

Older people with lipid disorders who are overweight are at a greater risk of having liver disease, which may result in liver-related death.

Researchers at the Pitié-Salpêtrière Hospital in Paris, France, performed liver biopsies on patients diagnosed as overweight according to body mass index. Liver injury with fibrosis was found in 30% of the patients. None of the patients had liver injury due to other causes at the beginning of the study.

Scientists point out that a critical issue is the problem of identifying those at risk of liver scarring because the condition only develops in a portion of overweight patients. Further, two conditions in overweight patients may exist: a stable, benign condition of a fatty liver alone, or a condition of fatty liver associated with liver-cell necrosis with the potential for greater liver injury.

The report can be found in the June issue of *Gastroenterology*.

Results of a study indicate a link between risk of prostate cancer and higher intake of dairy products, say researchers at Harvard University and Brigham and Women's Hospital.

Investigators in the Physicians' Health Study tracked 20,885 men over an 11-year period, 1012 in whom prostate cancer developed. The researchers then analyzed questionnaires about dairy consumption that had been issued to participants at the beginning of the study. The data indicate a moderate increase in risk of prostate cancer for participants who consumed higher amounts of dairy products and dairy calcium. Researchers also found lower levels of vitamin D in men who drank more than six glasses of milk per day than those who drank fewer than two glasses, supporting the hypothesis that calcium lowers the body's level of the vitamin,

considered to be protective against prostate cancer. Data also suggest that calcium plays a part in progression from local to metastatic disease.

Researchers acknowledge two limitations of the study—failure of the questionnaire to assess total dietary intake and failure to inquire about the use of calcium supplements by participants.

The report was presented at the 91st annual meeting of the American Association for Cancer Research.

A new test developed by a team of radiologists may help screen patients at risk for stroke from atherosclerosis. Power Doppler imaging measures the amount of, or lack of, blood flow through the carotid arteries, thereby limiting further testing to patients at risk for stroke. Patients with blockage of 40% or more require follow-up care.

Once available, the test is expected to cost between \$50 and \$80.

The report can be found in the June issue of *Radiology*.

Clinical assessment of women with chest pain may be more accurate with the use of echocardiography, potentially reducing the difficulty doctors have in detecting coronary artery disease in women. Standard stress tests (eg, treadmill and electrocardiography) are less accurate in diagnosing heart problems in women than in men.

The study involved 101 women between 35 and 75 years of age with undiagnosed chest pain syndrome and two or more cardiac risk factors. Participants were randomly assigned to one of three testing groups: treadmill electrocardiographic stress testing, exercise echocardiography with use of treadmill, and dobutamine stress echocardiography, which involves a drug that mimics the effect of exercise.

Physicians were able to make a definitive assessment based on the initial test in 100% of patients who underwent either of the two types of echocardiography, as opposed to 64% in patients who underwent a traditional treadmill electrocardiographic stress test. Researchers will continue the study by tracking the outcome of each patient for 2 years.

The report was presented at the American Society of Echocardiography's 11th annual scientific session.

Elevated triglyceride levels increase the risk of heart attack death, even when cholesterol levels are normal, according to researchers at the University of Washington School of Public Health and Community Medicine. The study was the first to offer proof that by exclusively identifying elevated blood triglyceride levels—and not cholesterol levels—in families, predictions regarding heart attack death can be made. The 20-year study was also the first to follow families with high triglyceride levels only and not high cholesterol levels, though the study also included families with high cholesterol levels and families with both high triglyceride and high cholesterol levels.

Researchers used medical data collected in the 1970s from 101 families and traced causes of death for family members over a 20-year period. The families had histories of cardiovascular disease as well as high triglyceride levels.

The study compared the risk of heart disease death between siblings and offspring in families versus spouses with one of two lipid disorders of familial hyperlipidemia: familial combined hyperlipidemia, high triglyceride levels in combination with elevated cholesterol levels; and familial hypotriglyceridemia, a disorder of elevated triglyceride levels only.

Results showed that in members from

families with familial combined hyperlipidemia, the risk of heart attack death was 70% higher compared to spouses. Further, the risk of cardiovascular death was increased threefold in families with familial hypotriglyceridemia, regardless of cholesterol levels.

