Antibiotics may prevent heart attacks

Janice Hopkins Tanne, *New York*

Infections, particularly *Chlamydia pneumoniae*, have been suggested as causes or contributing factors in atherosclerosis and heart attacks. Now indirect evidence shows that antibiotics, taken to treat common infections, may protect against first time myocardial infarction (*JAMA* 1999;281:427-31).

Patients who had taken tetracyclines were at significantly lower risk of having a heart attack than those who had not, according to retrospective analysis of

data from 350 general practices in the United Kingdom's General Practice Research Database, which includes about three million patients.

The study, by the Boston Collaborative Drug Surveillance Program at Boston University in Lexington, Massachusetts, identified patients in the database who had a first heart attack between 1 January 1992 and 31 October 1997. Patients were excluded who were older than 75 or who had risk factors such as a history of ischaemic heart disease.

Each patient was matched with controls from the same practice, also excluding those with risk factors. The study identified 3315 patients with heart attacks and these were matched with 13 139 controls.

Some heart attack patients and some control patients had received antibiotics. However, more patients who had not had a heart attack had received antibiotics, compared with those who had had one.

This finding suggested that taking antibiotics somehow protected against heart attacks.

Compared with patients who received no antibiotics, those who received tetracyclines had an odds ratio of 0.7 (confidence interval 0.55 to 0.90) and those who had received quinolones had an odds ratio of 0.45 (0.21 to 0.95). Those who received macrolides (mainly erythromycin which is not very effective against *C. pneumoniae*), sulphonamides, penicillins, or cephalosporins were not "protected" against a heart attack.

The authors concluded that their findings indirectly support the hypothesis that certain chronic bacterial infections may have a role in the aetiology of ischaemic heart disease and that use of tetracyclines or quinolones might alter the course of such chronic infections and thereby reduce the risk of heart attack.

Not so fast to the prescription pad, argued Dr Aaron Folsom of the School of Public Health at the University of Minnesota in Minneapolis (*JAMA* 1999;281:461-462). While *C. pneumoniae* and *Helicobacter pylori* as well as herpes virus, cytomegalovirus, and periodontal infections may contribute to atherosclerosis, the mechanism is unclear. He pointed out that caution in antibiotic prescribing is needed to prevent development of drug resistant bacteria. □

Advertising Standards Authority finds against Nestlé

Annabel Ferriman, *BMJ*

The Advertising Standards Authority has upheld a complaint against Nestlé over its marketing of infant formula in developing countries. The complaint concerned a 1996 newspaper advertisement in which Nestlé claimed that it had marketed infant formula "ethically and responsibly" both before and since the introduction of the international code of marketing of breast milk substitutes in 1981.

The standards authority's ruling, which has not been officially released pending an appeal by Nestlé, found that Nestlé could not adequately support its claim and that the advertisement "went too far." The ruling was due to be published in the authority's monthly report for February, but it has been held back because Nestlé has lodged an appeal against the adjudication.

The appeal application is being considered by the chairman of the authority, Lord Rodgers of Quarry Bank. The original complaint against Nestlé was brought by Baby Milk Action, a non-profit organisation in Cambridge, which campaigns against inappropriate infant feeding.

Baby Milk Action objected to an advertisement in the *Oxford Independent*, a student newspa-

per, that was published in 1996. The standards authority examined submissions from Baby Milk Action and Nestlé for nearly two years.

The authority's council discussed the complaint at their meeting in January and, "after extensive discussion and consideration," prepared its adjudication, which was due to be published on 10 February.

Mike Brady, campaign coordinator for Baby Milk Action, said: "We first received a draft

ruling on our complaints from the [standards authority] in August 1997, five months after we complained. Nestlé's challenges delayed the case progressing to the [authority's] council until December 1998. The council finally made its ruling in January 1999. How long will Nestlé's appeal keep it from the public?"

A spokesman for the advertising authority said: "We reached a decision in January; then Nestlé appealed. It is standard practice if we receive an appeal not to publish the adjudication."

A spokeswoman for Nestlé said: "We don't think it is appropriate to comment as the matter is under appeal." □

Rush for primary care groups

John Warden,
parliamentary correspondent, BMJ

Last minute advice on the start up of 481 primary care groups in England on 1 April came last week from the Commons health committee. After hearing evidence from a health minister and the BMA (*BMJ* 1998;317:1459), the committee found that the timetable was "extremely tight."

It recommended that more guidance should be issued as quickly as possible to ensure that the project runs smoothly. As a result of the BMA estimate that 155 extra GPs will be needed nationally to provide cover for doctors serving on primary care group boards, the committee has asked the Department of Health to review the cover arrangements to establish the extent of any problems.

Warning of a potential conflict of interest between the responsibility of primary care groups for clinical governance and GPs' independent contractor status, the committee advised that GPs should be given reassurance that their clinical freedom would not be curtailed.

Similar problems are foreseen over unified, cash limited budgets. It is not clear how problems of overspending on prescribing will be resolved. □

Nestlé stand at Harare Agricultural Show, Zimbabwe