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Heart drug improves physical function in the elderly

A drug widely prescribed for congestive heart failure or hypertension may help improve physical functioning in elderly patients who do not have heart failure. Researchers at the University of Dundee in Scotland studied the effects of giving a standard dose of perindopril, an angiotensin-converting enzyme (ACE) inhibitor, to seniors age 65 and older who had mobility problems or other forms of functional impairment. After 20 weeks, patients on the drug experienced significant improvement when compared with a similar group of seniors given an inactive placebo. Those on the drug showed both an improved ability to walk for six minutes and less deterioration in health-related quality of life. The benefits with perindopril were comparable to those seen after six months of regular exercise, and the drug was not linked to a higher rate of side effects. If you are an elderly patient with heart failure or hypertension who has problems getting around and has already been prescribed this class of drug, this study provides more support for this medication. According to Dr. Ann Cranney, an epidemiologist from the Ottawa Health Research Institute, the findings “provide further rationale for selecting an ACE inhibitor, especially for patients who have trouble participating in an exercise program.” The investigators speculate that the drug may be beneficial in a number of ways, such as improving the way muscles function during exercise or increasing the type of muscle tissue that enhances the ability to exercise.

Flu vaccine advice

Pregnant women join the list of those for whom flu shots are recommended this season to protect against complications associated with influenza. This list, prepared by a national advisory committee, includes the elderly, residents of nursing homes, people with chronic health conditions and people caring for these groups. But, as public-health experts point out, even healthy children and adults benefit from the flu vaccine. Dr. Noni MacDonald, public-health editor for the *Canadian Medical Association Journal*, and her colleagues note that getting a flu shot is unlikely to result in any side effects except a sore arm. “Occasionally, a mild fever or muscle aches and pains may occur, but this is not the flu,” says MacDonald. “These signs suggest that you are developing a good defence against the types of flu in the vaccine.”

Canadian Medical Association Journal

Magnets don't make the pain go away

A systematic look at rigorous studies measuring the ability of magnets to reduce pain shows that they just don't work. While magnets incorporated into bracelets, leg wraps, necklaces or even mattress pads are a multi-billion dollar business in the U.S., there's a dearth of scientific principles to explain why they should work. British researchers from the University of Exeter and the University of Plymouth examined results from all clinical trials that tested the analgesic effectiveness of magnets. With the exception of osteoarthritis pain, for which there was insufficient evidence one way or the other, these devices were not effective in controlling pain or muscle soreness. In view of these findings, the researchers say magnets cannot be recommended for treating pain.



Cutting cardiovascular risk — by phone

More evidence that programs to help people at risk for heart disease live healthier lifestyles can aid in reducing their risk. Researchers from several centres in British Columbia found that giving people a health report card and two long-distance counselling sessions with a telehealth nurse significantly reduced a global score measuring risk for cardiovascular disease. In the study, 315 adults judged to be at risk for heart disease were randomly divided into two groups. Those in the intervention group were given a report card showing their risk for heart disease, based on individual risk factors such as smoking status and diet. They then received two 30-minute counselling sessions by telephone, six months apart, on how to modify these variables. The other group received their regular health care only. Evaluated one year later, the tele-counselling group scored significantly better on a scale that assessed risk for cardiovascular disease. "One could speculate that a higher-intensity intervention might have had more impact," says Dr. David Alter, a Toronto-based expert in cardiovascular research who reviewed the implications of the study.

Get screened for colorectal cancer

Canadians should be doing more to get tested for colorectal cancer. That's the conclusion of a study looking at how many family doctors in four provinces are screening their patients for this malignancy. Colorectal cancer screening is considered an especially important preventive test because virtually all cases can be prevented or treated if detected early. Canadian guidelines call for all people age 50 and over to be evaluated annually or biennially with fecal occult blood testing (FOBT), in which a patient submits a stool sample for analysis — if the patient is not at high risk for colorectal cancer because of a family history of the disease or certain

pre-existing conditions such as polyps.

FOBT detects blood in the stool, which might indicate early cancer or precancerous growths. A new analysis headed by doctors from the University of Ottawa used the results of a community survey to look at just how many people were being properly tested in 2003.

Only 17.6% of patients were receiving proper screening in the recommended time frame. The good news? Those who had

regular contact with a family physician were more likely to have been properly screened. The message is clear: if you are age 50 or older, ask your doctor about having this test (see "Effective Tests," p. 31).

