Short cuts

What's new in the other general journals

The month after a heart attack is a high risk period for stroke

RATIO OF OBSERVED TO EXPECTED RATE OF STROKES AMONG HEART ATTACK VICTIMS

Between 1979 and 1998, 2160 residents of Olmsted County, Minnesota, had their first heart attack. In the month afterwards, 2.3% of them also had a stroke. That's a stroke rate of 22.6 per 1000 person-months, 44 times higher than the expected rate for residents of Olmsted County. The risk of stroke fell dramatically during the second month after a heart attack but remained two to three times higher than that for the general population for about three years.

These findings, from a study linking discharge data from local hospitals with the Rochester Stroke Register, also show the devastating impact of a stroke on survival. Regardless of age, sex, or severity of heart failure, people who had a stroke were nearly three times more likely to die in the first year after their heart attack than those who didn't (relative risk 2.89, 95% CI 2.44 to 3.43).

Important advances in the management of patients with heart attack seem to have had little impact on risk of stroke, say the authors. People who had their heart attack in 1998 were just as likely to have a subsequent stroke as those who had their heart attack in 1988.

Ann Intern Med 2005;143:785-92

New possibilities for botulinum toxin

Botulinum toxin could be a promising new treatment for lateral epicondylitis (tennis elbow). A small trial has found that a single injection of toxin relieves the pain of tennis elbow significantly better than a saline placebo. The double blind trial included 60 hospital outpatients with lateral elbow pain that had lasted for more than three months. Most were middle aged women. Four weeks after a deep local injection, pain scores on a 100 mm visual analogue scale had fallen

from 65.5 mm to 25.3 mm in the toxin group and from 66.2 mm to 50.5 mm in the placebo group. The difference was significant and persisted for the three months of the trial. The commonest side effects were mild weakness (10 patients in the toxin group v 6 in the placebo group) or paresis (4 v 0) of the fingers. One patient's weakness lasted for three months.

Larger studies will be needed before we know whether botulinum toxin has clinically important analgesic effects, how long they last, and whether they are worth the potential loss of grip strength.

Ann Intern Med 2005;143:793-7

Pneumonia is increasing among elderly US people

US authorities should be doing more to prevent pneumonia in elderly people, write researchers. Their analysis of hospital discharge data showed that hospitalisations for pneumonia among US residents aged between 65 and 84 have gone up by 20% over the past decade. Pneumonia remains a

lethal (and expensive) disease. In this study, pneumonia was 50% more deadly than 10 other common but serious health problems including heart disease, cancer, and cerebrovascular disease.

Strategies that might help include vaccinating more elderly people against influenza and *Streptococcus pneumoniae*—coverage stands at less than 70% for both—and helping more elderly people to stop smoking. But the biggest contributing factor—chronic ill health among elderly people—will be hard to tackle. Most older patients hospitalised with pneumonia have longstanding pulmonary pathology, cardiac disease, or diabetes. The proportion of patients with at least one of these went up from 66% to 77% during this study.

JAMA 2005;294:2712-19

Intranasal flu vaccine seems safe

In 2003 the US Food and Drugs Administration licensed a new influenza vaccine for healthy younger people, who are excluded from traditional flu vaccine programmes. It's live and attenuated, unlike other flu vaccines, and can be sniffed rather than injected. The new vaccine seems to work, but is it safe? This is an important question, since the vaccine is currently licensed for young, fit people aged 5-49 years, who are unlikely to come to any serious harm from a bout of flu.

So far, about 2.5 million US residents have been vaccinated, and post-marketing surveillance for adverse reactions looks reassuring. Anaphylaxis is rare—eight possible cases (none needing hospitalisation) were reported during the first two vaccination seasons—and exacerbation of asthma seems to be less of a problem than the licensing authorities had feared. None of the patients with anaphylaxis required treatment in hospital.

It's always possible that the attenuated virus could infect unvaccinated contacts and make them ill. Secondary transmission is a particular worry in hospitals and nursing homes, and for close contacts with impaired immunity, such as people infected with HIV. Only 22 possible cases of secondary transmission have been reported so far, and only one became ill enough to need treatment in hospital.

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