



Statins against sepsis in patients with cardiovascular disease?

Now and again an old drug is given a new role—*aspirin* being the most notable: analgesic and then antiplatelet action. So it is not a great surprise that it may happen to the statins. In a recent observational study of 141,487 patients with cardiovascular disease and statin usage, the authors conclude that statin therapy is associated with a considerably decreased rate of sepsis, severe sepsis, and fatal sepsis.

An accompanying commentary speculates that the pleiotropic effects of statins—e.g. anti-inflammatory and antioxidative properties, modulation of cellular immunity, improvement of endothelial function, or increased bioavailability of nitric oxide—might contribute to the putative antisepsis effect, and most of these effects are independent of lipid lowering.

Lancet 2006;367:413–18 and 372–3

Screening mammography for breast cancer—the pros and cons

Two recent papers, one from the Nordic Cochrane Centre and the other an editorial discuss (?debate) this issue. It has been estimated that for every 400 women screened over a 10 year period, one less woman dies from breast cancer than would have died had they not been screened. This equates to one in eight fewer breast cancer deaths in the target age group.

That is the good news. The down side is the rate of recall of women for assessment who do not have cancer. Approximately 1 in 8 of all women who are screened three times over a 10 year period will be recalled at least once. This seems high and the frequency of these “false positives” is certainly alarming for the women concerned.

The Nordic group believe the benefits and harms of screening for breast cancer are delicately balanced and women should decide for themselves, on an informed basis. Furthermore they believe that they are not adequately informed. The editorial view is that despite limitations, it does save lives.

BMJ 2006;332:499–500 and 538–41

Cystic fibrosis and inhaled hypertonic saline

Impaired lung function and predisposition to infection are the hallmarks of cystic fibrosis—presumably both due to tenacious thickened mucus in the bronchi and associated impairment of ciliary action. Inhaled hypertonic saline increases mucociliary clearance and, in short-term trials, improves lung function in people with cystic fibrosis. But is it feasible and useful in the long term? A recently reported trial compares the effects of inhalation of 4 ml of either 7% hypertonic saline or 0.9% (control) saline twice daily for 48 weeks. A bronchodilator was given before each dose, and other standard therapies were continued during the trial.

Lung function tests and clinical well-being were significantly better in the hypertonic group. An accompanying editorial notes the benefits but wonders whether patients will be able to tolerate the taste of the saline and spend the 30 minutes (×2) required for the treatments.

N Engl J Med 2006;354:229–40 and 291–3

White coats or not—again

University hospitals in North America are awash with seas of white coats. Doctors are readily identifiable, their name and clinical service clearly embroidered on their breast pockets. Students are also part of this white brigade, albeit in shorter coats.

It used to be like that here—a few would prefer it to so now. However, the white coat persists in the USA. Why? Surveys mention pockets being useful for stethoscopes, reflex hammers, penlights, work notes, “to do” lists, and pocket clinical manuals. Then there are traditional reasons—instant recognition by patient and public alike and the white coat’s value as an integral part of the tradition and practice of medicine.

All seem valid reasons to your scribe.

Med J Aust 2006;184:257

Brave new (electronic) world

Speaking in the House of Lords recently, neurobiologist Susan Greenfield asked a question that affects all of us: is technology changing our brains?

A recent British survey of 8 to 18-year-olds suggests they are spending 6.5 hours a day using electronic media. Such a method of learning is completely different to the process of traditional book-reading, which involves following an author through a series of interconnected steps in a logical fashion. Traditionally, book learning enabled us to “build a conceptual framework that enables us to evaluate further journeys...One might argue that this is the basis of education...”

She fears that the flashing icons may alter the way children think. Yes think about that.

Guardian Weekly, 28 April–4 May 2006, p14