Masala

Industry–physician interaction is receiving increasing attention and the code of conduct for industry has also become more stringent. The Institute of Medicine has called for measures to regulate conflicts of interest among physicians. Recent recommendations stated that medical institutions should create conflict-of-interest policies that mandate 'disclosure and management' of personal and institutional financial ties to industry; investigators should not conduct human trials if they have financial interests in the results; academic medical centres and teaching hospitals should ban faculty from accepting gifts or making presentations managed by the industry; physicians should provide free drug samples only to patients without the means to pay for them; and continuing medical education programmes should be funded without industry support (*www.iom.edu/conflictofinterest* April 2009).

It is never too late to try to be healthier. A study prospectively examined associations of lifestyle factors with incident diabetes mellitus during a 10-year period among 5000 subjects ≥65 years of age enrolled in the Cardiovascular Health Study. The factors assessed for examining the risk of new-onset diabetes were related to physical activity, dietary intake, smoking, alcohol use and obesity. Overall, the rate of incident diabetes was 35% lower for each 1 additional lifestyle factor in the low risk group. Patients with all 5 healthy lifestyle factors had an 89% reduction in risk (*Arch Intern Med* 2009;**169:**798–807).

Avoid valproate use during pregnancy. In an observational study, researchers enrolled >250 women taking 1 of 4 drugs for epilepsy during pregnancy, and then assessed cognitive function in their offspring at 3 years of age. Overall, children exposed to valproate had significantly lower IQ (6–9 points lower) than those exposed to carbamazepine, lamotrigine or phenytoin. The association between valproate and lower IQ was dose-dependent (*N Engl J Med* 2009;**360:**1597–605).

It is tempting to prescribe low dose aspirin as a primary prevention tool. But, it does not seem as effective as one might wish it to be. A recent meta-analysis included 6 primary prevention trials encompassing some 95 000 individuals at low–average risk assigned to take aspirin or no aspirin for prevention of vascular events. Aspirin was associated with a significant, but only modest, reduction in risk for serious vascular events (0.51% *v*. 0.57% per year), but the net effect on stroke or mortality was not significant. Expectedly, aspirin increased the risks for major gastrointestinal and extracranial bleeding. So the decision needs to be individualized; whether it is better to risk a myocardial infarction or a gastrointestinal bleed (*Lancet* 2009;**373:**1849–60).

Get rid of those pressure stockings. Graduated compression stockings (GCS) do not reduce the risk for deep venous thrombosis (DVT) after stroke. In a recent international trial, researchers randomized >2500 immobile patients hospitalized within 1 week of an acute stroke to either use of, or avoidance of, thigh-length GCS. Ultrasound studies done at around days 7 and 30 found no significant difference between the groups with regard to the occurrence of DVT in the popliteal or femoral vessels. On the contrary, the risk for adverse effects (skin breaks, ulcers, blisters and necrosis) was much higher in stocking users than non-users (*Lancet* 2009;**373:**1958–65).

Do not miss those kids' shots. A study was conducted to determine whether children who contracted pertussis infection were more likely to have parents who refused pertussis vaccinations than a similar group of children who did not develop pertussis infection. The results indeed confirmed that children whose parents refused their pertussis vaccinations had a 23-fold higher risk for pertussis compared with vaccinated controls. If this is the situation in the USA, it would be even more stark in the developing world (*Pediatrics* 2009;**123:** 1446–51).

A word of caution for senior citizens. Both benign prostatic hyperplasia (BPH) and cataract are common in older men. Tamsulosin selectively targets sites common to both bladder and iris relaxation. Analysis from the healthcare databases in Ontario, Canada, which included >90 000 men above 66 years of age who had cataract surgery between 2002 and 2007, suggested that men taking tamsulosin for BPH had a higher risk for intra-operative floppy iris syndrome and its complications such as retinal detachment, lost lens or fragments or endophthalmitis (*JAMA* 2009;**301:**1991–6).

Idiopathic pulmonary fibrosis continues to beg for an effective remedy. A randomized trial involving >800 patients assessed whether treatment with interferon gamma-1b improved survival compared with placebo in patients with idiopathic pulmonary fibrosis and mild-to-moderate impairment of pulmonary function. Unfortunately, it was found to be of no help even after a median treatment duration of 15 months (*Lancet* 2009;**374:**222–8).

The efficacy and safety of renal artery stenting in patients with atherosclerotic renal artery stenosis (ARAS) and impaired renal function remains uncertain. An increasing number of such patients are being diagnosed for various reasons. In a multi-institution randomized study from Europe, 140 patients with creatinine clearance <80 ml/minute and renal artery stenoses ≥50% were assigned to medical care alone, or a stent placement plus medical care. At the end of 2 years, both groups had similar deterioration of kidney function while the stent recipients had serious complications related to the procedure. The authors say that stenting 'may cause more harm than benefit in a community setting' (*Ann Intern Med* 2009;**150:**840–8).

Primary percutaneous coronary intervention (PCI) is being increasingly practised. As in thrombolysis, timing is likely to be crucial here too. Using a national registry, researchers examined outcomes among nearly 44 000 patients who underwent PCI for ST-segment-elevation myocardial infarction. In particular, they looked at time from hospital arrival to first balloon inflation or device deployment, as well as mortality rates. The conclusions suggested that hospitals should aim for 'as soon as possible' standard for door-to-balloon time and strive for times well under the recommended 90 minutes (*BMJ* 2009;**338:**b1807).

GOPESH K. MODI