adjustment for covariates and removal of patients hospitalized for gallstones, chronic pancreatitis, alcohol-related morbidities, renal failure, and other biliary disease). The HR for AP associated with severe hypertriglyceridemia (≥500 mg/dL) was higher than the HR associated with moderate hypertriglyceridemia (150-499 mg/dL). A much greater proportion of AP cases was exposed to moderate rather than severe hypertriglyceridemia, explaining why the PAR of AP attributable to moderate hypertriglyceridemia was 18.37% compared with 7.74%.

Comment. This study was population-based, with long follow-up (15 years) and low migration. We validated the 82% of cases where records were retrievable and confirmed the accuracy of diagnosis in 95.3%. We adjusted for an extensive range of confounders and performed a wide range of sensitivity analyses to test the robustness of the relationship between triglyceride concentration and incident AP. However, unmeasured confounders may have influenced the results. Nevertheless, observational studies are the only realistic approach to study this association given the low incidence of AP (about 1 per 1000 person-years of follow-up). Our findings that statins were associated with reduced risk of incident AP are consistent with the results of a recent meta-analysis of 28 randomized controlled trials of lipid-modifying drugs.8

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Author Contributions: Dr Murphy had full access to all of the data in the study and takes responsibility for the data in the study and the accuracy of the data analysis. Study concept and design: Murphy and MacDonald. Acquisition of data: MacDonald and Wei. Analysis and interpretation of data: Murphy, Sheng, MacDonald, and Wei. Drafting of the manuscript: Murphy, Sheng, and Wei. Critical revision of the manuscript for important intellectual content: Murphy, MacDonald, and Wei. Statistical analysis: Sheng and Wei. Study supervision: MacDonald and Wei.

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Availability of DMAA Supplements Despite US Food and Drug Administration Action

The stimulant DMAA, also known as 1,3-dimethylamylamine, has been the subject of much controversy. In the United States, it is currently marketed as a dietary supplement, primarily in products promoted as a preworkout supplement for boosting strength, energy, and power. Two of the most prominent supplements containing DMAA are “Jack3d” and “OxyELITE Pro” (USP Labs). However, there are over 250 commercial dietary supplements containing DMAA on the market.

As has been reported elsewhere,1 DMAA supplements are immensely popular among consumers. However, there is great concern among health professionals and regulators for several reasons. First, it is unlikely that DMAA is truly of natural origin. Therefore, its marketing as a dietary supplement may be illegitimate. Second, there are significant safety concerns. To date, there have been over 40 reports of serious adverse events, including at least 2 reports of death.2,3

On April 27, 2012, the US Food and Drug Administration (FDA) sent warning letters to 10 manufacturers of 16 products containing DMAA. The warning indicated that the products were considered adulterated because DMAA is considered a new dietary ingredient (NDI).3 NDIAs require the manufacturer to submit some documentation demonstrating the expectation of safety. Without such documentation, the FDA considered the products to be adulterated, unapproved drugs.

It came to my attention on May 17, 2012, that some of these products were still available for sale through online retail.

Table. DMAA-Containing Product Availability

<table>
<thead>
<tr>
<th>Product</th>
<th>Manufacturer</th>
<th>From Manufacturer</th>
<th>From Retailer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biorehyth SSN Juice</td>
<td>Exclusive Supplements</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Code Red</td>
<td>MuscleMeds</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Hemo Rage Black</td>
<td>Nutrex Research</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Jack3d</td>
<td>USP Labs</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lean E6</td>
<td>Fahrenheit Nutrition</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lipo-6 Black Ultra</td>
<td>Nutrex Research</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Lipo-6 Black</td>
<td>Nutrex Research</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Lipo-6 Black Ultra</td>
<td>Nutrex Research</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Lipo-6 Black Ultra</td>
<td>Nutrex Research</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Lipo-6 Black Ultra</td>
<td>Nutrex Research</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>MethylHex 4.2</td>
<td>SEI Pharmaceuticals</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Napalm</td>
<td>Muscle Warfare</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nitric Blast</td>
<td>SNI LLC</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>OxyELITE Pro</td>
<td>USP Labs</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PWR</td>
<td>iSaton</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Spiridex</td>
<td>Gaspam Nutrition</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Abbreviation: DMAA, 1,3-dimethylamylamine.
line retailers. As a result, I conducted a systematic survey of online retailers to determine the extent of availability of these illegal products.

**Methods.** On May 17, 2012, I conducted an online survey using Google Search and Google Shopping. For each of 16 products identified by the FDA (Table), I searched Google using the product brand name. I searched using the product name in isolation as well as combined with the manufacturer’s name. For each product searched I reviewed the product manufacturer’s website to determine if the product was still available for sale directly by the manufacturer. I also conducted a search in Google Shopping to determine if the product was still available through other online retailers.

**Results.** Of the DMAA-containing products searched, all 16 were still available for sale through online retailers (Table). Six of the 16 products were still for sale directly from the manufacturer’s website as well as from an independent retailer.

In many cases, the illegal DMAA-containing products were readily available through major online retailers. For example, 12 of the 16 products were available for sale through General Nutrition Centers (www.gnc.com). Eight of the 16 products were available through Drugstore.com. None of the websites reviewed provided any information about the products being illegal, adulterated, or otherwise not permitted for sale.

**Comment.** The FDA’s action to identify and warn manufacturers of DMAA-containing products is a step in the right direction. However, despite this warning, all of the products in question are still readily available. This suggests that the FDA’s warning process may do little to nothing to stem the significant public health risk posed by this potentially dangerous ingredient.

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**Social Desirability Bias in Self-rated Presenteeism Among Resident Physicians**

The survey of resident physicians by Jena et al optimistically complements the professionalism and dedication of physicians who come to work despite being ill. Because attendance at work despite being ill is widely perceived to be altruistic, surveyed physicians are likely to overestimate self-rated presenteeism. This is more likely when researchers conduct face-to-face interviews at a professional meeting compared with anonymous surveys. Although social desirability bias is well-known to occur in interviewer-administered surveys in mental health, illicit substance use, and sexual and risk-taking behavior research, there is no publication regarding the potential role of social desirability bias in respondent self-report of altruistic or sacrificial behavior among physicians and health care workers. Because survey respondents are potentially able to be identified by their attendance at the 2010 Illinois chapter meeting of the American College of Physicians, truthful reports of the amount of sick leave taken and reasons for absenteeism/presenteeism could also be influenced by a perceived threat of sanction by employers and the specialist college.

The converse situation, when sick patients pose an infection transmission risk to health care workers, has been better studied. For pandemic or avian influenza, health care workers hold significant concerns about personal safety, secondarily exposing family members to an infectious illness, caregiver responsibility related to school and child care closure, risk of quarantine and redeployment, stress, and increased workload. This runs contrary to the altruistic disregard resident physicians appear to hold for their own health in turning up for work when ill.

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