The report can be found in the June issue of *Circulation: Journal of the American Heart Association*.

The 2-mm opening used in minitracheotomies combined with new technology to monitor airflow works as well as large-tube tracheotomy in patients with obstructive sleep apnea, say researchers at Johns Hopkins University.

Continuous positive airway pressure issued through a mask and pump during sleep is the most common therapy for severe apnea. Tracheotomies are used when patients cannot tolerate the mask; however, patients often refuse this procedure because they are concerned with the size of opening required.

In the study, scientists enlisted five patients with apnea who had undergone large-tube tracheotomy, and used devices to reduce the opening to simulate minitracheotomy. They found that the higher airflow needed to avoid apnea increased tracheal pressure, but by adding a computer-controlled flow delivery device, apnea was avoided as well as any uncomfortable effects. Researchers plan to fit their delivery program onto a microchip that attaches to the tracheotomy, eliminating the need for a separate computer.

The report can be found in the June issue of *American Journal of Respiratory and Critical Care Medicine*.

A research study has found colonoscopy to be more reliable than barium enema in detecting colorectal cancer and polyps. The study was part of the National Polyp Study conducted at Memorial Sloan-Kettering Hospital.

The study, which included 600 patients representative of the general population, indicates that barium enema failed to identify 61% of precancerous growths that were found when the same patients received a colonoscopy. This was particu-

larly true of smaller, less-advanced growths, thereby decreasing opportunities for treatment of the growths at earlier stages.

The scientists urge colonoscopy screening for colorectal cancer for Americans over 50 years of age.

The report, along with new recommendations, can be found in the April issue of *The American Journal of Gastroenterology*.

Men found to be hypogonadal who used testosterone gel (AndroGel) in doses of 100 mg/d showed a 2% increase in bone mineral density over men using lower doses of the gel or a testosterone patch. Researchers at the University of California at Los Angeles Medical School conducted the 6-month study that compared bone activity in 227 men assigned to one of three groups: those using the testosterone gel in doses of 50 mg/d and 100 mg/d, and those who wore a 5-mg testosterone patch daily.

Men using the lower dose of gel had an increase of bone mineral density of 1%. Urine N-telepeptide and creatinine levels were decreased in men who used the gel compared to the patch, and a greater reduction in N-telepeptide was recorded for those men using the higher dose of the gel. Further, osteocalcin, procollagen, and bone alkaline phosphatase levels were normal without a difference between the three groups of participants.

The men in the study were tested for bone mineral density because of low testosterone levels and not because of osteoporosis or osteopenic conditions.

The report was presented at the annual meeting of the Endocrine Society in Toronto, Ontario.

A study has found that the combination of salmeterol and fluticasone is more effective as treatment for patients with asthma than either drug alone. The 12-week study compared the efficacy and safety of salmeterol (50 mg) combined with fluticasone (100 mg) to placebo, and to each drug alone. With the combined dose, mean change in forced expiratory volume in 1 second was greater than with placebo, salmeterol, and fluticasone, and at weeks 1 and 12, the combined product showed an increased

area under the curve compared to the other groups. The combined dose significantly increased morning and evening peak expiratory flow and significantly decreased symptoms and albuterol use compared to the other treatments. Finally, the combination product increased the number of nights with no awakenings and days with no symptoms.

The study involved 356 patients with asthma, ages 12 years or more, who were randomly assigned to one of four groups, each group receiving either the combined product, salmeterol (50 mg), fluticasone (100 mg), or placebo. Treatments were administered via dry-powder inhalation.

The report can be found at www.docguide.com as *Salmeterol/Fluticasone Combination Outperforms Monotherapy in Asthmatics*.

Study results show the extended-release antidepressant, venlafaxine, to be an effective treatment for patients with painful diabetic nephropathy compared with placebo.

