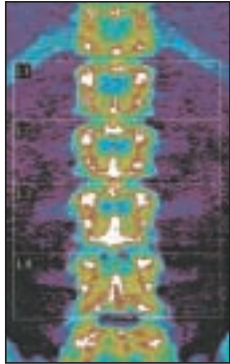


Oral contraceptives and bone mineral density



Courtesy of Dr. Heather McKay

The effect of premenopausal oral contraceptive use on bone mineral density (BMD) is unclear. As part of the Canadian Multicentre Osteoporosis Study, 524 women aged 25–45 years completed questionnaires and had body mass index (BMI) and BMD measurements taken. When Jerilynn Prior and colleagues reviewed these data, they found no differences between women who had ever used oral contraceptives and those who had never used them in terms of age, age at menarche, presence of menstrual irregularities, parity, current calcium use, exercise habits or BMI. However, the mean BMD values (adjusted for height, age and BMI)

were between 2.3% and 3.7% lower among women who had ever used oral contraceptives than among women in the other group. Current and past users of oral contraceptives had similar BMD values, and the duration of use and BMD appeared unrelated. The mechanism of this BMD change and the relation of these differences to fracture risk are uncertain.

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Hepatitis B

Hepatitis B core antibodies (HBcAb) are produced early in infection and can persist chronically. Khalid Al-Mekhaizeem and colleagues screened 4121 patients in Montreal for hepatitis B by first testing for HBcAb: 3273 (79%) of the patients were HBcAb-negative and 848 (21%) were HBcAb-positive. Of the HBcAb-positive patients, 81 (2.0% of patients screened) had undetectable levels of both hepatitis B surface antigen and hepatitis B surface antibody. The authors propose an algorithm to distinguish patients with isolated HBcAb reactivity and chronic infection from those with a resolved infection.

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Stimulant use among adolescents

Stimulants such as methylphenidate and dextroamphetamine are often prescribed to children with attention deficit/hyperactivity disorder, but little is known about the diversion of such medications for nonmedical purposes. Christiane Poulin surveyed a randomly selected sample of 13 549 students in grades 7, 9, 10 and 12 in Atlantic Canada in 1998. Overall, 8.5% reported nonmedical use of stimulants in the year before the survey. Of the 5.3% of students who reported medical stimulant use in that period, 14.7% reported having given away, 7.3% having sold, 4.3% having experienced theft and 3.0% having been forced to give up some of their medication. The author warns physicians to be vigilant about potential abuse and redirection of these medications.

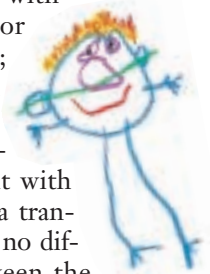
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Otitis media with effusion

“Glue ear,” as otitis media with effusion (OME) is often known, is a common childhood problem that can affect hearing and language development. Maroeska Rovers and coauthors report on the results of a population-based screening program they conducted in the Netherlands. A cohort of 30 099 children were screened at 9 months of age for hearing deficits. Infants with persistent bilateral OME were randomly assigned to either treatment with ventilation tubes ($n = 93$) or watchful waiting ($n = 94$); both groups were followed up with hearing, language-development and quality-of-life assessments. Treatment with ventilation tubes produced a transient benefit to hearing, but no difference was apparent between the groups after 12 months. As well, ventilation tubes did not substantially affect language development, or quality of life. In related news, the Canadian Task Force on Preventive Health Care has released recommendations about the routine early screening for OME in children under 4 years old.

See pages 1055 and 1092



Congestive heart failure

Congestive heart failure (CHF) is a common consequence of cardiovascular disease. Debbie Ehrmann Feldman and colleagues reviewed mortality and hospital admission databases in Montreal to determine CHF mortality rates and annual admission rates between 1990 and 1997. During this period the annual rate of admission increased from 92 per 10 000 population to 124 per 10 000 population ($p < 0.01$), and the rates of re-admission within 6 months after discharge increased from 46.7% to 49.4% ($p = 0.03$). However, age-adjusted CHF rates of mortality did not change significantly. In a related commentary, William Kostuk reviews developments in CHF management that may be contributing to the changing trends in hospital admissions and mortality.

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