

# In brief

Reuters/Benoit Tessier



*Women toss their bras during the 5th Push Up the Fight Against Breast Cancer event at the Trocadero Square near the Eiffel Tower in Paris on 16 March 2014. Pink Bra Bazaar is a charity dedicated to breast health education and supporting women diagnosed with breast cancer.*

## From The Cochrane Library

### Cochrane cornucopia!

Autumnal bounty characterises the recent crop of Cochrane reviews. First pick is a new review of 25 trials of the blood pressure-lowering effects of non-selective  $\beta$ -blockers in people with mild-to-moderate hypertension. The review found that, on average, non-selective  $\beta$ -blockers lowered blood pressure by about 10 mmHg systolic and 7 mmHg diastolic and reduced heart rate by 12 beats per minute. Higher doses might increase the risk of side effects, without conferring additional benefit on blood pressure (doi: 10.1002/14651858.CD007452.pub2).

The risk–benefit discussion also features in the new review of intensive versus conventional glucose control for type 1 diabetes mellitus. The review of 12 trials (with at least a year of follow-up) involving 2200 mostly young people found that tighter blood sugar control was highly effective

in reducing the risk of developing microvascular complications, such as retinopathy, nephropathy and neuropathy, but may increase the risk of severe hypoglycaemia (doi: 10.1002/14651858.CD009122.pub2).

A recent update of the review of antibiotics for acute bronchitis now includes the results of a large international multicentre trial that confirms the earlier finding that antibiotics have a limited effect on the duration and severity of symptoms in otherwise healthy individuals. Possible benefits in groups such as frail older people need to be weighed against the small but significant increase in adverse effects observed in the antibiotic group (doi: 10.1002/14651858.CD000245.pub3).

To help balance all these risks and benefits, what better way than to consult the updated review of decision aids? This colossus of a review now



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includes 115 studies and over 34 000 participants. It concludes that when patients use decision aids, for either treatment or screening decisions, they improve their knowledge; feel more informed; have more accurate expectations of possible benefits and harms; participate more in decision making; and are more likely to reach decisions that are consistent with their values (doi: 10.1002/14651858.CD001431.pub4).

Looking for more harvest bounty? The abundance of trials in the latest update of the review of echinacea seems to suggest that some echinacea products are more effective than placebo for treating colds, although the potential effects are of questionable clinical relevance (doi: 10.1002/14651858.CD000530.pub3).

For more on these and other reviews, check out *The Cochrane Library* at [www.thecochranelibrary.com](http://www.thecochranelibrary.com). □

## News

## Young women have less access to coronary care

Canadian research suggests younger adult women with acute coronary syndrome (ACS) have different access to care than their male counterparts. The multicentre, prospective study involved 4.5 years' follow-up of 1123 patients (aged 18–55 years) with ACS from 26 centres in Canada, the United States and Switzerland. Women were less likely than men to receive care within benchmark times for electrocardiography ( $\leq 10$  min: 29% v 38%), or fibrinolysis ( $\leq 30$  min: 32% v 57%). They were less likely to undergo reperfusion therapy (83% v 91%) or non-primary percutaneous coronary intervention (48% v 66%). Clinical factors of poorer access included patient anxiety, an increased number of risk factors and absence of chest pain. Feminine personality traits and responsibility for housework were also factors in poorer access. The authors concluded that “these groups ... may need targeting for more effective initial management of ACS”.

CMAJ 2014; 17 March (online). doi: 10.1503/cmaj.131450

## Conspiracy theories determine health behaviour

Medical conspiracy theories are “widely known, broadly endorsed, and highly predictive of many common health behaviors”, according to a research letter published in *JAMA Internal Medicine*. An online survey asked 1351 American adults their level of agreement with six conspiracies. Results showed that 37% believed the government was blocking access to natural cancer cures to benefit drug companies; 20% felt health officials knew mobile phones caused cancer; and 20% believed vaccinations caused autism. The theories that African-Americans had been deliberately infected with HIV; that distribution of genetically modified foods was designed to reduce population; and that fluoridation was a way to dump industry by-products were each believed by 12%. The more conspiracies a person believed, the more likely they were to take herbal supplements and vitamins, and the less likely they were to get a regular check-up or flu shot, visit the dentist or use sunscreen.

