Abstracts

Women doctors are more likely to follow heart failure guidelines

A German study has found that patients with heart failure who are treated by women doctors received better care than those treated by men.

The study found that male doctors were less likely to stick to guidelines when treating patients with heart failure and that they also gave better care to male heart failure patients than they did to women with the same condition. The study was published in the *European Journal of Heart Failure*. Magnus Baumhäkel, of the Department of Cardiology at the University Hospital of the Saarland in Homburg and Saar, Germany, and colleagues evaluated data on 1 857 consecutive patients with chronic heart failure in eastern Germany.

A total of 829 doctors collected the baseline data, which included co-morbidities, classification of the disease according to the New York Heart Association criteria, current medical treatment, and dosage with angiotensin-converting enzyme (ACE) inhibitors and β blockers. Almost two-thirds of the doctors who collected the data were GPs, just over one-quarter were internists, and 7% were cardiologists.

Women were less often treated with ACE inhibitors, angiotensin-receptor blockers, or β blockers than men were, and the doses were lower than in men.

Use of drugs recommended in guidelines and the achieved target doses tended to be higher in patients treated by female doctors. Female doctors treated male and female patients equally, but male doctors used significantly less drug treatment and in lower doses in their female patients than in men.

The authors of the study said that all patients were 'treated well', but that there were differences in how well guidelines were followed.

Baumhäkel M, *et al. Eur J Heart Fail*, doi:10.1093/eurjhf/hfn041 (published online).

Corticosteroids are a poor choice for children with virus-induced wheeze

Two trials of corticosteroids for preschool children with episodic wheeze have concluded that steroids, oral or inhaled, are a poor choice of treatment for most children. An editorial says doctors should seriously consider changing standard practice.

In the first trial, a short course of oral prednisolone worked no better than a placebo for 700 preschool children presenting to hospital with wheeze linked to a viral upper respiratory tract infection. Prednisolone made no difference to 6 outcomes, including duration of hospital stay, symptoms, use of bronchodilators, and readmissions. The second trial tested a high dose of inhaled fluticasone (750 µg twice daily) given to episodic wheezers by parents at the first sign of a viral cold, cough, or earache. Children given the pre-emptive fluticasone were less likely than placebo controls to need rescuing with bursts of oral prednisolone (39% (24/62) v. 64% (43/67); odds ratio 0.35, 95% CI 0.17 - 0.72). They also improved slightly faster than controls. But high-dose fluticasone caused a discernible slow-down in growth, which the editorial and the trial's authors agree is an unacceptable price to pay for such modest benefits.

Doctors treating preschool children who wheeze when they get a cold should reserve oral prednisolone for severely ill inpatients, says the editorial. They should not prescribe intermittent high doses of inhaled steroids at all.

Panickar J, *et al. N Engl J Med* 2009; 360: 329-338.
Ducharme FM, *et al. N Engl J Med* 2009; 360: 339-353.

Drug-eluting stents may be associated with long-term adverse events

A 3-year Canadian study suggests that medicated stents are associated with long-term adverse events.

This Canadian study was carried out on 6 000 patients. Drug-eluting stents are not used in 85% of such procedures in the USA and in 40% or more elsewhere.

The study's researchers used data from a prospective multisector registry in Alberta province to compare the rates of death with the rates of the composite outcome of death or repeat revascularisation. The study started in April 2003, when drug-eluting stents were approved for use in Canada.

Drug-eluting stents were inserted in 1 120 patients and bare metal stents in 5 320. Drug-eluting stents were selected for patients with a greater burden of co-morbid illness, including diabetes mellitus (32.8% v. 20.8%, $p<0.001$) and renal disease (7.4% v. 5%, $p=0.001$).

At 1-year follow-up, the drug-eluting stents were associated with a mortality of 3% compared with 3.7% for bare metal stents (adjusted odds ratio 0.62; 95% CI 0.46 - 0.83). The rate of the composite outcome (death or repeat revascularisation) was 12% for the drug-eluting stents and 15.8% for the bare metal stents (0.40; 0.33 - 0.49). The adjusted odds ratio for the composite outcome in the subgroup of patients who had acute coronary syndromes was 0.46 (0.35 - 0.61).

During the 3 years of observation the relative risks for death and repeat revascularisation varied over time. In year 1, initially the risk was lower in the group with drug-eluting stents than in the group with bare metal stents. In years 2 and 3 outcome rates shifted towards favouring bare metal stents. The adjusted relative risk of the composite outcome (death or repeat revascularisation) associated with drug-eluting stents or repeat revascularisation associated with drug-eluting stents relative to bare metal stents was 0.73 early in the first year of follow-up; it then rose gradually over time to a peak of 2.24 in year 3.

The study was promoted by concerns over late thrombosis seen in patients who received drug-eluting stents. This may be related to the discontinuation of anti-platelet therapy, but further research will be necessary to evaluate this.

Généreux P, Mehran R. *CMAJ* 2009; 180: 154-155.

African women in abusive relationships suffer more miscarriages and stillbirths

More than half of a sample of over 2 000 women in Cameroon had suffered violence from their spouse.

Physical violence was the most common form (39% of women), followed by emotional violence (31%) and then sexual violence (15%). The same women also answered questions about spontaneous abortions and stillbirths. Fetal loss was significantly associated with any kind of spousal violence – women who reported violence were 50% more likely to report early or late fetal loss (odds ratio 1.5, 95% CI 1.3 - 1.8). The authors also found cross-sectional associations between violence

and recurrent fetal loss, although this was less common. Emotional abuse was most closely linked to recurrent fetal loss (1.7, 1.2 - 2.3).

If the associations are causal, effective interventions to reduce domestic violence in Cameroon could prevent up to one-third of isolated or recurrent fetal loss, say the authors, who think a causal association is likely but hard to prove.

Effective interventions are notable by their absence, comments one observer. This and other studies show that domestic violence is culturally embedded in the lives of many women, and that it adversely affects their physical, mental, and reproductive health. It is time to stop asking them about it and start developing strategies to protect them.

Alio AP, 2009; 373: 318-324.

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