

## Masala

Yet another platelet aggregation inhibitor fighting for the turf—ticagrelor (*N Engl J Med* 2009;**361**:1045–57. Epub 2009 Aug 30). In the PLATO study, more than 18 000 adults with acute coronary syndrome, with or without ST-segment elevation, were randomized to receive ticagrelor or clopidogrel. At 1 year, the primary endpoint—a composite of myocardial infarction, stroke or death from vascular causes—was significantly less with ticagrelor without any increase in major bleeding events. The number needed to treat (NNT) was also modest at about 50, which is comparable to other highly recommended therapies. Further, the drug has the added benefit of having an effect that is reversible, making it preferable when surgery is being planned.

The dark face of scientific writing—ghostwriting in premier medical journals. Two news items in the *New York Times* have alluded to this and shocked medical editors. Ghostwriting usually refers to medical writers, often sponsored by a drug or medical device company, who make major research or writing contributions to articles published under the names of academic authors and not in their own names. In a survey of authors of over 600 articles who responded anonymously to an online questionnaire, 7.8% acknowledged contributions to their articles by people whose work should have qualified them to be named as authors on the papers but who were not listed. This practice can introduce bias affecting treatment decisions by doctors and, ultimately, patient care. The rate of ghostwriting was the highest for *The New England Journal of Medicine* (10.9%). The others were: 7.9% in *JAMA*, 7.6% in the *Lancet*, 7.6% in *PLoS Medicine*, 4.9% in the *Annals of Internal Medicine* and 2% in *Nature Medicine* (<http://www.nytimes.com/2009/09/11/business/11ghost.html>). A similar revelation was made in another release that cited court documents showing ghostwriters were paid by a pharmaceutical company (Wyeth) to produce 26 scientific papers backing the use of hormone replacement therapy in women between 1998 and 2005 while underplaying its hazards.

Low serum vitamin D (measured as 25-hydroxyvitamin D) levels in children are associated with cardiovascular risk markers. In a study that examined 2001–04 NHANES data from the USA (more than 6000 subjects aged 1–21 years), it was found that vitamin D deficiency (<15 ng/ml) was independently associated with lower serum calcium, higher systolic blood pressure, lower high-density lipoprotein (HDL) cholesterol, elevated parathyroid hormone and higher prevalence of hypertension. Similarly, vitamin D insufficiency (15–29 ng/ml) was also associated with higher diastolic blood pressure, lower HDL cholesterol and higher prevalence of elevated C-reactive protein and parathyroid hormone (*Pediatrics* [doi:10.1542/peds.2009-0051]).

It is perhaps time to bid farewell to rosiglitazone. While it has been under the scanner for cardiovascular events and mortality, a new study compared this aspect of rosiglitazone with pioglitazone (*BMJ* 2009;**339**:b2942). Data from more than 40 000 older Canadians who began treatment with one of the two thiazolidinediones over a 6-year period revealed that the risk for the primary composite endpoint—death or admission for acute myocardial infarction or heart failure—was significantly lower with pioglitazone than rosiglitazone. The authors concluded,

‘Given that rosiglitazone lacks a distinct clinical advantage over pioglitazone, continued use of rosiglitazone may not be justified.’

More reasons for healthier lifestyle than just cardiac! A report on 23 000 German adults aged 35–65 years (*Arch Intern Med* 2009;**169**:1355–62) said that more the healthier lifestyle behaviours that adults followed, lower the risk for a number of chronic conditions—diabetes, coronary heart disease, stroke or cancer. The behaviours studied were never smoking, having a body mass index (BMI) <30, exercising regularly and adhering to a healthy diet (high in fruits, vegetables and whole grains, and low in red meat). Subjects with only 1 healthy behaviour saw a 50% reduction in risk and those with all 4 behaviours saw a nearly 80% reduction in risk compared with those with no healthy behaviours.

From e-medicine, e-marketing, etc. to ‘e-cigarettes’, also called electronic cigarettes. These are battery-operated devices that generally contain cartridges filled with nicotine, flavour and other chemicals. The electronic cigarette turns nicotine, which is highly addictive, and other chemicals into a vapour that is inhaled by the user. A US Food and Drugs Administration release has issued a warning against these devices that are being marketed and sold to young people, and are readily available online and in shopping malls in the USA. It was also mentioned that these products do not contain any health warnings (<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm173222.htm>). A laboratory analysis of electronic cigarette samples has found that they also contain carcinogens and toxic chemicals such as diethylene glycol, an ingredient used in antifreeze.

The fancy, appealing capsule endoscopy loses out to conventional colonoscopy in detecting polyps and cancer. The ingestible capsule that can record video from both ends offered greater convenience, but it has much less sensitivity for detecting colonic lesions. In a study that involved over 300 patients with known or suspected colonic disease, participants underwent capsule endoscopy followed by optical colonoscopy (*N Engl J Med* 2009;**361**:264–70). Using traditional colonoscopy as the standard, capsule endoscopy had a sensitivity of 64%–73% for detecting polyps or advanced adenomas and 74% for cancers. The additional need for better bowel preparation—and the associated patient dissatisfaction—led an editorial writer to conclude that ‘colon capsule endoscopy cannot be recommended at this time’.

After waist and hip circumference, it is the thighs now. A recent report stated that adults with very thin thighs may be at increased risk for cardiovascular disease and death (*BMJ* 2009;**339**:b3292). Thigh circumference was measured in 2800-odd men and women, aged 35–65 years and these subjects were then followed for about 10 years to assess incident cardiovascular disease and mortality. The results showed that a thigh circumference <60 cm was associated with a significantly elevated risk for death and cardiovascular disease (but not coronary heart disease) with risk increasing as circumference decreased. It has been speculated that low subcutaneous thigh fat results in poor glucose and lipid metabolism.

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