Elements: In this month’s issue

There is a variety of papers on offer this month that includes two reviews, four original papers as well as a number of case reports that have been selected for their particular instructive value.

Pioglitazone and cardiovascular disease

The first review by Erdmann and Wilcox explores the role of pioglitazone in the prevention of cardiovascular disease. It has long been known that the thiazolidinediones, a class of drug to which pioglitazone belongs, have in addition to their potential to lower blood glucose levels, an ability to reduce the risk of cardiovascular disease. This is achieved by a diverse number of pathways that include reduction of insulin resistance and improvement in lipid profile. In addition, pioglitazone has been implicated in a variety of inflammatory and metabolic processes. The apparent benefits do not end here however. The review considers the potential role of the drug in neuroprotection. So, is pioglitazone a wonder drug? Possibly; the authors conclude that overall, it slows the progression of both carotid and coronary atherosclerosis in certain patients with type 2 diabetes. We are cautioned that it should not be used in the presence of heart failure and that there is an association between pioglitazone and weight gain and also with an increased risk of fractures. Nevertheless, with these caveats in mind, pioglitazone is a useful addition to the current therapeutic measures used to reduce the burden of cardiovascular disease in type 2 diabetes.

HPV 16 infection and oropharyngeal cancer

Nguyen and colleagues describe the observed rise in oropharyngeal cancers in those individuals who do not have the traditional risk factors for this malignancy: excessive alcohol use and smoking. (There are other risk factors that include poor levels of nutrition, excessive exposure to ultra violet light and, in Asia, consumption of the commonly used stimulant betel quid.) The authors ascribe the increase of this malignancy to infection with the human papillomavirus (HPV) 16 especially in a relative young age group (20 and 44 years-old). This viral etiology in the development of oropharyngeal cancer is considered to be similar to that encountered in the development of cervical cancer. Younger patients who have multiple sex partners, and who indulge in oral-genital sex, have an increased risk of developing oropharyngeal cancers. The review considers the relevant teratogenic processes. Early detection (and this clearly involves skills in taking an accurate sexual activity history) may result in good prognosis but this is dependent upon a high index of suspicion among clinicians. The authors suggest that more widespread vaccination against HPV 16 should be considered.

Acute myocardial infarction and immigration

Like other journals, QJM has from time to time published the outcomes of original research that has looked at the health status of immigrants to the UK. It was with some interest therefore that I read of the experience of another country (and indeed one with a very different healthcare system) in this area. The MARIO study i.e. (Myocardial infarction Associated with Recency of Immigration) from Canada compared the risk of acute myocardial infarction (AMI) amongst almost one million new immigrants compared to long-term residents in Ontario. It was found that overall; the incidence rate for AMI was lower overall; the incidence rate for AMI was lower among immigrants when compared to long term residents. The authors
allude to the term ‘healthy immigrant effect’ which must be used with some degree of caution; this may in part represent an over representation of healthy individuals in the study group (when compared to their home populations as a whole) who are able to and who are allowed to become immigrants. However, the point is well made that there is a need to sustain the healthier state of new immigrants while continuing to focus on lowering risk of cardiovascular disease among all adults.

**Delerium in the intensive therapy unit**

There is also yet another study which highlights a deficiency in an area of current clinical practice. Acute onset of delirium in patients who are admitted to intensive therapy units (ITU) is a relatively common phenomenon. Prompt diagnosis of delirium in this high risk group along with recognition of underlying pathology is essential for appropriate management and successful outcomes. The point made by Mac Sweeney and colleagues that poor management of delirium in ITU patients can prolong hospital stay with increased use of scarce resources. The aim of the survey was to draw attention to attention to the current lack of an evidence base to treat this condition. This is somewhat surprising considering its apparent frequency. Wide variation with respect to diagnostic methodologies and subsequent treatment regimes was found when a national postal survey of members of the UK Intensive Care Society was undertaken. It is concluded that screening for delirium is sporadic and that while haloperidol is widely used, there is limited evidence to support this practice.

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