

No Link Between Heart Failure and coffee intake

October 27, 2009 — No significant correlation between any daily level of coffee intake and risk of either death from or hospitalization for heart failure was observed in more than 30 000 men in Sweden prospectively followed for nine years [1].

The finding in a somewhat rarefied population--no women, geographically restricted, and probably with limited ethnic diversity--nonetheless conflicts with an analysis [2] of a similar but smaller group in which the risk of heart-failure hospitalization went up significantly for those drinking >5 cups of coffee per day, compared with lesser amounts, according to the authors of the new report, led by Dr Hanna N Ahmed (University of Wisconsin, Madison).

As the groups notes in the October 2009 American Heart Journal, the older finding made its way into a recent American Heart Association scientific statement [3], which characterizes coffee consumption as a possible minor risk factor for heart failure.

Actually, few published studies have focused on coffee consumption and clinical heart-failure end points. There have been many looking for an effect on other cardiovascular diseases or diabetes."The original studies looking at coffee and cardiovascular events were primarily retrospective,"



Deaconess Medical Center, Boston, MA) told **heartwire** .”

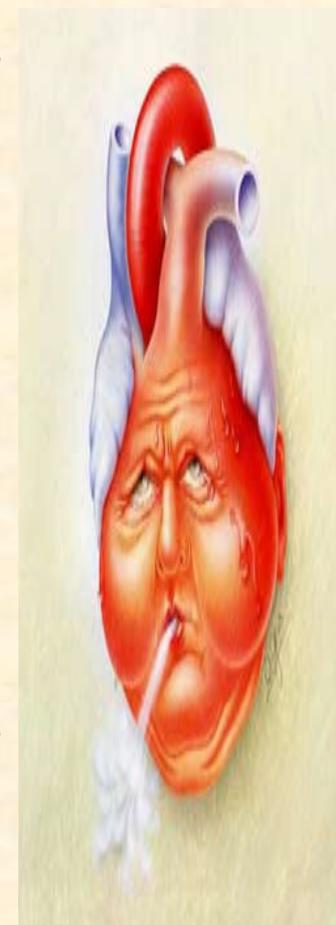
They tended to show that coffee was associated with an increased risk for cardiovascular disease, and I think that made a big impression on popular culture. People thought that coffee was bad for the heart.”

But her group's study is more in line with newer retrospective and other prospective studies, which "have not really shown a major increase in risk of cardiovascular diseases," she said. "Telling people to reduce their coffee consumption or give it up to prevent heart failure is really premature. I don't think the evidence supports coffee as a risk factor for heart failure.”

In the current study, 37 315 members of the Cohort of Swedish Men, which included men aged 45 to 79 in two counties in Sweden, were prospectively followed for nine years.

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Excluded from the analysis were men with a history of cancer, diabetes, MI, or heart failure at baseline.

About 2.1% of the group experienced heart-failure hospitalization or death over the follow-up. The relative risk (RR) was 0.99 (95% CI 0.82–1.18) among those who reported drinking >5 cups of coffee per day compared with <5 cups per day in multivariate analysis. Nor did lower rates of coffee consumption significantly increase risk. (The investigators didn't control for hypertension, itself a risk factor for heart failure, to avoid possible underestimates of risk; coffee is known to increase blood pressure.)

References

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- 2-Wilhelmsen L, Rosengren A, Eriksson H, Lappas G. Heart failure in the general population of men: Morbidity, risk factors and prognosis. *J Intern Med* 2001; 249:253–261.
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Long-Term Use of Trimethoprim-Sulfamethoxazole May Reduce UTIs in At-Risk Children

October 29, 2009 — Use of long-term, low-dose trimethoprim-sulfamethoxazole may reduce urinary tract infections in at-risk children, according to the results of a study reported in the October 29 issue of the *New England Journal of Medicine*.

"Antibiotics are widely administered to children with the intention of preventing urinary tract infection, but adequately powered, placebo-controlled trials regarding efficacy are lacking," write Jonathan C. PhD, from University of Sydney in Sydney, Australia, and colleagues from the Prevention of Recurrent Urinary Tract Infection in Children with Vesicoureteric Reflux and Normal Renal Tracts (PRIVENT) Investigators. "This study from four Australian centers examined whether low-dose, continuous oral antibiotic therapy prevents urinary tract infection in predisposed children."

