



## News in Brief

### NEW ADENOVIRUS VARIANT

The CDC reports that a new adenovirus variant (variant of Adenovirus Serotype 14, also called Ad14) has been implicated in over 140 severely ill patients in the United States. Of these patients, 10 have died. Clusters were found in Oregon, Washington and Texas during the spring of 2007. Of those infected, just under half required hospitalisation, and one in five required intensive care. Some of the patients were previously healthy young adults.

The Centres for Disease Control (CDC) in the USA, a review of these cases, noted that many antiviral drugs had been tried, including ribavirin, cidofovir and vidarabine. However, none had shown definitive efficacy.

(Source: CDC MMWR 16 Nov 2007 / 56(45):1181-1184)

### PRE-ECLAMPSIA AND HEART DISEASE

Two recent studies in the *British Medical Journal* have explored the relationship between pre-eclampsia and heart disease.

The first study compared pregnancy outcomes in the four years after assessment of cardiovascular risk factors. Women with the highest baseline blood pressures had about seven times the risk for pre-eclampsia. High BMI, waist circumference, LDL or total cholesterol also conferred up to two times the risk.

Another study performed a meta-analysis of women who had pre-eclampsia, comparing them against those who avoided the condition. They found that the condition increased the risk of ischaemic heart disease, stroke, hypertension and venous thromboembolism in the years afterward.

These findings suggest that pre-eclampsia patients should undergo subsequent early screening, with attention being paid to cardiovascular risk assessment.

(Source: BMJ, doi:10.1136/bmj.39366.416817.BE (published 1 November 2007); BMJ, doi:10.1136/bmj.39335.385301.BE (published 1 November 2007))

### INCIDENTAL BRAIN FINDINGS ON MRI

In a study in the Netherlands, 2,000 adults over the age of 45 underwent MRI of the brain. The researchers found that asymptomatic brain infarcts were observed in 7%, and that aneurysms and benign masses were each found in nearly 2% of the group. One subject had a chronic subdural haematoma requiring surgery, while another had a 12mm aneurysm.

While this study was limited to a homogeneous group of mostly Caucasian middle-class people from a single geographic area, it raises the issue of how best to assess incidental MRI findings. Commentators note that more information is required on the natural history of these lesions, and how best to follow them up.

(Source: NEJM (2007) 357:1821-1828)

### CANCER AND VENOUS THROMBOEMBOLISM

ASCO (the American Society of Clinical Oncology) has published new guidelines for the prevention and treatment of venous thromboembolism (VTE) in cancer patients. These guidelines were published following studies reporting a nearly one third increase in cancer-associated VTE from 1995 to 2002.

The new guidelines recommend that all hospitalised cancer patients be considered for prophylaxis, should there be no bleeding or other contraindication. Ambulatory outpatients do not require prophylaxis unless under treatment for multiple myeloma with thalidomide or lenalidomide. Patients undergoing major surgery should be considered for prophylaxis, as well as those undergoing minor surgery lasting more than 30 minutes. Low molecular weight heparin was the preferred recommended agent in the ASCO guidelines.

One caveat for the Singaporean context is that the local patterns of VTE do not always correspond to those observed in the West. There may be a role

◀ Page 23 – News

for further studies of cancer-associated VTE in the Singapore population, with a view to developing local guidelines for our local population.

(Source: JCO (2007) 14.1283v1)

### **ANOTHER STUDY FINDS HEART RISKS IN A DIABETES DRUG**

An independent analysis of thousands of older people with diabetes found that those treated with the widely used drug Avandia had significantly elevated risks of heart attack and death.

The finding, published on 11 December 2007 in *The Journal of the American Medical Association*, could rekindle the debate about whether Avandia, a controversial treatment for Type 2 diabetes, should remain on the market. Earlier studies drew similar links between Avandia and cardiac risks.

The new study concludes that Avandia users had a 60% increased risk of heart failure, a 40% increased risk of heart attacks and a 30% increased risk of death compared with patients taking other oral diabetes medicines.

The study analysed drug use and health outcomes for 159,000 people age 65 and older treated for Type 2 diabetes in the government-run health system that provides medical care to all people in Ontario. Of those patients, 2,268 took Avandia.

The findings suggest that for every 100 people taking Avandia over a four-year period, there would be five additional deaths, four additional

heart attacks and three additional episodes of heart failure.

Because it is a retrospective observational study – one that reviews the actual medical records of real-world patients – the findings carry less weight than a placebo-controlled clinical trial in which patients have been carefully screened for comparative analysis. But the study’s conclusions mirror those observed last May in an analysis published by Dr Steven E Nissen and colleagues from the Cleveland Clinic.

In a statement, GlaxoSmithKline said the new analysis was flawed because the patients given Avandia in the Ontario health programme were typically patients who had failed other treatments. They tend to be sicker patients facing a higher baseline risk of cardiovascular disease. This difference is not corrected for in the analysis of the data and in the study conclusions.

The Food and Drug Administration (FDA) also released a statement on Tuesday. “This new study we have just seen today does not change FDA’s recommendations,” the statement said, in part. “The information FDA provided for the most recent labelling change remains accurate – the data are inconclusive and we have added a boxed warning to the labelling to ensure that healthcare professionals and patients are aware of this potential risk and can take this into account as they make individual prescribing decisions.” ■

(Source: New York Times)