



Coventina's Column

Leyla Sanai



Although the deep-fried Mars bar is one step too far, Coventina, like her fellow Scots, is an ardent scoffer of sweets, so she is all too aware of the prevalence of type 2 diabetes. Control of type 2 diabetes with oral hypoglycaemics is often difficult, and additional oral medications have long been sought which may stabilise blood sugars. The thiazolidinediones - rosiglitazone and pioglitazone - are insulin sensitisers used in combination with metformin, a sulfonylurea, or both in order to lower blood glucose. A large randomised multi-centre trial was carried out to compare the combination of rosiglitazone with either metformin or sulfonylurea to the combination of metformin and sulfonylurea (*The Lancet*, Volume 373, Issue 9681, 20 June 2009-26 June 2009, Pages 2125-2135.) The trial involved 4447 patients who were followed up for a mean of 5.5 years. Although the rosiglitazone patients showed better glucose control, they had a significantly higher chance of experiencing cardiac failure or long bone fracture than the control group, suggesting that the thiazolidinediones are not suitable for patients at risk of these conditions.



Coventina has recently finished a harrowing novel about Alzheimer's, the Orange Prize 2009 shortlisted *The Wilderness* by Samantha Harvey. She was therefore interested to see that a recent article from *Cambridge (BMJ 9 June 2009;338:b2030)* discusses a cognitive test which sufferers can carry out at home. The TYM (Test Your Memory) test was trialled in 139 patients at a memory clinic with mild cognitive impairment due to dementia or amnesia and 540 controls. It was found to have high sensitivity (93%) and fairly high specificity (86%) for detecting Alzheimer's, with significantly more sufferers being detected via the TYM than via the traditional mini-mental state examination. Coventina's only concern about this kind of informal test intended for use at home by patients is that in the early stages, Alzheimer's patients have painful insight into their failing faculties. Hospital-based tests have the theoretical advantage of counselling and social support being available from professionals. Solitary self assessment and proof of deterioration, on the other hand, may make sufferers even more aware of their plight and the moth-eaten tapestry of their memories.



The West of Scotland is in the unenviable position of being the UK hotspot for swine flu (H1N1). When a new infection rapidly reaches pandemic proportions it's always important to disseminate information to both health professionals and the public without evoking panic, and to formulate coherent policies and guidelines for dealing with the outbreak. The news footage of Gordon Brown enthusiastically shaking hands with a roomful of people at one of the early meetings on the problem, coverage that made Coventina cringe and reach for the alcohol spray, seems like a distant memory now as information about the spread of viruses permeates to non healthcare workers. An overview of the origins of the crisis together with detailed information about those early cases in Mexico, United States and Canada (*New England Journal of*

Medicine, Volume 360(25), 18 June 2009, p 2605–2615) is interesting as it discusses clinical symptoms and signs as well as spread of the virus.



When cyclo-oxygenase 2 (COX-2) inhibitors first appeared, there was great excitement that the analgesic properties of non steroidal anti-inflammatory drugs could be harnessed without the detrimental effect on gastric mucosal lining. Subsequently, however, meta-analyses and large trials indicated that COX-2 inhibitors may increase cardiovascular problems. This detrimental effect was also seen in patients who received COX-2 inhibitors post cardiac bypass (though there are so many reasons for not using NSAIDs after bypass that Coventina shudders at the thought.) Now, a study has shown that COX-2 inhibitors are also associated with an increased risk of anastomotic leakage in colonic surgery patients (*British Journal of Surgery*, Volume 96(6), June 2009, p 650–654). The authors looked at patients presenting with anastomotic leakage in a nine year period during which celecoxib had been used as post-op analgesia for an 18 month period. The results suggested that the COX-2 inhibitor interfered with anastomotic healing.



No one understands why multiple sclerosis (MS) is more prevalent in Scotland than in the rest of the UK, but the relatively higher numbers of cases here mean that it is not uncommon for paediatric neurologists to deal with cases. Cyclophosphamide is a highly toxic drug used only as second-line treatment for MS, but studies have suggested it may be particularly effective in younger adult patients. A small retrospective study from Canada (*Neurology*, Volume 72(24), 16 June 2009, pp 2076-2082) now indicates it may be a useful agent in paediatric cases. Of the 17 children with MS treated with cyclophosphamide, the majority showed a reduction in the rate of relapses and stabilization of disability scores after a year of treatment. The authors suggest that, although cyclophosphamide is too toxic to use as first-line treatment, it may be useful in children with severe disease.



Patients who undergo a total knee replacement may subsequently require the same procedure in the second knee. Coventina well knows from her ether-waving days that in elderly patients, anaesthesia and surgery are not without risk. Some past studies have suggested that patients over 70 who undergo sequential or simultaneous knee replacement may have an increased perioperative morbidity and mortality. However a study in *Orthopedics (Online)* (May 2009. Vol. 32, Iss. 5; pg. 316- 320) failed to show this increased mortality. The authors compared 70 patients over 70 who underwent sequential bilateral TKA under one anaesthetic with 312 patients over 70 who underwent unilateral TKA during the same year. None of the patients died perioperatively or within a year of follow-up, and those who underwent bilateral TKA showed better functional outcome.