Children younger than 18 years with at least 1 microbiologically proven urinary tract infection were randomly selected to receive either daily trimethoprim-sulfamethoxazole suspension (2 mg of trimethoprim plus 10 mg of sulfamethoxazole per kilogram of body weight)



or placebo for 12 months. The main endpoint of the study was symptomatic, microbiologically confirmed urinary tract infection, based on intent-to-treat analyses with the use of time-to-event data.

Although planned sample size was 780, a total of 576 children (64% girls) were randomly selected from December 1998 to March 2007. At study entry, median age was 14 months; 71% were enrolled after the first diagnosis of urinary tract infection, and 42% had known vesicoureteral reflux, which was grade 3 or higher in 53% of these participants. Of 288 patients in the antibiotic group urinary tract infection developed in 36

(13%) during the study vs 55 (19%) of 288 patients in the placebo group (hazard ratio in the antibiotic group, 0.61; 95% confidence interval, 0.40 - 0.93; $P = .02$ by the log-rank test).

Lower absolute risk for urinary tract infection in the antibiotic group (6 percentage points) appeared to be consistent across all subgroups of patients ($P \geq .20$ for all interactions).

"Long-term, low-dose trimethoprim-sulfamethoxazole was associated with a decreased number of urinary tract infections in predisposed children," the study authors write. "The treatment effect appeared to be consistent but modest across subgroups."

Limitations of this study include lower recruitment than planned, study not designed to estimate the effect of trimethoprim-sulfamethoxazole on the progression of renal damage, and inability to determine the incremental effect of trimethoprim-sulfamethoxazole vs circumcision.

"Since the rate of adverse events did not differ between the two study groups and the risk of infections other than urinary tract infection that were severe enough to require the use of antibiotics was lower in the antibiotic group, it would be reasonable for clinicians to recommend the use of trimethoprim-sulfamethoxazole in children who are at high risk for infection or whose index infection was severe," the study authors conclude.

"In children who have had a single symptomatic urinary tract infection, prophylaxis with trimethoprim-sulfamethoxazole should be considered. The modest size of the benefit and the possibility of rare but serious complications from the use of trimethoprim-sulfamethoxazole, such

as the Stevens-Johnson syndrome, suggest that the drug should not be used prophylactically in children who have never had a symptomatic urinary tract infection. In an accompanying editorial, Alejandro Hoberman, MD, from the Children's Hospital of Pittsburgh in Pittsburgh, Pennsylvania, and Ron Keren, MD, MPH, from the Children's Hospital of Philadelphia in Philadelphia, Pennsylvania, note that the time-to-event analysis showed that the effect of long-term antibiotics was not sustained, and the number of children who would need to have been treated to prevent 1 infection was relatively large.

"Given the modest overall effect size, a one-size-fits-all approach may not be appropriate," Drs. Hoberman and Keren write. "The need to detect vesicoureteral reflux is probably the most important issue facing parents and clinicians.... Early diagnosis and treatment of urinary tract infection and treatment of dysfunctional voiding, which predisposes many children to urinary tract infection, are likely to go a long way toward preventing long-term renal damage."

References

1. *N Engl J Med* 2009;361:1748-1759, 1804-1806.



Accusure Insulin Syringe Recall Expanded

October 29, 2009 — Accusure insulin syringes (Qualitest Pharmaceuticals, Inc) distributed nationwide from January 2002 through October 2009 are being voluntarily recalled because of the possibility of detachment of the needles from the syringes.

The current recall is an expansion of a recall made in August for syringes produced between January 2007 and June 2008 as a result of the manufacturer receiving a complaint about a syringe not included in the first recall.

According to Carole Ben-Maimon, MD, senior vice president of corporate strategy for the manufacturer, the recall affects about 250 million syringes, although she told Medscape Medical News that many of those syringes have already been used. "It is not clear how many are still in circulation," she said.

"If the needle becomes detached from the syringe during use, it can become stuck in the insulin vial, push back into the syringe, or remain in the skin after injection," according to a statement from MedWatch, the FDA's safety information and adverse event reporting program.



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