

Circulating Erythropoietin Levels and Prognosis in Patients With Congestive Heart Failure

Considerable morbidity and mortality is still associated with heart failure syndromes, and there is a growing need to elucidate mechanisms involved in the deterioration of these patients as well as to establish surrogate markers for their follow-up. George and colleagues show that baseline circulating erythropoietin (EPO) and N-terminal pro-B-type natriuretic peptide were both accurate in predicting 24-month mortality and hospitalizations in patients with clinically controlled heart failure. The authors also observed a significant correlation between circulating C-reactive protein, EPO, and pro-B-type natriuretic peptide. Thus, if further confirmed, determination of EPO serum levels may prove to be an additional test by which to assess prognosis in patients with clinically controlled heart failure.

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Coronary and Aortic Calcification in Women With a History of Major Depression

Although depression is a risk factor for clinical heart disease, its association with subclinical atherosclerosis is unclear. In this study, 58 African American and 152 white healthy middle-aged women had measurements of coronary and aortic calcification and a history of major depression. Women with a history of recurrent major depression were more likely to have any coronary calcification or elevated coronary (≥ 10) and aortic (> 100) calcification scores than were women with a history of a single episode or no depression. Recurrent major depression may be a risk factor for early atherosclerosis in women.

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The Quality of Antipsychotic Drug Prescribing in Nursing Homes

Evidence suggests that antipsychotic use has been growing in nursing homes, but there is little information on appropriateness. This nationally representative study by Briesacher et al showed that 27.6% of all Medicare beneficiaries in nursing homes received at least 1 antipsychotic drug between 2000 and 2001. Less than half (41.8%) of treated residents received antipsychotic therapy in accordance with federal prescribing guidelines.

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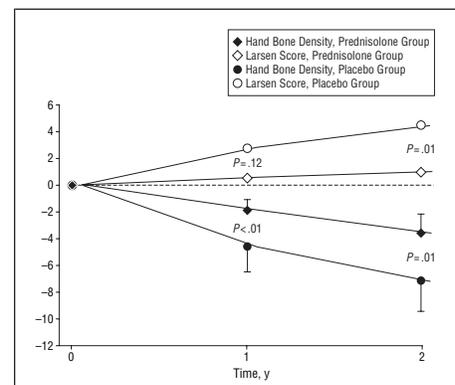
Calcium and Vitamin D Intake and Risk of Incident Premenstrual Syndrome

Premenstrual syndrome (PMS) is one of the most common disorders of premenopausal women. Studies suggest that blood calcium and vitamin D levels are lower in women with PMS and that calcium supplementation may reduce symptom severity, but it is unknown whether these nutrients may prevent the initial development of PMS. Bertone-Johnson et al conducted a case-control study nested within the prospective Nurses' Health Study II cohort. Participants comprised a subset of women aged 27 to 44 years and free from PMS at baseline in 1991, including 1057 women who developed PMS over 10 years of follow-up and 1968 women who reported no diagnosis of PMS and no or minimal menstrual symptoms. Calcium and vitamin D intake were measured several times during follow-up by food frequency questionnaire. After adjustment for age and other risk factors, high total vitamin D intake was associated with a significant 41% lower risk of developing PMS. High intake of calcium from food sources and frequent intake of skim or low-fat milk were also associated with significantly lower risk. These findings of Bertone-Johnson et al suggest that high intake of calcium and vitamin D may reduce the risk of PMS.

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Reduced Loss of Hand Bone Density With Prednisolone in Early Rheumatoid Arthritis

Bone damage in active rheumatoid arthritis (RA) includes accelerated bone loss and joint destruction, which are both associated with increased osteoclast activity. Glucocorticoids suppress the signs and symptoms of inflammation in RA and reduce the rate of bony joint destruction, but it is not clear whether glucocorticoids will reduce or increase disease-related bone loss. In a 2-year, double-blind, randomized study in patients with early RA, Haugeberg et al demonstrate that disease-related loss of hand bone mass is reduced by treatment with prednisolone, 7.5 mg/d, compared with placebo. This observation strengthens the argument for a common cellular mechanism for bone loss in osteoporosis and joint damage in RA. The results also suggest that quantitative bone mass measurement could be a useful outcome marker of response to treatment.



The mean changes in hand bone density (percentage) and Larsen score during treatment, according to study group.

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