

CARPHOLOGY by Rajendra



Pract Neurol 2008; 8: 134

Calcium supplementation and vascular events

Calcium supplementation in healthy postmenopausal women is associated with an increase in vascular event rates. This is the finding of a randomised, placebo controlled trial from New Zealand, which enrolled 1471 postmenopausal women (mean age 74). Myocardial infarction was more commonly reported in the calcium group than in the placebo group (45 events in 31 women vs 19 events in 14 women, $p=0.01$). The composite end point of myocardial infarction, stroke, or sudden death was also more common in the calcium group (101 events in 69 women vs 54 events in 42 women, $p=0.008$). The authors point out that their study is small for a study with vascular end points and that the cohort comprised elderly (10% aged more than 80 at baseline) and white participants, so the findings are not necessarily generalisable to other ages and racial groups. But they do give one pause for thought.

BMJ 2008;**336**:262–6.

Aspirin resistance

Patients who are resistant to aspirin are at a greater risk of clinically important vascular morbidity in the long term than patients who are sensitive to aspirin. These are the findings of a meta-analysis that looked at 20 studies totalling 2930 patients with vascular disease of whom 810 (28%) had resistance to aspirin. A vascular related event occurred in 41% of patients (odds ratio 3.85, 95% CI 3.08 to 4.80), death in 6% (5.99, 2.28 to 15.72), and an acute coronary syndrome in 39% (4.06, 2.96 to 5.56). Worryingly, the study also finds that patients resistant to aspirin did not benefit from other antiplatelet treatment.

BMJ 2008;**336**:195–8.

Lumbar supports for back pain

Adding patient-directed use of lumbar supports to a short course on healthy

working methods may reduce the number of days when low back pain occurs in home care workers with self-reported history of low back pain. However, it did not reduce overall work absenteeism. This is the finding of a randomised, controlled trial carried out by a home care organisation in The Netherlands. Overall 360 workers were randomised to get a short course on healthy working methods, with or without use of one of four types of lumbar support. The primary outcomes were the number of days of low back pain and sick leave over 12 months.

Ann Intern Med 2007;**147**:685–92.

Mild cognitive impairment

The use of cholinesterase inhibitors in mild cognitive impairment was not associated with any delay in the onset of Alzheimer's disease or dementia. This is the finding of a systematic review, in which three published and five unpublished trials met the inclusion criteria (three on donepezil, two on rivastigmine, and three on galantamine). The rate of conversion, which was not significant, ranged from 13% (over two years) to 25% (over three years) among treated patients, and from 18% to 28% among those in the placebo groups. The authors say that more research for clearly defining mild cognitive impairment is needed before testing new treatments.

PLoS Medicine 4;11, e338 doi:10.1371/journal.pmed.0040338

Itch and scratch

What itching does to the brain has been studied, but not what scratching (your leg) does to it. This motivated researchers to study the central sensory effects of scratching by using functional MRI in 13 healthy human subjects. To minimise motor related activation associated with self-scratching, subjects were passively scratched by a researcher who used a 7-inch cytology brush with 1000 individual bristles. Robust bilateral activation of the secondary somatosensory cortex, insular

cortex, prefrontal cortex, inferior parietal lobe, and cerebellum was seen along with robust deactivation of the anterior and posterior cingulate cortices. Unfortunately, none of the subjects had any itching, and this carphologist thinks that separating scratching from itching is unfair.

J Invest Dermatol 31 January 2008; doi:10.1038/jid.2008.3

Survival in dementia

A prospective population based cohort study in England and Wales, which followed up 438 participants who developed dementia, finds that the median survival time from onset of dementia to death was 4.1 years (interquartile range 2.5–7.6) for men and 4.6 years (2.9–7.0) for women. Significant factors that predicted mortality in the presence of dementia during the follow up included sex, age of onset, and disability. The authors say that such estimates can be used for prognosis and planning for patients, carers, service providers, and policy makers.

BMJ 2008;**336**:258–62.

Chronic neuropathic pain

Dihydrocodeine provided better pain relief than the synthetic cannabinoid nabilone and had slightly fewer adverse effects in a randomised, double blind, crossover trial of 14 weeks' duration which studied 96 outpatients with chronic neuropathic pain, aged 23–84 years. The primary outcome was difference in pain as measured by the mean visual analogue score computed over the last two weeks of each treatment period. The mean score was 6.0 mm longer for nabilone than for dihydrocodeine (95% CI 1.4 to 10.5) and 5.6 mm (10.3 to 0.8) in the per protocol analysis. Adverse effects were more common with nabilone. The authors point out that 33 patients failed to complete the trial and the population studied had a variety of neuropathic pain syndromes.

BMJ 2008;**336**:199–201.