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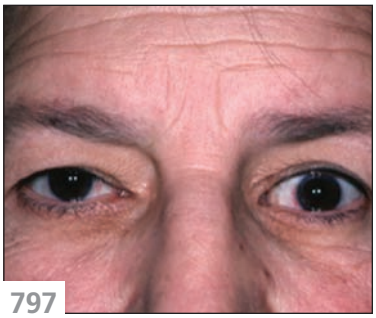
797

Lifestyle, job strain and the heart

A healthy lifestyle may mitigate the effects of work stress on the risk of coronary heart disease. Kivimäki and colleagues pooled individual-level data for more than 100 000 men and women in 7 prospective cohort studies. They found that participants who reported job strain and a healthy lifestyle (no smoking, heavy drinking, physical inactivity or obesity) at baseline had about half the incidence of coronary disease as those with job strain and 1 or more lifestyle risk factors. The strongest effects were associated with not smoking and having a body mass index below 30. **See Research, page 763**

Lifestyle tips and metabolic syndrome

Extra care provided by naturopathic doctors resulted in a decreased prevalence of metabolic syndrome compared with usual care. In this randomized controlled trial including 246 postal workers, naturopathic doctors provided health promotion advice about diet and exercise as well as medicines and supplements. Further research into the potential for such care to support general practice is warranted, suggest the authors. **See Research, page E409**

C-peptide and risk of death

Connecting peptide (C-peptide) used to be thought of as a staging protein of little more consequence than as a marker of a successful insulin molecule launch. Emerging evidence suggests that excess amounts of C-protein predict bad outcomes, especially cardiovascular ones, among patients with diabetes mellitus. In this paper, Min and Min find evidence that the same may be true in patients without diabetes. **See Research, page E402**

Depression guidelines

The Canadian Task Force on Preventive Health Care has issued an update of its 2005 recommendations on screening for depression in adults. Routine screening for depression is no longer recommended for adults without apparent symptoms of depression who present in a primary care setting. The task force cautions that these recommendations do not apply to people with known depression, who have a history of depression or who are receiving treatment for depression. **See Review, page 775**

Bland and Streiner argue that screening for depression in primary care is not practical because of the high number of false-positive diagnoses with current assessment tools and the time-consuming follow-up required to rule them out. **See Commentary, page 753**

Hereditary angioedema treatment

First-line treatment for acute episodes of hereditary angioedema requires intravenous administration of C1 esterase inhibitor concentrate, which requires patients to travel to hospital. Some clinics are now offering patients the option to self-administer the treatment at home, through either venipuncture or a central line. Rizk and colleagues review the risks and benefits of this new approach. **See Practice, page 791**

Biologics in rheumatoid arthritis

A 29-year-old woman with rheumatoid arthritis presents with worsening joint swelling and pain, despite treatment with subcutaneous methotrexate. Her rheumatologist has recommended use of a biologic agent. Given the increased risk of infection with biologics, what vaccinations and screening should be considered before she starts treatment? What precautions should she follow? Singh addresses these and other questions in the care of this patient. **See Practice, page 793**

Thyroid eye disease

Belliveau and Jordan address misconceptions around thyroid eye disease. Despite common belief, hyperthyroidism is not a necessary prerequisite to the development of thyroid eye disease. Thyroid eye disease is not a benign condition, but it can lead to blindness if untreated. The authors stress that thyroid ablation does not cure thyroid eye disease. **See Practice, page 797**