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## Can physical activity decrease mortality in older women

Physically active lifestyles have been consistently associated with reduced mortality and morbidity from cardiovascular disease, diabetes, physical disabilities and certain cancers. Most studies have concentrated on middle-aged men, but some benefits have been shown among older men and women. However, only one study of older women has been done which did not show reduced mortality among older women who increased their levels of physical activity.

The authors set out to examine the relationship between changes in physical activity and mortality in a large population of older women who were still living independently. The study population consisted of 9 704 women aged at least 65 years who were participating in the Study of Osteoporotic Fractures (SOF).

Physical activity was assessed using a modified version of the Harvard Alumni Questionnaire. Women were asked about the number of city blocks or equivalent they walked each day for exercise or as part of their normal routine. They were also asked about frequency and duration of other leisure activities such as dancing, gardening, aerobics and swimming during the past year.

Most of the women had one or more chronic diseases such as cardiovascular disease or diabetes.

In this large population of older white women, being physically active and becoming active were associated with substantially lower mortality rates. This was particularly noticeable among sedentary white women who increased their physical activity levels to the equivalent of about 1 mile of walking between baseline and follow-up 6 years later. This group had approximately 40 - 50% lower all-

cause, CVD and cancer rates than chronically sedentary white women. Similar reductions were found in all-cause and CVD mortality rates among white women who were consistently active throughout the study. Interestingly, recent physical activity levels were a more important predictor of longevity than past levels. Previously sedentary white women who became active had a similar mortality rate as those who were already active. Women who became sedentary had a mortality risk similar to those who were sedentary all along.

The authors suggested that this increased longevity associated with increasing physical activity could arise from many factors. However, one factor they thought was important was that physical activity could slowly decline due to and enhance recovery from chronic illness as much as by preventing the onset of new disease.

The conclusion is that modest increases in physical activity could have wide-ranging benefits from improved risk factors to reducing disability.

(Gregg E, *et al.* JAMA 2003; **289**: 2379-2386.)

## Bicycle helmets, injuries and poverty

Investigators in this study decided to look at the impact of a community-based bicycle helmet programme aimed at children aged 5 - 12 years (about 140 000) from poor and well-off municipalities in Canada.

They found that reductions in bicycle-related head injuries were registered in both categories of municipalities. Compared with the pre-programme period, the protective effect of the programme during the post-programme period was as significant among children from poor municipalities as among those from richer municipalities. The conclusion was that these programmes seemed



to have a good impact on injury risks in poor areas, even when helmets were not always worn.

(Farley C, et al. *J Epidemiol Community Health* 2003; **57**: 668-672.)

## Can alcohol abuse be picked up successfully in general practice?

The authors of this study recently published in the *British Medical Journal* set out to look at the effectiveness of programmes of screening in general practice for excessive alcohol use and in providing brief interventions.

They used a systematic review and meta-analysis of randomised controlled trials that used screening as a precursor to brief intervention.

The eight studies included for meta-analysis all used health questionnaires for screening, and the brief interventions included feedback, information, and advice. The studies contained several sources of bias that might lead to overestimates of the effects of intervention. External validity was compromised because typically 3 out of 4 people identified by screening as excessive users of alcohol did not qualify for the intervention after a secondary assessment. Overall, in 1 000 screened patients, 90 screened positive for alcohol abuse and required further assessment, after which 25 qualified for brief intervention. After 1 year 2.6 reported they drank less than the maximum recommended level.

The conclusion was that although even brief advice can reduce excessive drinking, screening in general practice does not seem to be an effective precursor to brief interventions targeting excessive alcohol use. This meta-analysis raises questions about the feasibility of screening in general practice for excessive use of alcohol.

(Beich A, et al. *BMJ* 2003; **327**: 536-542.)

## Active ingredients in generic nevirapine products

Combination antiretroviral treatment can make dramatic improvements in the prognosis of those living with HIV, but these drugs are still hardly available in the developing world. Generic drugs are now available at very low cost in many countries but there have been anecdotal reports of generic antiviral medications that contain little or no active ingredients.

Pharmacist Scott Penzak and colleagues analysed the contents of several generic and proprietary antiretroviral formulations containing the non-nucleoside reverse transcriptase inhibitor nevirapine. They analysed tablets containing nevirapine alone or in combination with other antiretroviral agents from 6 international sources, representing 4 countries and 3 manufacturers. They received the medication in April 2002 from doctors in South Africa, Zambia, Lithuania and Kenya. All the tablets were from local pharmacies.

All the nevirapine-containing products in the study were labelled as containing 200 mg of the drug. The average nevirapine content among the tested preparations was 197.9 mg. This appears to be the first published account of drug content in generic antiretroviral preparations, but further studies should be carried out in view of the anecdotal accounts.

(Penzak S, et al. *JAMA* 2003; **289**: 2648-2649.)

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