Clinical shorts

Unintentional discontinuation of long-term medications in hospital:

Patients taking medications for chronic disease are at increased risk for discontinuation of these medications, perhaps unintentionally, after admission to hospital, conclude the authors of a population-based cohort study that used administrative data from over 396 000 patients aged 66 years or older. Patients were included if they had been continuously using at least one of five medication groups prescribed for long-term use (statins, antiplatelet/anticoagulant agents, levothyroxine, respiratory inhalers or gastric acid-suppressing drugs). Discontinuation was defined as failure to renew the prescription within 90 days after discharge and was more likely among patients admitted to hospital than in the control group. For example, the adjusted odds ratio for discontinuation of a gastric acid suppressor was higher (1.50, 95% confidence interval [CI] 1.43 to 1.56) in those who were in hospital compared with controls. The ratio was even higher in those with a stay in the intensive care unit (1.87, 95% CI 1.71 to 2.05). See *JAMA* 2011;306:840-7.

Xanthelasmata, arcus corneae and risk of ischemic vascular disease:

Unlike arcus corneae, the presence of xanthelasmata predicts risk of ischemic heart disease, severe atherosclerosis, ischemic heart disease and death, independent of known cardiovascular risk factors, including cholesterol and triglyceride concentrations. This is the conclusion of a prospective cohort study in Denmark that included 12 745 adults who were followed for up to 33 years. At enrolment into the cohort, 563 (4.4%) of participants had xanthelasmata and 3159 (24.7%) had arcus corneae. Adjusted hazard ratios for people with xanthelasmata versus those without were 1.48 (95% confidence

interval [CI] 1.23 to 1.79) for myocardial infarction, 1.39 (95% CI 1.20 to 1.60) for ischemic heart disease, 1.69 (95% CI 1.03 to 2.79) for severe atherosclerosis and 1.14 (95% CI 1.04 to 1.26) for death. There was no significant increase in risk of ischemic stroke and ischemic cerebrovascular disease. Arcus corneae was also not found to be an important independent predictor of risk. The highest absolute 10-year risk of ischemic heart disease was 54% in men aged 70–79 years with xanthelasmata. The authors suggest that xanthelasmata are a cutaneous marker of atherosclerosis, even in people with normal lipid values. See *BMJ* 2011;343:d5497 doi:10.1136/bmj.d5497.

Prescribing commercial weight loss programs in primary care:

Referral by a primary care physician to a commercial weight loss program can be a useful early intervention for weight management in overweight and obese people. In a parallel-group, nonblinded multicentre trial, 722 overweight and obese adults recruited from primary care practices were randomized to receive either free access to a year of Weight Watchers meetings or standard care (weight loss advice) at their family doctor's clinic. Participants had a body mass index of 27–35 kg/m² and at least one risk factor for obesity-related disease. After one year, those in the commercial weight loss program lost twice as much weight as those receiving standard care (–5.06 kg v. –2.25 kg), with an adjusted difference of –2.77 kg (95% confidence interval [CI] –3.50 to –2.03). Those assigned to the commercial program had increased odds of losing 5% or more of initial weight at 12 months (odds ratio 3.0, 95% CI 2.0 to 4.4). The authors note that one-quarter of those assigned to standard care lost 5% or more of bodyweight over the year, showing the capability of primary

care professionals to deliver weight loss support and advice that result in weight loss. The drop-out rate was high, with just over half (54%) completing the 12-month assessment. See *Lancet* 2011; doi:10.1016/S0140-6736(11)61344-5.

Optimal treatment for intracranial arterial stenosis:

For prevention of recurrent stroke in patients with intracranial arterial stenosis, aggressive medical management alone is superior to percutaneous transluminal angioplasty plus aggressive medical management. A higher risk of early stroke after angioplasty in conjunction with a lower risk of stroke with medical management led to this conclusion in a randomized trial. Participants who had a recent transient ischemic attack or stroke attributed to 70% to 99% stenosis of a major intracranial artery were assigned to aggressive medical management alone or aggressive medical management plus percutaneous transluminal angioplasty. Aggressive medical management included antiplatelet therapy with acetylsalicylic acid and clopidogrel and intensive management of risk factors. Enrolment was stopped after 451 patients were randomized because the 30-day rate of stroke or death after enrolment was considerably higher in the angioplasty group (14.7% v. 5.8%). At one year, the probability of a primary end-point event (including stroke or death within 30 days after enrolment or after a relevant revascularization procedure, or a stroke in the territory of the qualifying artery during the follow-up period) was 20% in the angioplasty group and 12.2% in the group receiving medical management alone ($p = 0.009$). Follow-up is ongoing. See *N Engl J Med* 2011;364:993-1003.

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