Abstracts

Clinical observation nearly as good as exercise testing in ischaemic heart disease

A recent study, published in the *British Medical Journal*, suggests that a good history and physical examination has nearly the same prognostic value as exercise stress testing in patients with suspected angina.

Sekhri *et al.* recruited 176 consecutive patients with suspected angina and no previous diagnosis of coronary artery disease, all of whom had a resting ECG recorded. A total of 4 848 patients with a summary exercise ECG result recorded (positive, negative, equivocal for ischaemia) comprised the summary ECG subset of whom 1 422 with more detailed exercise ECG data recorded comprised the detailed ECG subset.

Their main outcome measures were death due to coronary heart disease or non-fatal acute coronary syndrome during nearly 2.5 years of follow-up.

There was no significant difference in outcome between patients who had received a clinical assessment alone and a clinical assessment followed by exercise stress testing. The authors concluded that in ambulatory patients with suspected angina, basic clinical assessment provided almost all the prognostic value of resting ECGs and nearly all the prognostic value of exercise ECGs. They recommend that some other form of assessment is needed to stratify risk in these patients.

Sekhri N, *et al. BMJ* 2008; 337: a2240.

Intradermal and percutaneous BCG have equivalent effectiveness

Anthony Hawkridge and colleagues have found that the rates of tuberculosis in children who received intradermal BCG are equivalent to those in children who received percutaneous BCG.

Publishing in the *British Medical Journal*, they looked at documented *Mycobacterium tuberculosis* infection or radiological and clinical tuberculosis infection in 11 680 newborn infants. Infants were randomised by week of birth to receive Tokyo 172 BCG vaccine through the percutaneous route (*N*= 5 775) or intradermal route (*N*=5 905) within 24 hours of birth and followed up for 2 years.

The difference in cumulative incidence of definite, probable, and possible tuberculosis between the intradermal group and the percutaneous group, as defined using study definitions based on microbiological, radiological, and clinical findings, was –0.36% (95.5% confidence interval (CI) –1.27 - 0.54). No significant differences were found between the routes in the cumulative incidence of tuberculosis using a range of equivalence of 'within 25%'. Additionally, no significant differences were found between the routes in the cumulative incidence of adverse events (risk ratio 0.98, 95% CI 0.91 - 1.06), including deaths (1.19, 0.89 - 1.58).

They conclude that the World Health Organization should consider revising its policy of preferential intradermal vaccination to allow national immunisation programmes to choose percutaneous vaccination if that is more practical.

Hawkridge A, *et al. BMJ* 2008; 337: a2052.

Alcohol consumption raises risk of atrial fibrillation in women

Previous studies have shown an association between alcohol consumption and risk of incident atrial fibrillation in men, but not in women. This study, published in the *Journal of the American Medical Association*, shows a small but significantly increased risk of incident atrial fibrillation in women who consume more than 2 alcoholic drinks a day.

Participants were 34 715 initially healthy women participating in the Women's Health Study, a completed randomised controlled trial conducted in the USA. Participants were older than 45 years and free of atrial fibrillation at baseline and underwent prospective follow-up from 1993 to 31 October 2006. Alcohol consumption was assessed via questionnaires at baseline and at 48 months of follow-up and was grouped into 4 categories (0, >0 and <1, 1 and <2, and 2 or more drinks per day). Atrial fibrillation was self-reported on the yearly questionnaires and subsequently confirmed by electrocardiogram and medical record review.

Over a median follow-up of 12.4 years, 653 cases of incident atrial fibrillation were confirmed. Age-adjusted incidences among women consuming 0 (*N*=15 370), more than 0 and less than 1 (*N*=15 758), 1 or more and less than 2 (*N*=2 228), and 2 or more (*N*=1 359) drinks per day were 1.59, 1.55, 1.27, and 2.25 events/1 000 person-years of follow-up, respectively. Therefore, compared with non-drinking women, women consuming 2 or more drinks per day had an absolute risk increase of 0.66 events/1 000 person-years. The increased hazard in the small group of women consuming 2 or more drinks per day persisted when alcohol intake was updated at 48 months or when women were censored at their first cardiovascular event.

Conen D, *et al. JAMA* 2008; 300: 2489-2496.

Office measurement of blood pressure may not accurately predict risk of coronary heart disease

A study published recently in the *Archives of Internal Medicine* suggests that single blood pressure measurements in the office may not adequately predict the risk of future coronary events in patients with treatment-resistant hypertension, compared with continuous ambulatory monitoring.

Salles *et al.* recruited 556 resistant hypertensive patients who then underwent clinical-laboratory and ambulatory blood pressure monitoring. The end points were fatal and non-fatal cardiovascular events and all-cause and cardiovascular mortality.

After follow-up of more than 4.5 years 109 patients had either died or experienced cardiovascular events and there were 70 all-cause deaths. In this study, no office blood pressure measurement showed any prognostic value. After further adjusting for office blood pressure measurements, the group found that mean ambulatory blood pressure measurements were independent predictors of all the end points.

Salles GF, *et al. Arch Intern Med* 2008; 168: 2340-2346.

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