

ABSTRACTS

THIAZOLIDINEDIONES AND TYPE 2 DIABETES

The thiazolidinediones (TZDs) pioglitazone and rosiglitazone are novel insulin-sensitising antidiabetic agents. Studies have suggested that these agents may preserve B-cell function and so delay the progression of type 2 diabetes. This study looks at the TZDs in clinic outpatients with type 2 diabetes in Australia whose disease was not well controlled with normal therapy.

The authors used a database of 203 patients with type 2 diabetes who received pioglitazone or rosiglitazone between 1 May 2000 and 31 October 2002. They measured the response using HbA1c levels and lipid profile changes and looked at side-effects such as hypoglycaemia, weight gain, peripheral oedema and precipitation of cardiac failure. They found that both drugs improved glycaemic control in the first 6 months of therapy. However, rosiglitazone was associated with an increase in both cholesterol and triglyceride levels, while pioglitazone was associated with statistically insignificant declines in these lipids. There was a reduced requirement for insulin, but not for other oral hypoglycaemic agents in those patients using them. Both drugs were also associated with increased rates of hypoglycaemia, significant weight gain and oedema. There were 4 cases of acute left ventricular failure and 2 of reversible liver dysfunction.

The authors concluded that adding these drugs to other oral hypoglycaemics or insulin in patients with type 2 diabetes significantly improved glycaemic control. However, the use of the drugs in clinical practice was associated with more adverse effects than those reported in the initial clinical trials.

Hussein Z, *et al.* *MJA* 2004; **181**: 536-539.

BRIEF PHYSIOTHERAPY FOR NECK PAIN VERSUS THE NORMAL PHYSIOTHERAPY REGIMEN

The authors of this paper set out to compare the effectiveness of a brief physiotherapy intervention with 'usual' physiotherapy for patients with neck pain and to evaluate

the effect of patients' preferences on outcome. They enrolled 268 patients, aged on average 48, with subacute and chronic neck pain. They had been referred by their GPs and randomly assigned to a brief physiotherapy intervention (1 - 3 sessions) using cognitive behaviour principles to encourage self-management and return to normal function, or to the more usual longer-term physiotherapy. The length of the latter was at the discretion of the physiotherapist.

After 12 months, patients who were referred to the normal physiotherapy regimen had a small, but significant, improvement in their neck pain compared with patients in the brief intervention group. However, interestingly, patients who preferred the brief intervention and had this treatment had similar outcomes to those who had the usual physiotherapy.

The authors conclude that normal physiotherapy may be only marginally better than a brief intervention for neck pain and that patients with a preference for brief intervention may do at least as well with this approach. They also recommend that physiotherapists are trained in cognitive behaviour techniques as this may improve the brief approach even further.

Klaber Moffat J, *et al.* *BMJ* 2005; **330**: 75.

CAN YOU RECOGNISE IF YOU OR YOUR CHILDREN ARE OVERWEIGHT?

Increasing levels of obesity and overweight may be making it more difficult for people to see someone as overweight as this becomes the body norm. A recent study in the *British Medical Journal* looked at whether parents are aware that either they, or their children, or both are overweight.

The authors studied 277 healthy, randomly recruited children with an average age of 7.4 years and their parents from the EarlyBird study. Overweight and obesity were defined as a body mass index (BMI) of at least 25 - 30 in adults and at least the 91st - 98th percentiles of UK 1990 BMI reference curves for children. Parents completed a written questionnaire asking them to estimate their own and their children's weight on a 5-point scale, ranging from 'very underweight' to 'very overweight', before participants were weighed. Levels of concern about weight were ranked in the same way.

The children and parents in the study were significantly heavier than UK norms: 19% of the children, 52% of the mothers and 72% of the fathers were overweight or obese. Among the overweight parents, 40% of the mothers and 45% of the fathers judged their own weight as 'about right' and 61% were unconcerned about their weight. Only one-quarter of the parents recognised that their child was overweight. Even when the child was obese, 33% of mothers and 55% of fathers saw their child's weight as 'about right'. Parents were also less likely to identify overweight in sons than in daughters. More mothers than fathers correctly assessed their child's weight.

How overweight or otherwise the mother was did not affect a mother's awareness of her child's weight; not the case in fathers, where only 74% of overweight fathers were correct compared with 85% of normal-weight fathers. More than one-half of the parents of overweight children expressed some concern about their child's weight, but only one-quarter were even a 'little worried' if their child was overweight. Most of the parents who did not see their child as overweight were unconcerned about a child's weight. In fact 1 in 10 parents expressed concern that a normal-weight child was underweight.

The authors comment that overweight is largely unrecognised and that parents are not good at identifying themselves or their children as overweight. They suggest that the reasons may be denial, or reluctance to admit to a weight problem, or it may simply be that there are so many overweight people around now that this is being seen as the norm. As with many other health problems, understanding that there is a problem and understanding the health consequences are 'essential first steps in tackling obesity'. The authors suggest that these parents are simply not aware of the potential health problems associated with being overweight, and that without the aid of these parents it will be more difficult to address the issues.

Jeffrey AN, *et al. BMJ* 2005; **330**: 23-24.

OUTCOMES IN EXTREMELY PRETERM CHILDREN

Some time ago there were regular articles in the newspapers about the loss of funding in South Africa for the technology available to save the lives of extremely preterm babies. At the time I thought that perhaps there may be reasons for not 'striving officiously to keep alive' in such cases, particularly given the social circumstances of many of the families concerned. A recent article in *The New England Journal of Medicine* suggests that there are indeed long-term consequences of extreme prematurity that would have

further negative impacts on children already born into poor conditions.

The authors point out that birth before 26 weeks of gestation is associated with a high prevalence of neurological and developmental disabilities in the infant during the first 1 - 2 years of life. They studied early school-age children who had been born at 25 or fewer weeks of completed gestation in the UK and Ireland during 1995. Each child had been evaluated at 30 months, and then underwent standardised cognitive and neurological assessments at the age of 6. Disability was defined as severe (indicating dependence on caregivers), moderate or mild. Of 308 surviving children, 241 were assessed at a median age of 6 years and 4 months. They were compared with 160 classmates delivered at full term. Tests of cognitive impairment showed that 21% of the children born extremely preterm were impaired. This rose to 41% when these children were compared with their classmates. The rates of severe, moderate and mild disability were 22%, 24% and 34% respectively and disabling cerebral palsy was present in 12%. Among those children who had severe disability at 30 months, 86% still have moderate-to-severe disability at 6 years. However, other disabilities at 30 months were poor predictors of developmental problems at 6 years.

The authors concluded that among extremely preterm children, cognitive and neurological impairment is common at school age.

Marlow N, *et al. NEJM* 2005; **352**: 9-19.

Bridget Farham

SINGLE SUTURE

IMPROVING DOCTORS' LIVES

It's not just reduced hours of work but attention to other details that would improve most doctors' lives. A questionnaire survey of hospital doctors found that, depending on their career stage, support in the form of secretaries, management, clinically (but not necessarily medically) trained colleagues, mentoring, and childcare came highest on the list of priorities. Other priorities included dedicated parking facilities, more flexible working arrangements, and better career break options.

Postgraduate Medical Journal 2005; **81**: 49-54.