Acetaminophen (paracetamol) versus ibuprofen in young children with mild persistent asthma

Studies have suggested an association between frequent acetaminophen use and asthma-related complications among children, leading some physicians to recommend that acetaminophen be avoided in children with asthma. This report concerns a trial designed to elucidate this issue.

The trialists enrolled 300 children (age range, 12 to 59 months) with mild persistent asthma and assigned them to receive either acetaminophen or ibuprofen when needed for the alleviation of fever or pain over the course of 48 weeks. The children in each group received a median of 5.5 doses. The number of asthma exacerbations did not differ significantly between the two groups over the one-year study period.

The conclusion reached was that among young children with mild persistent asthma, as-needed use of acetaminophen was not shown to be associated with a higher incidence of asthma exacerbations or worse asthma control than was as-needed use of ibuprofen.


Whole grains and health

Is there an association between consumption of whole grains and the risk of cardiovascular disease, total cancer, and all cause and cause specific mortality?

This Norwegian meta-analysis reviews data from 45 cohort studies. The authors report that higher intake of whole grains was associated with a reduced risk of coronary heart disease, cardiovascular disease, total cancer, all cause mortality, and mortality from respiratory disease, diabetes, infectious diseases, and all non-cardiovascular, non-cancer causes of death. These risk reductions were noted in those eating 7 to 7.5 servings per day. Three servings (90 g) is equivalent to two slices of bread and one bowl of cereal or one and a half pieces of pitta bread made from whole grains.

An editorial commentator speculates that such a high intake of whole grain might be difficult to achieve; she suggests that the largest health benefit might be achieved simply by shifting people from low or no intake of whole grains to an intake of just one serving.

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Neuropsychiatric safety and efficacy of varenicline, bupropion and nicotine patch in smokers with and without psychiatric disorders

Substantial concerns have been raised about the neuropsychiatric safety of the smoking cessation medications varenicline and bupropion. In this study the researchers compared the relative neuropsychiatric safety risk and efficacy of varenicline and bupropion with nicotine patch and placebo in smokers with and without psychiatric disorders.

Over 8,000 participants, half with psychiatric disorders and half with no history of such disorders were involved. Overall there were more reports of neuropsychiatric adverse events in the psychiatric cohort compared with the non-psychiatric cohort (238/4074 vs 84/3984), but there was no difference in incidence of neuropsychiatric adverse events among the four treatment groups (varenicline 4.0%, bupropion 4.5%, nicotine patch 3.9% and placebo 3.7%).

The researchers conclude that their study did not show a significant increase in neuropsychiatric adverse events attributable to varenicline or bupropion relative to nicotine patch or placebo. Varenicline was more effective than placebo, nicotine patch and bupropion in helping smokers achieve abstinence, whereas bupropion and nicotine patch were more effective than placebo.

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