BMJ family highlights

What's new this month in BMJ Journals

Diuretics may not provoke gout

Diuretic treatment is probably not a risk factor for gout, despite the traditional view to the contrary. Investigators in the Netherlands studied 59 general practice patients with a new diagnosis of gout and compared them with three matched controls each. Although the crude incidence rate ratio (IRR) for gout was raised in those taking diuretics, this relation disappeared when adjusted for other common risk factors.

On multivariate analysis correcting for treatment indication, the IRR for gout in those taking diuretics was 3.9 (95% confidence interval 1.6 to 10) if they were hypertensive and 1.5 (0.5 to 4.1) if they had had a myocardial infarction. The IRR for those in heart

failure was 40.1, but confidence intervals were wide and all patients had received diuretics so it was not possible to calculate a gout risk for non-users in this category. The IRR for diuretic use alone was 0.6 (0.2 to 2.0).

The authors conclude there is no reason to withhold diuretics for fear of gout or to change to a different class of drug (such as angiotensin converting enzyme inhibitors) if a patient benefiting from a diuretic develops gout.

Ann Rheum Dis 2006;65:1080-3

Controlled trial validates Epley's manoeuvre

Twenty eight of 35 (80%) patients with acute unilateral benign paroxysmal positional vertigo who were randomly assigned to receive Epley's manoeuvre reported absence of vertigo and nystagmus at 24 hours. Only three of 31 (10%) assigned to a sham procedure (the manoeuvre on the contralateral side) reported similar "rapid resolution." Although the effectiveness of the procedure has been well documented, this study evaluated short term efficacy, vital for assessing treatment effect in conditions that may resolve spontaneously. The authors describe the five separate manipulations required for this procedure.

J Neurol Neurosurg Psychiatr 2006;77:980-2

Severe mental illness affects screening uptake

Women with severe mental health problems are less likely to attend for breast screening than psychiatric patients in general or in a control population. A survey of uptake in three London boroughs showed an attendance rate of

Patent foramen ovale may be risk factor for "economy class stroke"

In a recent observational study, 42 of 338 patients with a first cerebral ischaemic event had spent at least four hours travelling in a sitting position in the four weeks preceding the event. Thirteen of 29 (45%) patients who were investigated further were found to have a patent foramen ovale, compared with seven of 65 (11%) stroke patients who had not spent four hours or more travelling recently. The former group also had fewer known risk factors for stroke—for example, smoking, hypertension, atrial fibrillation, and diabetes—and were more likely to have signs related to the posterior cerebral artery. Paradoxical embolism is the suggested cause, although this could not be proved in all patients. The risk applied not only to plane travel, but to travel in buses, cars, and trains. Larger studies are needed for confirmation and to determine the precise role of prevention by closing foramina when they are found.

Heart 2006;doi:10.1136/hrt.2005.077131

Massage detected giant neurofibroma

During a Chinese massage on a 29 year old asymptomatic man, the masseur detected an abdominal mass of which the patient was previously unaware. Magnetic resonance imaging with gadolinium enhancement showed a tumour ventral to the spinal column. Needle biopsy confirmed that it was a neurofibroma. It proved to be retroperitoneal and was resected completely.

J Neurol Neurosurg Psychiatr 2006;77:814

57.6% of the 53 340 women aged 50-64 on the local register. Uptake was similar among all women in the same age range registered as patients of the local psychiatric unit. However, only 30-35% of 240 women receiving enhanced care (a proxy measure for severe mental illness) or with a diagnosis of psychosis had been screened. Deprivation and ethnicity played only minor parts. The authors recommend more flexible invitation and

appointment systems to deal with possible temporary incapacity and more emphasis by key workers on the benefits of screening.

J Epidemiol Community Health 2006;60:600-5

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