

Coventina's Column

Leyla Sanai

Coventina, the Celtic river goddess, has decided that Scotland could do with her healing powers, or at least an occasional round-up of recent medical news. For this reason, she has broken her long period of hibernation to bring you these latest snippets from the medical and surgical journals.

Coventina is always on the look-out for ways of improving the Scottish population's health. Smoking is still responsible for a massive burden of preventable disease ranging from cancer through chronic respiratory conditions to cardiovascular disease. Coventina notes that a UK report published in October 2007 (BMJ 2007; 335; 7623: 742) states that heavy smokers are not getting the support they need to help them stop the habit. The report calls for better access to nicotine replacement treatment (NRT), and suggests a regulatory body might be useful to coordinate this. Coventina wonders if this would solve the problem - currently, many smokers who visit their general practitioners (GPs) because of difficulty giving up are already prescribed nicotine patches. Would smokers who aren't motivated to visit their GPs be any more motivated to get in touch with a nicotine regulatory body? Coventina also wonders whether a body which facilitated access to NRT without seeing patients might be open to abuse by kids looking for cheap thrills?

Another risk factor for cardiovascular events such as myocardial infarction (MI) and stroke (CVA) has been investigated by a team in Denmark (Lancet 2007; 370:1773-1779) using a population-based cohort study. Their research showed that in the year after a deep venous thrombosis (DVT) or pulmonary embolism (PE), risks of MI and CVA were significantly increased to a relative risk of 1.60 for MI and 2.91 for CVA for patients who had had a DVT, and relative risks of 2.60 for MI and 2.93 for CVA in patients who had suffered a PE. Relative risk tailed off somewhat after the first year although it remained elevated. Coventina has noted the importance of anti-thrombotic prophylaxis for bedbound patients and will consider it before her next millennial hibernation.

One intervention Coventina will not be considering is torcetrapib. Inhibition of cholesteryl ester transfer protein (CETP) is known to change plasma lipoprotein profiles, so a randomized, double-blind study involving 15,067 patients at high cardiovascular risk was carried out (N Engl J Med 2007;357: 2109-22.) to see if use of the CETP inhibitor torcetrapib might reduce cardiovascular events.

Patients received either the statin atorvastatin alone or together with torcetrapib. Despite an increase in high-density lipoprotein and a decrease in low-density lipoprotein in the torcetrapib group, the torcetrapib patients showed an increased risk of cardiovascular events and mortality, possibly attributable in part to concurrent increases in systolic blood pressure, serum sodium, bicarbonate, and aldosterone, and a decrease in serum potassium. The study was stopped early due to the increased mortality in the torcetrapib group.

Patients with autosomal dominant polycystic kidney disease (ADPKD) are at increased risk of the development of intracranial aneurysms, which may cause catastrophic haemorrhage. A study (Kidney International 2007; 72; 1400-1402;) shows that the risk of bleeding in an individual may be estimated based on family history, because bleeding from intracranial aneurysms in these patients clusters in families. This may have implications for screening via intracranial angiograms of these patients.

Transurethral resection of the prostate (TURP) is a common operation in men with symptoms of prostatic obstruction. A meta-analysis of randomised controlled trials comparing TURP with holmium laser enucleation (HoLEP), an alternative technique (British Journal of Surgery 2007; 94; 1201-1208) shows that there was no significant difference in peak urinary flow rate at six or 12 months between the two techniques. HoLEP patients, however, suffered significantly less blood loss and their catheterisation time and overall in-patient stay was shorter than TURP patients. The risk of complications such as urethral stricture, stress incontinence and the need for further intervention was similar in the two techniques. HoLEP is a longer operative procedure but seems to be as at least as safe as TURP.

Coventina notes that patients are not the only people in the doctor-patient relationship to show non compliance. A survey of 401 GPs (British Journal of General Practice, 2007; 57: 948-952) has found that although 99% of GPs are aware of guidelines on statin therapy, only 43% stuck to the protocol in practice. Similarly, 77% knew that it is recommended that blood pressure is measured in both arms initially, but only 30% agreed with this guideline and only 13% carried it out. It seems from the survey that GPs are reticent to adhere to policies with which they don't agree. Perhaps, as with patients, the key is to provide overstretched GPs the time to absorb the science behind the recommendations.

Leyla Sanai qualified in medicine in 1989 at Edinburgh University. She passed MRCP(UK) in 1992 during a two year medical rotation at Edinburgh's Western General Hospital, and moved to Glasgow to study anaesthetics at the Western Infirmary. She obtained FRCA in 1994 and became a consultant anaesthetist at the Western Infirmary in 1999. She had to take early retirement in 2002 due to severe scleroderma.

She has written for publications including The New Musical Express 1981-1983 (120 reviews), Number One 1982 - 1983, The Herald (fortnightly column in the Saturday magazine for a few years), BMA News Review (two columns for some years), Careers BMJ, Hospital Doctor, BMJ, The Lancet, Student BMJ, British Journal of Intensive Care (News Ed for some years), International Journal of Intensive Care (ditto), The Guardian, The Times, The Sunday Times, Scotland On Sunday, Sunday Herald, The Scotsman, The Observer and The Daily Mail.