



Schoolgirls attend a yoga session during a camp in the western Indian city of Ahmedabad.

Reuters/Amit Dave

From *The Cochrane Library*

In hot water over jellyfish stings

With the number of people with dementia expected to rise dramatically, there is considerable interest in the role of lifestyle factors in reducing or delaying the progression of symptoms. The recently updated review of exercise programs for people with dementia, which now covers 16 studies involving more than 900 patients, provides promising evidence that such programs can significantly improve cognitive functioning and the ability to perform daily activities. However, there was little or no evidence regarding their effects on depression, mood or challenging behaviour (doi: 10.1002/14651858.CD006489.pub3).

A new review of 75 studies goes some way to settling the controversy surrounding the optimum duration for *Helicobacter pylori* eradication therapy. Most of the studies evaluated five different regimens of a proton-pump inhibitor (PPI) plus two antibiotics

of 7 to 14 days' duration. Increasing the duration of therapy to 14 days significantly increased the *H. pylori* eradication rate, with the most effective regimens being PPI plus amoxicillin and clarithromycin, or PPI plus amoxicillin and a nitroimidazole. The proportion of patients discontinuing treatment due to adverse events was not significantly different between treatment durations (doi: 10.1002/14651858.CD008337.pub2).

Work-related complaints of the arm, neck or shoulder that develop as a result of repetitive movements, awkward posture or operating particular types of machinery impair daily functioning and are a major cause of absenteeism. Despite plenty of research, a review of 44 studies of conservative interventions, such as exercises and workplace ergonomic adjustments, largely failed to unearth any conclusive evidence of their effectiveness on pain, recovery,



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disability or sick leave. The only clear finding to emerge from among mostly low-quality evidence was that ergonomic interventions reduced pain in the long term but not in the short term (doi: 10.1002/14651858.CD008742.pub2).

The hazards posed by marine stingers are part of the landscape (or should that be seascape?) of an Australian summer. A new review of interventions for treating jellyfish stings includes three trials focusing on the bluebottle (*Physalia* spp), a species common to marine waters around Australia. The evidence suggests that hot water immersion is more effective than ice packs for relieving pain, but makes no difference for dermatological outcomes such as itching and redness (doi: 10.1002/14651858.CD009688.pub2).

For more on these and other reviews, check out *The Cochrane Library* at www.thecochranelibrary.com.

News

Dementia risk triples with family history

The incidence rates for familial dementia and late-onset Alzheimer disease (LOAD) in families with a history of LOAD are three times higher than population-based estimates, according to research in *JAMA Neurology*. Families with two or more affected siblings who had clinical or pathological diagnosis of LOAD were recruited for the National Institute on Aging (NIA) Genetics Initiative study. A cohort of Caribbean Hispanics with familial LOAD was recruited to the Estudio Familiar de Influencia Genética en Alzheimer (EFIGA) study. Of the 943 at-risk family members in the NIA study, 126 (13.4%) developed dementia, of whom 109 (86.5%) met the LOAD criteria. Of the 683 at-risk EFIGA family members, 174 (25.5%) developed dementia, of whom 145 (83.3%) had LOAD. “Contrasting these results with the population-based estimates, the incidence was increased 3-fold for NIA families, and 2-fold among the EFIGA compared with the NIA families”, the authors concluded. They attributed the higher incidence to “segregation of Alzheimer disease-related genes in these families or shared environmental risks”.

JAMA Neurol 2014; 13 January (online)
doi: 10.1001/jamaneurol.2013.5570



Brain injury linked to higher premature deaths

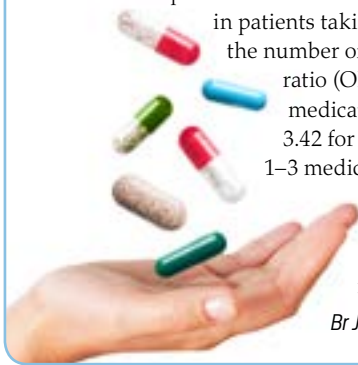
Traumatic brain injury (TBI) is associated with increased risk of premature death, particularly for suicide, injury and assaults, says a *JAMA Psychiatry* study. All persons born in 1954 or later in Sweden who received a diagnosis of TBI from 1969 to 2009 ($n = 218\ 300$) were compared with age- and sex-matched controls without TBI ($n = 2\ 163\ 190$) and unaffected siblings of TBI patients ($n = 150\ 513$). There was a threefold increased odds of all-cause mortality among patients who survived at least 6 months after TBI compared with general population controls or siblings (adjusted odds ratio [AOR], 2.6). The increased rates of mortality were related to injury (AOR, 4.3), assault (AOR, 3.9) or suicide (AOR, 3.3). An editorial said “one of the most likely explanations for the findings ... is ... personality characteristics of impulsiveness, risk-taking behaviors, and proneness to substance abuse. These patients incur a TBI and continue to demonstrate these behaviors after the TBI, which ultimately leads to a fatality.”

JAMA Psychiatry 2014; 15 January (online). doi: 10.1001/jamapsychiatry.2013.3935
doi: 10.1001/jamapsychiatry.2013.4241

Many medications not always a hazard

Polypharmacy is not always indicative of hazardous or poor prescribing practice, according to a study in the *British Journal of Clinical Pharmacology*. Scottish primary care data for 180 815 adults with long-term clinical conditions and a number of regular medications were linked to national hospital admissions data for the following year. Admissions were more common in patients taking multiple medications, but admission risk varied with the number of conditions. For patients with one condition, the odds ratio (OR) for unplanned admission was 1.25 for those taking 4–6 medications compared with those taking 1–3 medications, and 3.42 for those taking ≥ 10 medications compared with those taking 1–3 medications. But for patients with six or more conditions, those taking 4–6 medications were no more likely to have unplanned admissions than those taking 1–3 medications (OR, 1.00). Those taking ≥ 10 medications had a modestly increased risk of admission (OR, 1.50).

Br J Clin Pharmacol 2014; 15 January (online). doi: 10.1111/bcp.12292



Comments

New Comments section in the MJA

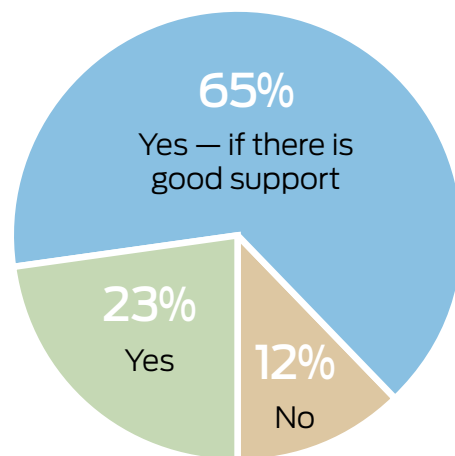
Readers are invited to email us a brief comment (no more than 100 words) on any current health-related matter, such as the state of our hospitals, junior doctors, Indigenous health, general practice, Medicare copayments, rural medicine, alcohol and our emergency departments, obesity or *MJA* themes.

Note that comments about specific articles published in the *MJA* should be submitted as *Letters to the Editor*. Comments may be edited and will not be sent back to the author for approval. Publication is at the Editor's discretion; you will be notified if your comment is selected. Please include your full name, discipline and state of residence, and disclose any relevant information or affiliations that may affect interpretation of your comments.

Email your comments to:
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MJA InSight poll

Would you encourage medical students and junior doctors to undertake training in the bush?



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Cate Swannell

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