

An Occasional Medical Newsletter
from The Blood Care Foundation
Number 54

Dear Member,

The discovery of the association between *Helicobacter pylori* infection and the incidence of gastric symptoms was considered a major breakthrough. Recently other benefits have been attributed to the eradication of *H.pylori* including a reduction in the risk of gastric cancer. Wong and colleagues performed a randomised, prospective double blind trial on 1,630 asymptomatic adult carriers in an area of China where there is a high risk of gastric cancer. In those patients who had no precancerous lesions on endoscopy at the time of recruitment, eradication of *H.pylori* significantly reduced the risk of developing gastric cancer over the next 8 years (0 cases v 6 cases; P = 0.02). (*JAMA*. 2004;**291**:187-94). Lara and co-workers performed a randomised, prospective double blind trial on 160 patients with dyspepsia to assess whether treatment for one day was as effective as treatment for 7 days in the eradication of *H.pylori*. All patients had a Glasgow dyspepsia severity score of at least 3 and had a positive urea breath test. The single day treatment with bismuth sulphate, metronidazole, amoxicillin and lansoprazole was as effective in eliminating *H.pylori* as the seven day treatment with clarithromycin, amoxicillin and lansoprazole. (*Arch.Intern.Med.* 2003;**163**:2079-84). However *H.pylori* eradication does not cure all gastric problems. Harvey and colleagues randomised 1,558 patients to receive active treatment or placebo and found that, after two years, *H.pylori* eradication had no effect on the incidence of heartburn or symptoms of gastro-oesophageal reflux nor on pre-existing gastric symptoms. (*Brit.Med.J.* 2004;**328**:1417-9)

Caffeine Consumption and Hypertension.

Although it is widely known that caffeine consumption causes an acute rise in blood pressure, does this have any clinical significance? A randomised controlled trial over a period of 4 weeks set out to answer this question. The answer was equivocal in that roughly half the participants lost the raised systolic and diastolic response by the end of the trial, the other half showed no loss of response in spite of moderately high levels of daily intake prior to participating in the trial. (*Hypertension*. 2004;**43**:760-5)

West Nile Virus.

In July, two people have been diagnosed with West Nile Fever on returning to Ireland after a holiday on the Algarve in Portugal. This follows reports from the Centers for Disease Control and Prevention in Atlanta, Georgia that by June 1st avian, animal or mosquito infections with West Nile virus had been reported in 17 states and 2 cases had occurred in humans, one in Arizona and the other in New Mexico. The mosquito season in Arizona is usually in August and September and Dr Jonathan Weisbuch from the Public Health Department in Phoenix, Arizona said "This is much earlier than we expected. Its going to be a long season and we could see several hundred cases".

Do I Have to Continue Exercising?

We all know that taking exercise improves our cardiac health, but once we have got into shape, do we need to continue taking exercise? Recent studies on rats has shown that aerobic physical fitness is a dynamic process and that the benefits gained over 3 to 4 months are lost within a month once training stops. The size of heart muscle cells, contractile capacity and arterial relaxation are directly related to intensive exercise programmes, suggesting that the changes are due to cellular mechanisms. (*Circulation*. 2004;**109**:2897-904)

Fish Consumption.

Whether eating fish improves our cerebral function is debatable, but a recent meta-analysis of cohort studies found that the intake of fish is inversely related to the risk of stroke, especially ischaemic strokes. It appears that eating fish just three times a month confers considerable protection. (*Stroke*. 2004;**35**:1538-42)

Rabies Transmission.

You do not necessarily have to be bitten or licked by a rabid animal to develop rabies. The Centers for Disease Control and Prevention in Atlanta, Georgia have just reported a case of a man who died in Arkansas of a presumptive subarachnoid haemorrhage and whose kidneys and liver were transplanted into two women and a man. The recipients all subsequently died of histologically proven rabies. (www.cdc.gov)

Soya Supplements and Postmenopausal Changes.

As soya supplements contain high levels of naturally occurring oestrogen, they have been marketed as a cure for postmenopausal symptoms. Der Schouw and colleagues conducted a randomised placebo controlled trial in 202 healthy women between the ages of 60 and 75 years. After one year cognitive function, bone mineral density and plasma lipids did not differ significantly between the two groups. (*JAMA*. 2004;**292**:65-74)

Treatment of Acute Renal Colic.

Holdgate and Pollock reviewed 20 trials comparing the outcomes of the use of opioids or NSAIDs in the treatment of renal colic. Pooled analysis showed that patients treated with NSAIDs had greater relief of pain and were significantly less likely to require rescue analgesia than those treated with opioids. Opioids, especially pethidine, were associated with a higher incidence of side effects, especially vomiting. (*Brit.Med.J.* 2004;**328**:1401-4)

Blood Group Distribution.

For a long time we have believed that Rhesus (D) negative blood was rarely found amongst Asian donors. A recent paper by George Garratty and his group has confirmed this. They surveyed over 3.1 million donors in the USA and recorded their groups by ethnic origin. The Rh(D) negative group was found in 1.7% of Asian donors as opposed to 17.3% of White non-Hispanic donors. These figures will give a falsely high percentage of the Rh(D) distribution in general, as Rh(D) negative people tend to donate more frequently. The incidence of Rh(D) negative in the White non-Hispanic population in general is 12.5%. (*Transfusion*. 2004;**44**(5):703-6)

Clinical Guidelines.

The days when best clinical practice was determined by GOBSATS (good old boys sitting around tables) have been replaced by systematically developed, evidence based recommendations involving multidisciplinary input. Whether this more sophisticated process actually improves clinical outcome depends on ways of getting people to put the damn things into practice. (*J.Fam.Planning and Repro.Hlth.Care*. 2004;**30**:150-1)

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