

UPDATE

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

This month:

- Benefits of Mammography for Older Women — page 33
- HRT Disappoints — page 33
- Alternative Therapies and Menopause — page 36
- Are Diuretics Helping Acute Renal Failure? — page 36
- Can Nuts Decrease Diabetes Risk? — page 37
- Deep Brain Stimulation Promising for Epilepsy? — page 37

Benefits of Mammography for Older Women

A retrospective study of women who were 69 years or older when diagnosed with breast cancer suggested that screening mammography can lead to the diagnosis of earlier-stage breast cancer in elderly women.

Of the 12,038 women evaluated, those 75 years or older were more likely than younger women to be diagnosed with stage IIA (Tumor 2 cm to 5 cm in size without spread to axillary (armpit) lymph nodes, or tumor less than 2 cm in size with spread to axillary lymph nodes) or a worse disease (44% versus 36%). Older women were less likely to have undergone screening mammograms in the two years before their diagnosis. Among women who had screening mammograms during that two-year period, the prevalence of stage IIA or a worse disease did not differ between younger and older women. When patients with ductal carcinoma in situ were excluded, and adjustments were made for tumor grade and number of physician contacts, women who underwent mammography had smaller tumors at diagnosis than those who did not. This effect was more pronounced in older women.

Randolph WM, Goodwin JS, Mahnken JD, et al: Regular mammography use is associated with elimination of age-related disparities in size and stage of breast cancer at diagnosis. *Ann Intern Med* 2002; 137(10):783-90.

HRT Disappoints

A recent secondary prevention study explored the effects of hormone replacement therapy (HRT), confirming previous data that showed HRT had no cardiovascular benefit in postmenopausal women with coronary disease.

The study randomised 423 postmenopausal women with a mean age of 65 years to receive daily HRT or placebo. Within each group, women were further randomised to receive twice-daily antioxidant therapy or placebo. Angiograms were performed at baseline and again after a mean of 2.8 years. Intent-to-treat analysis showed no significant difference between the groups in the mean change in coronary-artery lumen diameter. When women who suffered myocardial infarction or sudden cardiac death during the study were assigned worst-possible angiographic outcomes, HRT recipients fared significantly worse than did placebo recipients. Antioxidant recipients also fared worse than placebo recipients in this instance.

Waters DD, Alderman EL, Hsia J, et al: Effects of hormone replacement therapy and antioxidant vitamin supplements on coronary atherosclerosis in postmenopausal women: a randomised controlled trial. *JAMA* 2002; 288(19):2432-40.

Alternative Therapies and Menopause

Since learning the results of the Women's Health Initiative, patients and clinicians alike have been seeking alternatives to hormone replacement for alleviating menopausal symptoms.



Now, researchers who reviewed the literature and identified 29 randomised, controlled trials of complementary and alternative therapies for menopausal symptoms have found little supporting evidence of any treatment benefits.

Black cohosh did show some effect on symptoms. In two studies, it was as effective as estrogen. In one study, it decreased sweating but not other symptoms, compared with placebo. In another study, it was more effective than estrogen, which was no better than placebo.

However, red clover, dong quai, evening primrose oil, ginseng, and a Chinese herb mixture had no more effect on hot flashes than the placebo did. Results from most clinical trials showed that soy and other food sources of phytoestrogens and isoflavones had no treatment effect on hot flashes. No clinically important benefits were seen in studies of vitamin E, acupuncture, or wild yam cream.

Kronenberg F, Fugh-Berman A: Complementary and alternative medicine for menopausal symptoms: A review of randomised, controlled trials. *Ann Intern Med* 2002; 137(10):805-13.

Are Diuretics Helping Acute Renal Failure?

Physicians often prescribe diuretics to hospitalised patients in the early phase of acute renal failure (ARF). A recent cohort study, however, says there is no evidence to support this practice.

Diuretics are frequently administered to minimise fluid overload and to convert oliguric ARF to non-oliguric ARF. This study examined whether diuretic therapy influenced outcomes among 552 patients with ARF who underwent nephrology consultations in four intensive care units.

At the time of renal consultation, 59% of patients were taking diuretics. An additional 12% received diuretics during the following week. In an analysis adjusted for potentially confounding variables, diuretic use was associated with significantly increased in-hospital mortality and non-recovery of renal function. Further analysis using propensity scores showed diuretics were still associated with worse outcomes.

Lameire N, Vanholder R, Van Biesen W, et al: Loop diuretics for patients with acute renal failure: Helpful or harmful? *JAMA* 2002; 288(20):2599-601.

Can Nuts Decrease Diabetes Risk?

A recent prospective cohort study of 80,000 female nurses showed that nut consumption was inversely related to risk of diabetes. The women filled out questionnaires regarding their peanut butter and nut intake between 1980 and 1994 as part of the Nurses' Health Study. Those who reported diabetes at biennial followups completed additional questionnaires regarding symptoms, diagnostic tests, and treatments. Diabetes diagnoses were then made.

Multivariate analysis showed that women who never or almost never ate nuts were significantly more likely to develop diabetes than those who ate less than one serving of nuts per week, two to four servings per week, and five or more servings per week. The study revealed similar findings for peanut butter consumption.

The relationship between nut consumption and diabetes was independent of common risk factors for the disease, and persisted after adjustments for body mass index, physical activity, smoking, caloric intake, and family history.

Jian R, Manson JE, Stampfer MJ, et al: Nut and peanut butter consumption and risk of type 2 diabetes in women. *JAMA* 2002; 288(20):2554-60.

Deep Brain Stimulation Promising For Epilepsy?

A pilot trial of central, localised, chronic stimulation of medial temporal lobe structures for uncontrolled epilepsy originating in that region has shown promising results.

Medial temporal lobe epilepsy is the partial epilepsy that is most common in adults, most often uncontrolled, and most often treated with resective surgery. Researchers found that the frequency of seizures was reduced for all three patients examined. During the six-month followup period, seizure reduction varied from 50% to more than 90% over the frequencies recorded in the six months leading up to the trial. No significant side effects were noted.

The stimulation used was continuous. Researchers selected parameters based on prior studies, making adjustments according to interictal spike frequency.

Vonck K, Boon P, Achten E, et al: Long-term amygdalohippocampal stimulation or refractory temporal lobe epilepsy. *Ann Neurol* 2002; 52(5):556-65.

