

Embargoed news from Annals of Internal Medicine

EurekAlert

1. Group Visits Significantly Improves Blood Pressure in Diabetics with Hypertension

A group medical clinic (GMC) is an arrangement where patients with the same disease get health-related training during a group visit. Researchers assigned 239 patients with poorly controlled hypertension and diabetes to care with group visits or usual care to determine if group visits are an effective way to help patients manage these conditions. The patients who participated in group visits had 13.7 mm Hg improvement in blood pressure, while the patients in the usual care group improved by 6.4 mm Hg. However, changes in blood sugar levels were similar in both groups. Group visits may be an effective strategy for improving blood pressure, but not blood sugar, in diabetic patients. According to the authors, this is important because blood pressure control is more important than glycemic control for reducing cardiovascular morbidity and mortality among patients with diabetes.

2. Colorectal Cancer May Become an Increasing Burden to Society

Studies have shown that the risk for colorectal cancer increases with age and that risk is higher in men than in women. However, previous studies have not separated the influence of age from the influence of birth cohort (year of birth). Researchers studied 2,185,153 persons aged 55 to 75 participating in a colon cancer screening program in Germany from 2005 ? 2007 to estimate age and cohort effects in advanced colorectal neoplasms. The researchers found that at any given age, more men had colon cancer than did women. In addition, people in more recent birth cohorts had higher rates of colon cancer than did people in earlier birth cohorts, suggesting that the burden of colorectal cancer may increase in coming years. While the researchers could not determine the reason for strong cohort effect, they speculate that possible reasons might include unfavorable shifts of risk-factor distributions, such as obesity, diabetes, and smoking among women. The researchers conclude that efforts to identify, hold, and ideally reverse unfavorable risk-factor trends should be a priority for prevention.

3. Opioid Treatment Agreements May Not Reduce Misuse

Some experts recommend opioid treatment agreements and urine drug testing to reduce misuse among patients taking opioids for chronic noncancer pain. However, there is no clear evidence that these interventions are effective. Researchers reviewed 11 published studies to analyze patient outcomes with treatment

agreements and/or urine drug testing. The researchers found that among outpatients with chronic noncancer pain, opioid misuse was modestly reduced (7 percent to 23 percent) after treatment agreements with or without urine drug testing in four studies. In the other seven studies, the proportion of patients who misused opioids after treatment agreements, urine testing, or both varied widely (3 percent to 43 percent). Since there is little evidence to support the use of treatment agreements and urine testing, the authors conclude that careful studies of strategies to promote safe use of opioids are needed. However, the authors caution that research should assess not only the benefits, but also the potential harms of these strategies, such as patients forgoing pain treatment because of the perceived stigma or clinicians undertreating pain because of the burden of opioid risk management.

4. Clinical Observation: Experts Observe New Complication from Contaminated Cocaine - Bilateral Necrosis of the Ear Lobes and Cheeks

Since 2005, levamisole (commonly used as to treat worm infections in humans and animals), has increasingly been used to cut cocaine. In 2009, 70 percent of cocaine seized at U.S. borders contained levamisole, causing an increase in cases of neutropenia among cocaine abusers. Recently, researchers observed a new complication of levamisole contamination ? vasculitis. Researchers observed two patients with purplish plaques on their cheeks, earlobes, legs, thighs and buttocks. While the patients were not tested for levamisole levels, exposure was likely due to recent cocaine use. The researchers conclude that doctors should suspect levamisole exposure in patients presenting with both neutropenia and necrotic skin lesions.

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