



Use it or lose it

Many people regard Alzheimer disease as one of the most dreaded consequences of aging. Most of my colleagues share this view. How can we prevent or delay it? Keep busy? Exercise?

If regular physical exercise were shown to be effective in reducing the risk or delaying the onset of dementing illness, it would be a compelling reason to promote physical exercise. Researchers in Seattle studied 1740 persons older than 65 years without cognitive impairment over 6 years. They found the incidence rate of dementia was 13.0 per 1000 person-years for participants who exercised 3 or more times per week compared with 19.7 per 1000 person-years for those who exercised fewer than 3 times per week ($p=0.004$).

Better get the running (or walking shoes) out—if you can remember where you put them!

Ann Intern Med 2006;144:73–81

Venous thrombosis and its management

Another high quality review of this topic appears in a recent *BMJ*. It reinforces the view that the use of low molecular weight heparin in deep vein thrombosis and pulmonary embolism is now firmly established. Many trials and meta-analyses have confirmed their superior efficacy, safer profile, and cost effectiveness over unfractionated heparin. It also discusses the merits of fondaparinux which is apparently at least as effective as heparin in the treatment of venous thrombosis. Apparently fondaparinux is a precisely engineered pentasaccharide, which binds antithrombin and enhances its activity toward factor Xa but is devoid of activity against thrombin.

An interesting point is raised in the ensuing correspondence. It seems that heparins are of porcine (pig) origin and this might be an important issue in some religions, for example, Islam and Judaism. Many doctors and nurses are unaware of this and therefore cannot fully inform patients when giving advice about prophylaxis or treatment with heparin (unfractionated or low molecular weight).

Another can of worms?

BMJ 2006;332:215–9 & 364

Transient ischaemic attacks (TIAs) are an important warning sign of stroke

A TIA is defined as a sudden neurological event of vascular cause, lasting not more than 24 h. This is a sad misuse of the language as transient implies minutes not hours or days. Furthermore, most TIAs are over within 15 min and few last longer than 1 h.

Does this matter? It does as TIA lasting longer than 1 hour have a worse prognosis. Other bad prognostic features are age 60 years or over, hypertension and unilateral weakness and dysphasia. Estimates of subsequent stroke incidence range up to 17.3% at 3 months. So TIA need to be taken seriously. The author of this interesting editorial speculates about what can be done to reduce this high risk of early stroke after TIA? Beyond aspirin, and warfarin in atrial fibrillation and surgery for carotid stenosis, few acute interventions have the support of level I evidence.

In spite of lack of level I evidence most of us would add statin treatment and optimise management of diabetes and hypertension.

Int Med J 2006;36:214–5

International teleradiology

Several hundred U.S. hospitals use overseas teleradiology services. CT head in Maine, reported in Bangalore, India—fax or phone the results!

Indian radiologists read films while U.S. radiologists are sleeping. What a great idea—but is it so great? The American College of Radiology has, unsurprisingly, stated that it is “very concerned” about overseas teleradiology, though its concern is tempered by a recognition that the practice fills a vacuum left by its own members, who would like to sleep at night.

Quality assurance is their main concern but the possibility that low-wage foreign radiologists will take work from its members must also be considered. As one U.S. radiologist wrote on a popular professional Web log, “Who needs to pay us \$350,000 a year if they can get a cheap Indian radiologist for \$25,000 a year?”

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Transplant tourism

Apparently Britons and other foreigners have been paying tens of thousands of dollars for life-saving operations in China, where livers, kidneys, hearts and lungs are harvested from executed prisoners. But accusations that the practice is unethical have prompted the government to tighten the law. This “service” has been running since 2001 and it appears that the going rates are at least US\$110,000 for a liver or heart transplant and \$60,000 for a kidney transplant. This rather grisly tourism may prevent the recipients queuing up for years for a transplant at home.

But soon it will end as Chinese Health Ministry guidelines that come into effect on July 1 forbid the buying and selling of organs.

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