

# UPDATE

Abstracts and news from the medical literature of interest to the primary-care physician

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## **The Pros and Cons of HRT For Menopausal Women**

U.S. Preventative Service Task Force (USPSTF) reviewers concluded that there is fair-to-good evidence that combined estrogen/progestin therapy in menopausal women has both benefits and harms. Benefits include increased bone mineral density and reduced risk for fracture and colon cancer. Potential harms include increased risks for breast cancer, venous thromboembolism, coronary heart disease, stroke and cholecystitis. Evidence is insufficient to assess other possible associations, including all-cause mortality. Based on this, the USPSTF concluded that the harmful effects of combined hormone replacement therapy exceed the benefits in most women.

U.S. Preventative Services Task Force. Post-menopausal hormone replacement therapy for primary prevention of chronic conditions: Recommendations and rationale. *Ann Intern Med* 2002; 137:834-9.

Nelson HD: Post-menopausal hormone replacement therapy for the primary prevention of chronic conditions: A summary of the evidence for the U.S. Preventive Services Task Force. Accessed Nov. 19, 2002, at <http://www.ahrq.gov/clinic/3rduspst/hrt/hrsum1.htm>.

## **Antidepressants May Help Patients Butt Out**

Two antidepressants, bupropion hydrochloride and nortriptyline hydrochloride, have demonstrated some efficacy in aiding smoking cessation, with the former drug causing less side effects. In a study using a random sample of 220 smokers, some were treated with drug therapy and others with placebo. After 12 weeks, abstinence was significantly more common in the medication groups than in the placebo group. However, 40 weeks after treatment was terminated, there were no significant differences in abstinence rates between groups. It is unknown if sustained treatment would foster further nicotine abstinence.

Hall SM et al. Psychological intervention and antidepressant treatment in smoking cessation. *Arch Gen Psychiatry* 2002; 59: 930-6.

## Steroids to Treat Adult Meningitis?

European researchers found there may be a benefit in using steroids to treat adults with bacterial meningitis, provided they are given as early as possible.

During treatment, dexamethasone recipients were less likely than placebo recipients to suffer seizures and cardiorespiratory failure and in a later analysis, the proportion of patients with unfavourable outcomes was still lower in the dexamethasone group. The steroid was particularly effective in reducing mortality in the subgroup of patients with pneumococcal meningitis. The findings might not apply to patients infected with penicillin-resistant organisms who are treated with antibiotics, as anti-inflammatory treatment could reduce penetration of antibiotics into the cerebrospinal fluid.

de Gans J, van de Beek D: Dexamethasone in adults with bacterial meningitis. *N Engl J Med* 2002; 347:1549-56.  
Tunkel AR, Scheld WM: Corticosteroids for everyone with meningitis? *N Engl J Med* 2002; 347:1613-5.

## Reducing Inappropriate Prescribing of Antibiotics for Children with URTIs

During the past several years, medical societies and the Centers for Disease Control have made efforts to promote judicious use of antibiotics, especially in children with upper respiratory tract infections (URTIs). To determine whether these efforts have changed antibiotic prescribing patterns in the U.S., researchers examined data from a large national survey of general physicians. A total of 13,078 child visits to pediatricians or family/general practitioners from 1995 through 1998 were included in the analysis.

Overall, pediatricians were significantly less likely than family/general practitioners to prescribe antibiotics for URTIs (38% versus 47% of such visits). In 1998, the first year of intensive educational efforts to curtail inappropriate antibiotic use, children with URTIs or bronchitis were 31% less likely to receive antibiotics than they were in 1995. Still, almost half of the children with URTIs or bronchitis received antibiotics for their viral infections during the four years of the study. Pediatricians were 19% less likely than family/general physicians to prescribe antibiotics for either of these conditions. Inappropriate antibiotic use for sinusitis or otitis media showed greater improvement, decreasing by 70% from 1995 through 1998. [Dx](#)

Nash DR, Harman J, Wald ER, et al: Antibiotic prescribing by primary care physicians for children with upper respiratory tract infections. *Arch Pediatr Adolesc Med.* 2002; 156 1114-9.