The Effect of Dairy Product Ingestion on Diarrhea in a Sample of Predominantly Gay Men

In the era of highly active antiretroviral therapy, diarrhea remains common. Lactose avoidance is often empirically recommended, despite a lack of evidence to support this practice and despite the risk of possible adverse consequences. In this randomized, double-blind, non-inferiority crossover trial, moderate ingestion of lactose-containing milk did not worsen diarrhea compared with lactose-free milk in a sample of predominantly gay men. This finding remained consistent when the analysis was limited to the subgroup of lactase-deficient participants. Therefore, avoidance of moderate quantities of milk may not be justified in this population.

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Coffee, Cirrhosis, and Transaminase Enzymes

Only a minority of heavy alcohol drinkers or persons with chronic viral hepatitis develop liver cirrhosis. Thus, it is presumed that there are modulating factors that might increase or decrease risk. This analysis examines predisposing traits for cirrhosis risk in 330 persons who developed the condition among a study population of 125,580 with known habits. The results robustly confirm previous evidence that coffee drinking reduces risk, especially for alcoholic cirrhosis. Further support is provided by data showing that coffee drinking was related to lower prevalence of high blood levels of transaminase enzymes. It is unclear whether caffeine or some other coffee ingredient is involved. The data suggest that coffee intake partly explains the variability of cirrhosis risk in alcohol consumers and show a need for basic research in this area. Among heavy alcohol drinkers, abstinence or reduction of alcohol intake remains the primary method to reduce risk of liver disease.

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Effects of a Supervised Home-Based Aerobic and Progressive Resistance Training Regimen in Women Infected With Human Immunodeficiency Virus

Dolan et al conducted a 16-week randomized intervention study of a supervised home-based exercise program consisting of progressive resistance training and aerobic exercise 3 times a week in 40 human immunodeficiency virus (HIV)-infected women with increased waist-hip ratio and self-reported fat redistribution. Cardiorespiratory fitness (VO$_2$ max) was markedly lower at baseline compared with reported values for healthy female subjects. Subjects randomized to exercise had significant improvement in VO$_2$ max, endurance, strength, total muscle area, and muscle attenuation compared with the control group. No significant difference was seen in lipid levels, blood pressure, or abdominal visceral fat between the 2 groups; however, waist circumference improved in the exercise group. These findings indicate that a home-based exercise approach improves measures of cardiorespiratory fitness, endurance, and body composition in HIV-infected women.

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Effects of a Randomized Controlled Trial of Transcendental Meditation on Components of the Metabolic Syndrome in Subjects With Coronary Heart Disease

Paul-Labrador et al evaluated the efficacy of transcendental meditation (TM) on components of the metabolic syndrome and coronary heart disease (CHD) in a randomized, placebo-controlled clinical trial of 16 weeks of either TM or active control (health education), matched for frequency and time in 103 subjects with stable CHD. Use of TM for 16 weeks in patients with CHD improved blood pressure and insulin resistance components of the metabolic compared with the health education group, respectively. These results suggest that TM may modulate the physiological response to stress and improve CHD risk factors that may be a novel therapeutic target for the treatment of CHD.

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The Cost-effectiveness of Therapy With Teriparatide and Alendronate in Women With Severe Osteoporosis

Li et al evaluated the cost-effectiveness of usual care (ie, vitamin D or calcium supplementation) compared with alendronate alone, teriparatide alone, and sequential teriparatide followed by alendronate in postmenopausal women with low bone density and prior vertebral fractures. The authors found that teriparatide-based strategies are consistently less cost-effective than alendronate, primarily due to the high cost of teriparatide. Teriparatide alone is more expensive and produces a smaller increase in quality-adjusted life-years (QALY) compared with alendronate alone. While the cost-effectiveness of sequential teriparatide/alendronate is consistently higher than that of alendronate alone, it would fall below $50,000 per QALY if the price of teriparatide were reduced 60%, if used in women with exceptionally low bone density (femoral neck T score ≤−4.0), or if shorter courses of teriparatide (6 months) could provide the same fracture reduction efficacy as those reported in longer clinical trials.

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