

Clinical shorts

Cardiovascular safety of NSAIDs:

Debate about the cardiovascular safety of cyclooxygenase-2 (COX-2) inhibitors has spread to traditional nonsteroidal anti-inflammatory drugs (NSAIDs). Researchers conducted a network meta-analysis of all large-scale randomized controlled trials comparing any NSAID with another NSAID or placebo. Thirty-one trials with over 116 000 patients were included in the study. Traditional NSAIDs studied were naproxen, diclofenac and ibuprofen, along with four COX-2 inhibitors (celecoxib, etoricoxib, rofecoxib and lumiracoxib). The researchers found little evidence to suggest that any of the drugs they studied, including traditional over-the-counter NSAIDs, were safe in cardiovascular terms. Naproxen seemed the least harmful. See *BMJ* 2011;342:c7086 doi:10.1136/bmj.c7086.

Does the herpes zoster vaccine prevent herpes zoster?

In this retrospective cohort study, the herpes zoster vaccine potentially averted one episode of herpes zoster for every 71 people who received the vaccine. Over 75 000 immunocompetent people over the age of 60 years who had received herpes zoster vaccine were matched with about 227 000 people who had not. The number of herpes zoster cases over a two-year period was 6.4/1000 person-

years (95% confidence interval [CI] 5.9–6.8) in the vaccinated cohort compared with 13.0/1000 (95% CI 12.6–13.3) in the unvaccinated group. This reduction was found in all age groups and in those with chronic diseases. There was also a reduced risk of ophthalmic herpes zoster (hazard ratio 0.37, 95% CI 0.23–0.61). Although both groups were enrolled in a single private health plan, those who received the vaccination were more likely to be white, female and with fewer chronic diseases. See *JAMA* 2011;305:160-6.

Treating acute otitis media in young children:

How does watchful waiting compare with immediate antibiotic therapy for children between six months and two years of age with acute otitis media? Antibiotic therapy appears to provide short-term benefit, but this needs to be weighed against adverse effects of the medication and development of antimicrobial resistance. In a randomized controlled trial, nearly 300 children with acute otitis media were assigned to receive either amoxicillin-clavulanate or placebo for 10 days. There was no difference in the timing of the initial resolution of symptoms between the two groups, but sustained resolution was slightly faster in the group treated with antibiotics. At days 10–12, nearly 50% of those receiving the placebo had evidence of clinical failure (symptoms and continued acute otitis media on otoscopic examination) compared with 16% in the treatment group ($p < 0.001$). However, by three weeks, there was no significant difference in rates of relapse or middle ear effusion between the two groups. Diarrhea and diaper rash were more common in those receiving the active drug. A strength of this study was the stringent

criteria used to diagnose otitis media. See *N Engl J Med* 2011;364:105-15.

Bullying and psychosis: It is well known that bullying or abuse can be very difficult for the victim at the time, but researchers wondered if there were longer term effects, such as psychosis. Over 2200 twin children and their families in the United Kingdom were followed over a seven-year period. Children who were bullied by peers were more likely to report psychotic symptoms than those who had not (relative risk 2.47, 95% CI 1.74–3.52). The results were similar for children who had experienced maltreatment by an adult. The authors suggest that clinicians working with children who report early symptoms of psychosis should enquire about bullying or maltreatment. See *Am J Psychiatry* 2011;168:65-72.

If it sounds too good to be true...

CMAJ regularly receives drug advisories from Health Canada and the US Food and Drug Administration. A review of notifications over the past year shows a pattern. Many of the warnings focused on undeclared ingredients in “natural dietary supplements” that purported to enhance male sexual performance or weight loss. The mystery ingredients? Usually sildenafil or sibutramine. See www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/index-eng.php and www.fda.gov/Safety/Recalls/default.htm.

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