*JAMA Intern Med* 2014; 17 March (online)  
doi: 10.1001/jamainternmed.2014.190



## No link between unsaturated fats and heart health

A systematic review published in the *Annals of Internal Medicine* has questioned current guidelines promoting decreased cardiovascular risk via high consumption of long-chain omega-3 and omega-6 polyunsaturated fatty acids and limiting total saturated fat intake. A total of 76 long-term prospective observational studies and randomised controlled trials examining the relationship between cardiovascular risk and dietary intake, fatty acid biomarker levels or taking fatty acid supplements were reviewed. Meta-analysis found that “there was heterogeneity in the associations among individual circulating fatty acids with coronary disease”. The authors found “essentially null associations between total saturated fatty acids and coronary risk in studies using dietary intake and in those using circulating biomarkers”. They also found no association between total and individual monounsaturated fatty acids with coronary risk. “Nutritional guidelines on fatty acids and cardiovascular guidelines may require reappraisal to reflect current evidence”, the authors concluded.

*Ann Intern Med* 2014; 17 March (online). doi: 10.7326/M13-1788

Cate Swannell

doi: 10.5694/mja14.n0407

## Last chance!

The MJA's trial of the “Comments” section is coming to an end, but there's still time to send us your short comments on any current health care issue, or let us know if you'd prefer to see an increased News section instead.



This issue's suggested topic:

**Do you support the proposal to let pharmacists administer vaccines?**

☐ Yes • ☐ Depends • ☐ No

Email us a brief comment (**no more than 100 words**) on the above question, or any health-related subject. Email your comments to: [comments@mja.com.au](mailto:comments@mja.com.au)

Previous issue's suggested topic:

**Do you support making organ donations automatic, with a “no reason” opt-out system?**

I have a colleague aged in his early forties with cystic fibrosis, who will most likely need lung transplantation in the next few years. Under the current legislation in Australia, a suitable donor may not become available. What young person thinks to put his or her name on the organ donor register in case of brain death? When my stepson who lives in Sweden needed heart transplantation, he only had to wait 3 months before he received a transplant. Sweden, like much of Europe, has an opt-out system (in which relatives can opt out with no reason provided) rather than our opt-in system.

Dr Eric Hewett, Anesthesiologist, Qld.

Send us your comments on **any current health-related matter**, such as the state of our hospitals, junior doctors, Indigenous health, general practice, rural medicine, alcohol and our emergency departments, obesity or MJA themes.

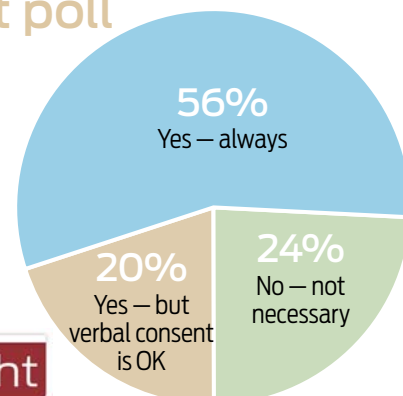
Note that comments about specific articles published in the MJA should be submitted as *Letters to the Editor*. Comments may be edited and will not be sent back to the author for approval. Publication is at the Editor's discretion; you will be notified if your comment is selected.

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: [comments@mja.com.au](mailto:comments@mja.com.au)

## MJA InSight poll

Should patients always give explicit consent to be included in research, even if it is low risk?



MJA InSight

Take part in next week's poll on [www.mja.com.au/insight](http://www.mja.com.au/insight)