months was found to address the problem of waning titres by this age. Despite limitations associated with the small size of the study, the authors conclude the new vaccine extends immune protection in infants and appears to be safe.

JAMA 2008; 299: 173-184

FREE FALLING

Multifactorial programs aimed at preventing falls in older people appear to have limited effectiveness, say UK researchers. A systematic review and meta-analysis of 19 randomised controlled trials assessed studies that evaluated interventions to prevent falls. Interventions were based in emergency departments, primary care or the community. Analyses showed little evidence to support the effectiveness of interventions to prevent falls in older people in these settings. A subgroup analysis suggested that interventions actively providing treatments aimed at reducing risk factors may be more effective than those providing knowledge and referral alone.

BMJ 2008; 336: 130-133



PUBLICATION BIAS AND ANTIDEPRESSANT TRIALS

Selective publication of clinical trials has come under fire from a group of US researchers and clinicians. Reviews from the US Food and Drug Administration (FDA) for studies of 12 antidepressant agents were obtained and matched with published studies via a systematic literature review. From a total of 74 FDA-registered studies, 31% were not published, accounting for 3449 participants. The authors claim to have detected a bias in publication, with a slant towards studies with positive outcomes. With reference only to the published literature, it would appear that 94% of trials were positive, but analysis of the FDA data showed 51% were actually positive. Although unable to determine how the bias arose (from failure to submit manuscripts, journal editorial decisions, or as a result of peer review), the authors comment that selective reporting of clinical trials may have negative consequences for patients, researchers and clinicians.

N Engl J Med 2008; 358: 252-260



STEROIDS FOR STIFFNESS

Modified-release prednisone appears to provide a clinically useful reduction in morning stiffness in patients with rheumatoid arthritis compared with standard preparations of the glucocorticoid. In a multicentre, randomised double-blind trial, 288 patients were randomly assigned to either a morning dose of immediate-release or a bed-time dose of modified-release prednisone, which is released after a 4-hour delay. The change in duration of morning stiffness of the joints was significantly higher with modified-release prednisone, indicating a greater improvement in the patients with rheumatoid arthritis treated with this formulation. There was no apparent difference in the safety profile of the treatments. The authors comment that this form of glucocorticoid takes advantage of the altered circadian rhythms in patients with rheumatoid arthritis, improving the benefit–risk ratio of glucocorticoid therapy.

Lancet 2008; 371: 205-214

MRSA IN USA

Multidrug-resistant, community-associated, methicillin-resistant *Staphylococcus aureus* (MRSA) appears to be an emerging infection in men who have sex with men, a US study has shown. The incidence, spatial clustering, and risk factors for infections with the MRSA clone USA300 were studied in a population-based survey and cross-sectional study based in San Francisco and Boston. Male–male sex was an independent risk factor for infection, which manifested mainly as infection of the buttocks, genitals, or perineum. The authors speculate that infection with USA300 MRSA might be sexually transmitted, and comment that more research is needed to determine how spread of the infection may be controlled.

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