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End-stage renal disease (ESRD) is a devastating condition. According to an analysis of records by the Centers for Disease Control (CDC) of the US Renal Data System (USRDS) and Behavioral Risk Factor Surveillance System, the age-adjusted incidence of ESRD caused by diabetes has declined by one-third from 1996 to 2007 (*MMWR* 2010;**59**:1361–6). During 2007, approximately 110 000 persons in the US and Puerto Rico began treatment for ESRD (i.e. kidney failure requiring dialysis or transplantation). While diabetes is the leading cause of ESRD and the number of persons initiating treatment for kidney failure due to diabetes has increased since 1996, the incidence of ESRD among persons with diagnosed diabetes has declined since 1996 by 35%. A measure of success in prevention!

Yet another success in prevention. According to a study, making simple lifestyle changes can decrease the risk of colorectal cancer (*BMJ* 2010;**341**:c5504). A prospective cohort study followed more than 50 000 middle-aged Danes for a median of 10 years and examined the influence of adherence to 5 lifestyle recommendations on the incidence of colorectal cancer (not smoking, daily physical activity for at least 30 minutes, avoiding heavy drinking, eating a healthy diet and waist circumference control <40 inches for men and <35 inches for women). It was estimated that if all participants had followed the 5 recommendations 23% of colorectal cancer cases might have been prevented.

This is a case of exemplary accountability and judicial activism. As per a *New York Times* report, pharmaceutical giant GlaxoSmithKline has been directed to pay US\$ 750 million as penalty to settle civil and criminal charges alleging that it knowingly sold contaminated drugs. It has been established that the company sold 20 drugs with uncertain safety, including Avandia (rosiglitazone), Bactroban (mupirocin), Coreg (carvedilol), Paxil (paroxetine) and Tagamet (cimetidine) (http://www.nytimes.com/2010/10/27/business/27drug.html?_r=1&ref=glaxosmithklineplc; *New York Times*, 26 October 2010). The federal drug agency followed up complaints by Cheryl D. Eckard, the company's quality manager who turned a whistle-blower. She had apparently warned Glaxo of the problems in the manufacturing plant but the company fired her instead of addressing them. Interestingly, the share to the whistle-blower will be US\$ 96 million, one of the highest such awards in a healthcare fraud case. On the flip side, suffering a research drought, drug makers have laid off thousands of employees and some of those dispatched have in turn filed whistle-blower lawsuits.

Is visiting a dentist an invitation to a short term vascular risk? In a study involving some 1200 subjects who both underwent invasive dental procedures (e.g. periodontal therapy, extractions) and also experienced a myocardial infarction or stroke it was found that the vascular events were more common in the month after dental treatment than at other times during the observation period. The incidence ratio was 1.5. The risk gradually returned to baseline by 6 months after dental treatment. The authors pointed to acute inflammation as a potential underlying mechanism. More importantly, the editorialists emphasized that the study is 'an important reminder

to continue cardioprotective antiplatelet agents if at all possible before and after dental procedures in patients who are receiving these agents' (*Ann Intern Med* 2010;**153**:8499–506).

Now barbers to intervene against uncontrolled hypertension. According to the BARBER-1 study, a cluster randomized trial, barber shops may offer an opportunity to intervene against uncontrolled hypertension in black men. The researchers randomized 17 black-owned shops in Texas either to provide pamphlets on blood pressure control or to perform actual blood pressure measurements and refer hypertensive men to clinicians. Barbers were paid for services. At the end of 10 months, independent assessment of average blood pressures in the shops revealed that the intervention group had achieved a greater improvement in the hypertension control rate compared with the comparison group (doi:10.1001/archinternmed.2010.390).

Now the ABC of cardiopulmonary resuscitation (CPR) is not airway–breathing–chest compressions but C-A-B (compressions, airway, breathing). This has been emphasized in the recent update of the American Heart Association guidelines on cardiopulmonary resuscitation and emergency cardiac care. The new guidelines emphasized on chest compressions because of their importance for survival. It has been mentioned that the first cycle should include 30 compressions before rescue breaths. Compressions for adults should be at least (instead of up to) 2 inches and performed at a rate of at least 100 per minute. Further, it has been indicated that untrained bystanders should perform compression-only CPR (*Circulation* 2010;**122**:S676–S684).

Keep walking—not the scotch advertisement but for preventing cognitive decline. Physical activity (PA) has been hypothesized to spare grey matter volume in late adulthood but there is a paucity of longitudinal data. To establish the validity of this hypothesis a study examined whether PA would be associated with greater grey matter volume after a 9-year follow up. Some 300 adults ≥ 65 years of age reported how much they walked per week, and had high resolution MRI scans done 9 years later. Those who walked at least 6–9 miles a week had greater grey matter volume on later MRI, compared with those who walked less. This increased grey matter volume was associated with a decreased likelihood of cognitive impairment 4 years after the MRI, i.e. 13 years after baseline enrolment (*Neurology* 2010;**75**:1415–22).

Sleep well and reduce adiposity. While exercise and dieting are the cornerstones of weight loss programmes, adequate sleep seems necessary for effective dieting. A small randomized cross-over study attempted to determine whether sleep restriction attenuated the effect of a reduced-calorie diet on excess adiposity. The intervention comprised 14 days of moderate caloric restriction with 8.5 or 5.5 hours of night-time sleep opportunity. Sleep curtailment decreased the proportion of weight lost as fat accompanied by markers of enhanced neuroendocrine adaptation to caloric restriction, increased hunger and a shift in relative substrate utilization toward oxidation of less fat. Lack of sufficient sleep may undermine the efficacy of dietary interventions for weight loss (*Ann Intern Med* 2010;**153**:435–41).