

# ABSTRACTS

## ANALGESIC PACK SIZE

A couple of years ago legislation was introduced in this country limiting the quantities of analgesics that could be sold in one pack. The idea behind it was to prevent suicides from overdoses of drugs such as paracetamol. At the time I wondered how effective it was — surely people could simply hoard enough?

However, a recent paper in the *British Medical Journal* suggests that this approach is working. Keith Hawton, a professor of psychiatry, and his colleagues set out to evaluate the long-term effect of legislation limiting the size of packs of over-the-counter analgesics. They used information on suicides in England and Wales, data from 6 liver units in England and Scotland and 5 general hospitals in England, and UK data on sales of analgesics between September 1993 and September 2002.

They found that suicidal deaths from paracetamol and salicylates were reduced by 22% in the year after the change in the legislation and that this reduction persisted over the next 2 years. Liver unit admissions and liver transplants for paracetamol-induced damage were reduced by around 30% in the 4 years after the legislation. As well as this, the numbers of paracetamol and salicylate tablets in non-fatal overdoses were reduced in the 3 years after the legislation. The authors concluded that further reduction in pack sizes could potentially prevent even more deaths.

Hawton K, *et al.* *BMJ* 2004; **329**: 1076.

## OBESITY AND THE RISK OF NEW-ONSET ATRIAL FIBRILLATION

It seems that there is yet another reason to remain slim — obesity is an important risk factor for the development of atrial fibrillation (AF), according to a recent paper in the *Journal of the American Medical Association*.

Obesity is known to be associated with atrial enlargement and ventricular diastolic dysfunction, both of which are predictors of AF. However, what was not clear before was whether obesity *per se* was a risk factor for AF. Investigators looked at the association between body mass

index (BMI) and the risk of developing AF using 5 282 participants, of whom 55% were women. The average age was 57. During more than 13 years of follow-up, 526 participants developed AF. They found that a relatively small increase in BMI among men and women raised the risk of AF by 4% and that this risk was higher than that of normal-weight people.

The authors concluded that obesity is an important modifiable risk factor for AF and that this appears to be associated with left atrial dilatation.

Wang T J, *et al.* *JAMA* 2004; **292**: 2471-2477.

## THE METABOLIC SYNDROME, INFLAMMATION AND THE RISK OF COGNITIVE DECLINE

There are apparently several studies that report an association between the metabolic syndrome and cardiovascular disease. However, although cardiovascular risk factors are associated with an increased risk of cognitive decline, there are few data on the metabolic syndrome and the potential risk of cognitive decline. The authors of a recent paper in the *Journal of the American Medical Association* have, however, found that there is an association between the two conditions, but mainly in those with high levels of inflammation.

Looking at 2 632 elderly people, with an average age of 74, they compared cognition in those with and without the metabolic syndrome. However, they did not simply look at the metabolic syndrome, but measured levels of inflammation using interleukin 6 and C-reactive protein. The participants were followed up over 5 years and their cognition was tested using a modified mini-mental state examination at 3 and 5 years. They found that, compared with those without the metabolic syndrome, older people with the metabolic syndrome were more likely to have cognitive impairment and that there was a statistically significant interaction with inflammation and the metabolic syndrome.

Yaffe K, *et al.* *JAMA* 2004; **292**: 2237-2242.

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## TRADITIONAL HERBAL MEDICINES FOR MALARIA

A recent paper in the *British Medical Journal* has some interesting insights into traditional herbal medicines for malaria. These have been used to treat malaria for thousands of years and are the source of the artemisinin and quinine derivatives of modern antimalarial drugs. Increasing problems with resistance and lack of access to effective antimalarial drugs led these authors to suggest that traditional medicines could be an important and sustainable source of treatment.

The Research Initiative on Traditional Antimalarial Methods (RITAM) was founded in 1999 with the aim of furthering research on traditional medicines for malaria. These authors review some of the Initiative's work. They found that over 1 200 plant species from 16 families are used to treat malaria and fever and that, on average, one-fifth of patients use traditional herbal remedies for malaria in endemic countries. However, there are few long-term randomised controlled trials on these preparations. Of the relevant studies, 18 case reports have been published on herbal

antimalarials, but with limited information on methods used to prepare the remedies, making it difficult to replicate them. There have been even fewer studies on side-effects of these medications as patients were generally not questioned about adverse effects or new symptoms after starting treatment. However, none of these studies reported serious adverse effects. Only 3 cohort studies and 3 controlled trials monitored liver function and ECGs. No cases of toxicity were reported. However, some studies showed that minor side-effects appeared to stop patients taking treatment. For example, diarrhoea and a bitter taste were reported as adverse effects in one study in Uganda. Drugs often need to be taken repeatedly and the volume taken may be higher than that of conventional drugs.

Six of the cohort studies on falciparum malaria reported 100% parasite clearance on days 4 – 7 after treatment and a further 3 reported clearance rates above 90%. However, there are little follow-up data available beyond these times and only a few studies comprised more than 40 patients. There is also the problem that many of these studies are carried out on semi-immune populations who may clear parasites at a higher rate than normal and may not indicate efficacy. Some other remedies produce low rates of parasite clearance, but higher rates of adequate clinical response.

The authors suggest that, from their literature review, an aqueous root of *Cryptolepis sanguinolenta* shows promise in the treatment of falciparum malaria. Larger trials are needed to confirm this as they are for other treatments that show some promise. The authors conclude that, although traditional medicine is widely used to treat malaria and is often more affordable and available than Western medicine, it is not without limitations. First, there are few data on clinical safety and efficacy. Secondly, there is no consensus, even among traditional healers, on which plants, preparations and dosages are the most effective. Thirdly, the concentration of active ingredients in a plant species varies widely depending on many factors. However, further research would go a long way towards remedying these shortcomings and RITAM has written systemic reviews and guidelines aimed at standardising and improving the quality of future research.

Willcox M, Bodeker G. *BMJ* 2004; **329**: 1156-1159.

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## SINGLE SUTURE

### MARKETING ASTHMA AND ALLERGIES

Asthma is a very common condition affecting about 150 million people around the world. As a chronic condition its sufferers are vulnerable to marketing of different approaches to combating allergy. Unfortunately many of them are at best harmless and, at worst, useless. There are about 424 000 Internet sites offering advice for allergy prevention alone – of variable quality. Many products advertised, such as heavy-duty vacuum cleaners and air filters, do little to reduce asthma and allergy triggers – but do plenty to lessen one's bank balance! Contrary to widespread belief, the hairless cat is also not hypoallergenic. And it is not just patient naïvety that contributes to the marketing success of less than useful products. Many doctors also fail to follow well-established guidelines for treating asthma, even in affluent countries.

*Lancet* 2004; **364**: 1389-1390.