

## Treating Alzheimer's disease with cholinesterase inhibitors

Cholinesterase inhibitors are the mainstay of treatment for Alzheimer's disease and are recommended as such by the Canadian Consensus Conference on Dementia, however, it has been difficult to quantify the overall benefits and harms of these drugs. Lanctôt and colleagues review the efficacy and safety of the second-generation cholinesterase inhibitors donepezil, galantamine and rivastigmine that are currently marketed in Canada for the treatment of Alzheimer's disease.



These drugs have been developed in an attempt to address the problems of short duration of action and lack of acetylcholinesterase specificity found in the original cholinesterase inhibitors. Using meta-analysis, the authors found that the number needed to treat to obtain a global response to cholinesterase inhibitors in a non-Asian population was 12, and 4 in a Japanese study. The number needed to harm 1 additional patient was found to be 12, although the authors note that the adverse events were largely gastrointestinal and that no drug-related deaths were reported. They conclude that the newer cholinesterase inhibitors are safe and that the current recommendations for the treatment of Alzheimer's disease are supported by the existing literature.

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## Preventing violence against women

The Canadian Task Force on Preventive Health Care has reviewed the evidence regarding the potential benefits and harms of screening all women to detect abuse, interventions for abused women and treatment programs for men who abuse their partners. The Task Force concludes that based on the existing literature there is insufficient evidence to warrant routine screening. Four types of intervention for abused women were evaluated: shelters, post-shelter advocacy counselling, personal and vocational counselling, and prenatal counselling. The Task Force found evidence that women who had stayed 1 night in a shelter *and* had received a program of advocacy services reported less abuse and better quality of life over the ensuing 2 years than women who had only stayed in a shelter. Its review of the evidence for the value of programs that target male batterers yielded inconclusive results. Given the general lack of good evidence in this field, the Task Force concludes that there is a clear and pressing need for additional research to identify effective interventions to help women who suffer from domestic abuse.

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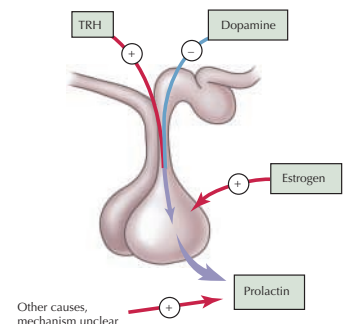
## Reducing inappropriate prescribing in primary care

Efforts to treat multiple medical problems in elderly patients, although well intentioned, can nevertheless contribute to increasing morbidity and mortality in this population. Clinicians are aware that drug interactions can be harmful, however, the sheer number of drugs available makes keeping track of all of their potential interactions impossible. Tamblyn and colleagues show that the use of specialized computer software in the physician's office can help reduce inappropriate prescribing. Interestingly, physicians who used the software were reluctant to stop existing therapies despite being warned of potential problems, and prescriptions deemed to be inappropriate were not eliminated.

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## Hyperprolactinemia

Serri and colleagues present a comprehensive and practical review of hyperprolactinemia. They include a description of the normal physiology of prolactin secretion and provide concise points to help clinicians recognize and diagnose states of prolactin excess. The authors summarize the objectives of treatment, including the management of this condition during pregnancy. Dopamine agonists are the usual medical therapy, but surgical options exist. Indications for surgery and a description of its relative effectiveness are also presented.



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