The 6-week study involved 244 patients with type 1 or 2 diabetes who were randomly assigned to groups receiving extended-release venlafaxine at doses of 75 mg/d or 150 mg/d to 225 mg/d, or placebo. Using efficacy variables of pain intensity and pain relief scales, results showed that patients treated with extended-release venlafaxine in doses ranging from 150 mg/d to 225 mg/d had higher analgesic response rates compared to placebo. Patients who received 75 mg/d had significant pain relief at weeks 2, 3, and 5. The most common side effect was nausea.

The report can be found at www.docguide.com.

Using animal models, researchers from the University of Michigan School of Dentistry produced bones from engineered skin and gingiva and found that the engineered cells had participated in bone formation.

The new bone-grafting method involves removing a portion of skin or gum tissue and placing the specimen in a culture dish where it is engineered to secrete a protein that induces bone formation. Finally, it is

seeded into collagen sponges, which are placed into areas needing bone repair.

The new bone has the same hard outer coating, spongy interior, and marrow as naturally produced bone, and scientists plan further studies to see if the new bone functions similarly. These autografts may potentially be used in cases where lesions containing few bone-producing cells remain.

The House of Representatives has passed the Quality Healthcare Coalition Act of 2000 (HR 1304) by a vote of 276-136-2. The bill provides limited exemption of antitrust laws and, therefore, allows physicians to negotiate contract terms jointly and bargain collectively with managed care companies regarding the terms of their contracts. Many medical professionals believe the act will take the healthcare decision-making process from insurers and place it in the hands of physicians and patients.

Six amendments to the bill were proposed, three of which failed because they were perceived as weakening the bill's original intent. Two of the amendments passed—one, supported by the American Osteopathic Association, stipulated that medical decisions regarding treatment should be made by the healthcare professional and patient. The second proposed exempting discussions regarding requiring abortion coverage from collective bargaining negotiations. ♦

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JAOA Letters

Certification name change unnecessary and confusing

To the Editor:

I agree with Dr Chapek when she states in her letter (JAOA 2000;100:344) that the board name change from "Special Proficiency in Osteopathic Manipulative Medicine" (SPOMM) to "Neuromusculoskeletal Medicine and Osteopathic Manipulative Treatment" (NMS and OMT) is unnecessary and confusing. If insurers did not understand us before, this is certainly not going to help.

I have been certified by the Board of SPOMM since 1994 and have the option of retaining the old name. My thanks to the AOA for that—I don't even know what "neuromusculoskeletal medicine" is.

Daniel Schmidt, DO
Pearsall, Texas

Osteopathic physicians should raise awareness of osteoporosis

To the Editor:

The supplement on osteoporosis (JAOA 2000;100(Suppl):S1-S20) was well done. Public awareness concerning the dangers of osteoporosis is of utmost importance. As osteopathic family physicians, we should assume a leadership role in exposing this silent bone thief and motivate individuals to take steps to prevent its devastating effects. The public expects us, by virtue of being osteopathic physicians, to be thoroughly knowledgeable about bone health.

I recently returned from the World Congress on Osteoporosis 2000 in Chicago where it was made evident that osteoporosis awareness is a low priority among physicians. One would expect that physi-

cians would assume an active, highly visible role in this regard, but too many of us are observing from the sidelines and not well-read on the subject.

Osteoporosis is a health concern that should propel all family physicians to the forefront. To effect change requires knowledge, so physicians must be thoroughly educated about the devastating effects of osteoporosis and then become well equipped to prevent and treat it. Increasing osteoporosis awareness can then be effected in patients.

Raymond E. Cole, DO
Brooklyn, Michigan

[Editor's note: Dr. Cole is the author of a recently published book on this topic, *Osteoporosis: Unmasking a Silent Thief*, Wellpower Publications, Brooklyn, Mich, 2000.]

National Practitioner Data Bank should be confidential

To the Editor:

It was with pride and heartfelt thanks that I read Dr. Edward Loniewski's editorial, "AOA's voice supporting fair treatment of physicians in quality review process" (JAOA 2000;100:143). I wholeheartedly agree that information regarding malpractice settlements and adverse actions included in the National Practitioner Data Bank should remain confidential. The fact that lawyers have a strong influence in local, state, and federal lawmaking does not give them license to burden us with unnecessary laws to protect the public.

Keep up the good work! ♦

John J. Herscher, DO
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