

# In brief



Patients Kaio (centre) and Marcos (second from the left) react next to their doctors and nurses as they watch a World Cup Group A soccer match between Brazil and Mexico at the Cancer Itaci Hospital in Sao Paulo, Brazil.

Nacho Doce/Reuters

## From The Cochrane Library

### Winter warmth from Cochrane

At this time of year, when the sun makes its briefest appearance, maintaining vitamin D intake is a priority, but what evidence is there that vitamin D helps prevent fractures? An updated review now includes 53 studies involving more than 90 000 men and women aged over 65 years from community, hospital and nursing home settings. It found that taking vitamin D on its own is unlikely to prevent fractures, but when taken with calcium supplements it slightly reduces the likelihood of hip and other types of fracture (doi: 10.1002/14651858.CD000227.pub4).

A small chink of sunshine for people with osteoarthritis comes with an updated review of oral herbal therapies. Forty-five new studies have been added to the original four, involving nearly 6000 participants. With over 30 medicinal plant products included, the

results focus on the two with multiple studies: *Boswellia serrata* and avocado-soyabean unsaponifiables. For both, the evidence points towards slight reductions in pain and improvements in function, with more definitive evidence in favour of *B. serrata*. Evidence on side effects is uncertain (doi: 10.1002/14651858.CD002947.pub2).

The outlook is patchier in a new review of interventions to improve control of modifiable risk factors in the secondary prevention of stroke. The review included 26 studies, most lasting between 3 and 12 months, and looked at patient-level behavioural interventions and predominantly organisational ones. As one might expect with such a multifactorial issue, deciphering the results is no easy task. What emerges is that changes to the organisation of services, such as establishing integrated stroke units,



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doi: 10.5694/mja14.00804

are more effective at modifying risk factors, especially blood pressure and body mass index, than only addressing patient education or behaviour. For anything more substantive, such as the effects on recurrent cardiovascular events, the evidence is equivocal (doi: 10.1002/14651858.CD009103.pub2).

For those looking to indoor pursuits to keep active during the cooler months, new reviews find low-quality evidence pointing towards the benefits of yoga for primary prevention of cardiovascular disease (doi: 10.1002/14651858.CD010072.pub2), but insufficient evidence to make any claims for tai chi (doi: 10.1002/14651858.CD010366.pub2). Either way, keeping active and clear of daily distractions can't be a bad thing.

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

## News

## Smartphone comes to the rescue



A Canadian woman experiencing facial paralysis, slurred speech and left-sided weakness used her smartphone to video her sporadic symptoms, convincing emergency department doctors to start treatment for a transient ischaemic attack, *The Atlantic* reports. The woman had been sent home from a Toronto emergency department 2 days earlier when the symptoms disappeared before doctors could make a diagnosis. When they returned, she pulled her car over and made the video before continuing to the hospital. Some smartphone apps have already been developed which allow patients to annotate and upload their photos directly to their doctor's server. See the video: <http://youtu.be/SUZqLeC6XTQ>.

## Spoils of war

A simple to use, "brain dead and bomb proof" tourniquet is saving the lives of soldiers suffering pelvic fractures and high leg amputations caused by improvised explosive devices in Afghanistan, *Wired* reports. Previous tourniquet technology was ineffective against such injuries, but the SAM junctional tourniquet can be used at the waist. Pneumatic air bladders under the ballistic-resistant nylon surface inflate in less than 25 seconds to slow or stop bleeding. And, to be sure, the instructions are printed right on the belt-like device. The buckle also provides auditory feedback which tells the medic when it is properly set.



## Judge upholds right to bar unvaccinated children

A United States federal judge has upheld New York City's right to bar unvaccinated children from its public schools when another student has a vaccine-preventable disease, the *New York Times* reports. Three families sued the city for keeping their children at home for up to a month at a time, claiming their right to free exercise of religion was violated. Judge Kuntz ruled that the Supreme Court had "strongly suggested that religious objectors are not constitutionally exempt from vaccinations". One of the plaintiffs, Dina Check, said: "Disease is pestilence and pestilence is from the devil. But if you trust in the Lord, these things cannot come near you".



## TGA takes a new look at ivabradine

The **Therapeutic Goods Administration** is reviewing new information on heart failure and stable angina medication ivabradine after preliminary results from the global **SIGNIFY** trial revealed "a small but statistically significant increase in the combined risk of death and non-fatal heart attack compared with placebo". Ivabradine (Coralan; Servier) is included on the Pharmaceutical Benefits Scheme (authority required) for patients with chronic heart failure. "An early analysis indicates that cardiovascular adverse events may be associated with the patient's heart rate being less than 60 beats per minute. The incidence of bradycardia was high for ivabradine compared with placebo (17.9% v 2.1%), with more than 30% of the patients in the ivabradine group having a resting heart rate below 50 beats per minute on at least one occasion."

Cate Swannell

doi: 10.5694/mja14.n0707

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Suggested topic:

What would be your advice to a young person who says to you, "I am thinking of studying medicine ..."?

Email your comment to: [comments@mja.com.au](mailto:comments@mja.com.au)

## Legalising medicinal cannabis

All Australian health ministers oppose the introduction of medicinal cannabis, including Ms J Skinner (NSW). A 2013 parliamentary committee unanimously recommended the cautious introduction of medicinal cannabis but this was rejected by the New South Wales Government. Medicinal cannabis is now available lawfully in about 20 countries (including 23 states of the United States). Many regard medicinal cannabis as a useful drug, relieving distressing symptoms in half a dozen serious medical conditions, especially when conventional medicines are ineffective or have unacceptable side effects. Several feasible legal options for medicinal cannabis exist. The most vexed question is the form of cannabis to be used.

Dr Alex Wodak AM

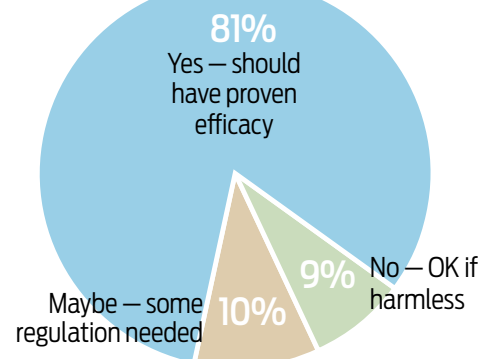
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Total respondents: 250

Should the sale of non-evidence-based medicines and supplements in pharmacies be more regulated?



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