



Menopausal problems

A recent review points out that many women and doctors have revised their opinions of hormone replacement therapy (HRT) for menopausal symptoms, and a substantial number of individuals have discontinued its use because of concerns about side effects. Not surprising, since the side effects include increased risk of breast cancer, endometrial cancer, cardiovascular disease, thromboembolism and stroke. Numerous alternatives to HRT are promoted but none are nearly as effective in limiting menopausal hot flushes and vaginal dryness as is HRT. The review points out that selective serotonin reuptake inhibitors might be effective in the very short term (less than 12 weeks) and are well tolerated. There is not enough evidence that any of the complementary therapies available are any better than placebo for menopausal vasomotor symptoms. Mention is made of tibolone, a synthetic prohormone with weak oestrogenic, progestagenic, and androgenic actions. Apparently this works as well as HRT, but we would have to be suspicious about its long term effects.

Lancet 2005;366:409–21

Mobile phones increase risk of having a road accident

Because of concerns about risks of potential crashes, use of hand held phones while driving is illegal in most countries in the European Union, all Australian states, and parts of Canada and the United States, but not in New Zealand. A recent study from Australia quantifies this risk. It deals with 456 drivers who had had a road crash that necessitated hospital attendance. And the results—people using a mobile phone up to 10 minutes before a crash were four times more likely to crash. The risk was still raised when hands-free phones were used. Time for legislation here?

BMJ 2005;331:428–30

More about osteoporosis trials

In the NZMJ issue of 24/6/05 we abstracted a BMJ paper reporting a randomised trial which showed that supplementation with calcium 1000 mg and Vitamin D₃ 800 IU daily did not decrease the likelihood that older people will experience a first hip fracture (BMJ 2005;330:1003–60). A similar result was reported in the Lancet (2005;356:1621–8). And to balance those results—a recent meta-analysis of 12 trials involving more than 19000 subjects claims that oral Vitamin D supplementation between 700 to 800 IU/d appears to reduce the risk of hip and any nonvertebral fractures in ambulatory or institutionalised elderly persons. One assumes that neither the BMJ or Lancet reported trials were included in the meta-analysis. Evidence based medicine in conflict? Better use our clinical judgement.

JAMA 2005;293:2257–64

Antibiotics induce bacterial biofilm formation?

Bacterial biofilm is a community of micro-organisms associated with a surface. And biofilm-associated infections are related to biomaterials and implants, such as infection associated with intravascular catheters and prosthetic-valve endocarditis. And they are very difficult to eradicate, presumably because antibiotic penetration is poor. And now another twist in the story. Researchers have recently demonstrated that subinhibitory concentrations of aminoglycoside antibiotics induced biofilm formation in *P. aeruginosa* and *Escherichia coli*. The aminoglycoside in question was tobramycin but presumably this will be a class phenomenon. Ironic, as the aminoglycosides are a major weapon against biofilm related infections.

Nature 2005;436:1171–2

Coronary artery stenting and restenosis

The use of drug-eluting stents that deliver site-specific, controlled release of therapeutic agents has significantly reduced the problem of restenosis inherent to bare-metal stents. Although the therapeutic benefit of sirolimus stents and paclitaxel stents over bare-metal stents is well established, there may be differences between the two devices. Two recent controlled trials, one on all-comers and one on diabetic subjects, addressed this point. And the results? Both favour sirolimus by demonstrating a subsequent significant reduction in the restenosis rate. Thus, the trial data “suggests that the currently available sirolimus-eluting stents provide an angiographic and clinical edge over the currently available paclitaxel-eluting stents”. But, there is always a but, “the currently available paclitaxel-eluting stent holds an edge on availability, deliverability and cost”.

N Engl J Med 2005;353:653–62, 663–70, and 724–7