

ABSTRACTS

OPTIMISING LONG-TERM CARDIAC MANAGEMENT AFTER MAJOR VASCULAR SURGERY

Survivors of major vascular surgery are generally at increased risk of later complications. This paper looks at ways of minimising this risk. The objective was to examine the cardioprotective effect of beta-blockers. Authors used a follow-up study of 1 286 patients who survived surgery for at least 30 days. Patients were screened for cardiac risk factors and dobutamine stress echocardiography (DSE) results; 1 034 patients (80%) underwent preoperative DSE, and 370 (29%) received beta-blockers. The main outcome measure was late cardiac death or myocardial infarction.

Seventy-four patients (5.8%) had late cardiac results. In patients without risk factors, beta-blockers were associated with improved event-free survival and DSE had no additional prognostic value. In patients with 1 or 2 risk factors, the presence of ischaemia during DSE increased cardiac events from 3.9% to 9.8%. However, if patients with ischaemia were treated with beta-blockers, the risk decreased to 7.2%. In patients with 3 or more risk factors, DSE and beta-blockers stratified patients into intermediate- and high-risk groups. In patients without ischaemia, beta-blockers reduced the cardiac event rate from 15.1% to 9.5%, whereas the cardioprotective effect was limited in patients with 3 or more risk factors and positive DSE findings.

The conclusion was that long-term beta-blocker use is associated with a reduction in the cardiac event rate, except for patients with 3 or more risk factors and positive findings on DSE.

Kerati MD, *et al. Arch Intern Med* 2003; **163**: 2230-2235.

COMMUNITY TRENDS IN THE USE OF BETA-BLOCKERS IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

This paper reports on the results of the Worcester Heart Attack Study, which was a community-based study of

10 374 patients hospitalised with confirmed acute myocardial infarction (AMI) in all metropolitan Worcester, USA hospitals during 12 annual periods between 1975 and 1999.

The study was a response to the fact that although there are benefits associated with beta-blocker therapy in patients with confirmed AMI, only limited data are available describing the extent of use of this therapy and the associated and long-term and hospital outcomes, particularly from the perspective of a population-based study. Data are also limited on the characteristics of AMI patients who did not receive beta-blockers.

The study showed a marked increase in the use of beta-blockers in hospitalised patients between 1975 and 1999. Older patients, women and patients with co-morbidities were significantly less likely to be treated with beta-blockers. After controlling for other prognostic factors, patients treated with beta-blockers were less likely to develop heart failure, cardiogenic shock and primary ventricular fibrillation and were less likely to die during hospitalisation than were patients who did not receive beta-blockers. Patients who had used beta-blockers during their hospital stay had significantly lower death rates after discharge.

The results of this observational study demonstrate encouraging trends in the use of beta-blockers in hospitalised patients with AMI.

Silvet H, *et al. Arch Intern Med* 2003; **163**: 2175-2183.

CERVICAL CLEANING IMPROVES PAP SMEAR QUALITY

Pap smears are regarded as the gold standard for detecting cytological changes in the cervix before they lead to cervical cancer. But the quality of the Pap smear can be compromised by inflammatory exudate, inadequate cellularity or failure to sample the transitional zone. This Canadian paper evaluated the effect of routine cervical cleaning on Pap smear quality.

The authors used a primary care setting to compare the quality of Pap smears obtained after cervical cleaning with a dry, over-sized cotton swab, with the quality of historical control slides obtained from the same women without prior cervical cleaning. The results for both groups were then

compared with statistical averages for the province of British Columbia.

Inflammatory exudate was reported in only 1 of the 334 study smears and 72 of the 652 control smears. Inadequate endocervical or metaplastic squamous cells were reported in 11 of the study smears and 90 of the control smears. Inadequate cellularity was reported in 13 of the study smears and 9 of the control smears. There were similar statistical differences between the study group and the provincial averages.

The conclusion was that prior cervical cleaning with an oversized cotton swab was associated with a lower frequency of smears with inflammatory exudate or inadequate endocervical cells, and to a lesser degree a higher frequency of smears with inadequate cellularity.

INTENSIFYING TREATMENT OF TYPE 2 DIABETES IMPROVES BLOOD PRESSURE BUT NOT BLOOD SUGAR

Kotaska AJ, Maticic JP. *JAMC* 2003; **169**: 666-669.

The publication of the UK Prospective Diabetes Study (UKPDS) in 1998 gave a clear evidence base for tight glycaemic and blood pressure control. The aim of this paper was to determine the effect of the UKPDS-based intensified glycaemic and BP targets on the care of type 2 diabetics attending a routine diabetes clinic. The authors used two surveys, each of 500 consecutively attending type 2 diabetics.

The first survey was in a 3-month period in 1999, shortly after publication of the UKPDS study. The second was 2 years later. Glycaemic control, BP and treatment details were recorded in both. The findings were that BP control was significantly improved in the second survey and the proportion of patients on antihypertensive treatment increased from 33% to 60%. However, mean HbA_{1c} remained unchanged. The authors suggest that these findings show that intensified BP control may be achievable within the confines of routine diabetes care, but achieving optimal glycaemic targets remains a problem.

Gill GV, et al. *QJ Med* 2003; **96**: 833-836.

Bridget Farham

SINGLE SUTURE

SERIOUS EFFECTS OF SUBTLE PREJUDICE

Helen Guyatt and Sam Ochola point out that provision of insecticide-treated bednets is universally accepted as an efficacious and essential public health service in most parts of sub-Saharan Africa where malaria is endemic. How to achieve this is problematic, not least because of the cost of the nets. In countries where women have been issued with vouchers which contribute to the cost, they seldom have the cash to make up the difference, and the option of free distribution to women attending antenatal care is discussed. However, arguments against this are that the nets will not be used and valued by the women, and that they will be sold.

But, in Kenya, where these bednets are distributed free, more than 91% of the women were still using them a year after distribution. The annual cost of distributing bednets to all antenatal clinics in Kenya was estimated to be US\$5.8 million — not an impossible sum to find given the size of the international community's response to calls for aid to Iraq recently.

The automatic assumption that poor people will not value anything they are given free, and are likely to sell it in any case, is a subtle form of prejudice which could be seriously hampering efforts to reduce the morbidity and mortality caused by malaria, particularly in areas of high HIV prevalence.

Guyatt H, et al. *Lancet* 2003; **362**: 1549-1550.

