

An Occasional Medical Newsletter from The Blood Care Foundation

Dear Member,

I am always looking for snippets of advice to pass on to you and I am very grateful to Dr Jane Zuckerman, who is the Director of the Academic Centre for Travel Medicine and Vaccines at the Royal Free and University College Medical School, London, for letting me know that WHO have recently launched their revised (and much improved) edition of recommendations for international travel and health for 2002. The publication is available as a hard copy, CDROM and on the web at www.who.int/ith.

Malaria.

In the middle of the last century, we felt that malaria eradication was a distinct possibility. However, both drug and insecticide resistance developed and now, large areas of the world, where malaria was eliminated or controlled, have become dangerous again. Today there are 300 – 500 million cases of malaria a year resulting in about 2.7 million deaths. Although the majority of these occur in residents of malaria-endemic areas, travellers are becoming increasingly threatened. A recent guide to prevention and treatment simplifies and improves the decision making process for practitioners and H&HR staff as to the appropriate prophylaxis and treatment for malaria. (*J.Travel Med.* 2001;**8**(Suppl 3):S41-64)

In spite of the widespread resistance of *Plasmodium falciparum* to chloroquine, it is still a very useful drug in some circumstances. A recent report from Cameroon showed that pregnant women, who were given weekly doses of chloroquine, had a 35% reduction in the risk of anaemia at delivery. The effect was more marked in primiparous than multiparous women. (*Trop.Med.Int.Hlth.* 2002;**7**:29-34)

Folic Acid and Alzheimer's Disease.

High levels of the amino acid homocysteine may increase the risk of developing Alzheimer's disease. A recent study showed that the incidence nearly doubled in people with raised levels. The authors postulate that consuming more folic acid and vitamins B-6 and B-12, which can lower the levels of homocysteine in the body, might prevent the onset of the dementia. (*New Engl.J.Med.* 2002;**346**:476-83)

Aspirin and Myocardial Infarction.

Patients who have a heart attack and take aspirin before taking anti-fibrinolytic drugs have a higher rate of survival than those who take aspirin afterward. It is unclear why this should be so, but it may be that aspirin improves the restoration of cardiac blood flow. The mortality rates in the early takers (<1.6 hours) v the late takers (3.5 hours) were 2.5% v 6% at 7 days, 3% v 7% at 30 days and 5% v 11% at one year. The authors stress the benefit of this report as more than 10% of people having a heart attack are not given aspirin. (*Am.J.Cardiol.* 2002;**89**:381-5)

Aspirin and Prostate Cancer

A new study suggests that regular use of aspirin, ibuprofen or one of the other NSAIDs by men over 60 reduces the risk of developing prostate cancer by about 50%. 1362 white males were followed up for 6 years during which time 23 (4%) of the 569 who regularly took NSAIDs developed cancer as opposed to 68 (9%) of the 793 who did not. It is thought that NSAIDs block the action of an enzyme that triggers the production of prostaglandins, which in turn are associated with prostate cancer. (*Mayo Clin.Proc.* 2002;**77**:219-25)

Plague in Northern India.

Sixteen cases of pneumonic plague have been reported in the Shimla District of Himachal Pradesh, India since February 4th.

The Perils of Cannabis.

The use of cannabis once a week for 3 years has been found to cause memory impairment, which persists beyond the period of use and worsens with increasing length of use. (*JAMA.* 2002;**287**:1123-31)

Current Problems in Pharmacovigilance.

The latest issue of Current Problems in Pharmacovigilance (Vol 28, Apr 2002) is a goldmine of information, all of which can be accessed on the MCA website, the address of which I note at the end of this paragraph. The major items of interest are:

1. Hormone replacement therapy (HRT) has no proven benefit in coronary heart disease, but does carry an increased risk of venous thromboembolism (4.1/1,000 women years). HRT carries an increased risk of endometrial cancer, varying from 1% to 4.2% depending on the duration of therapy and also an increased risk of breast cancer, varying from 0.2% to 1.2% again depending on the duration of therapy.
2. Because of the danger of inducing Reye's syndrome, aspirin should not be prescribed to children aged 12 to 15 years when feverish and should not be given to children under 12 years unless medically indicated, such as juvenile arthritis.
3. Ibuprofen is the NSAID with the lowest risk of causing gastrointestinal haemorrhage and azapropazone carries the highest risk. The risk is nearly doubled when NSAIDs are taken in conjunction with aspirin.
4. Many Traditional Chinese Medicines continue to contain prohibited substances. Some contain aristolochia, which can cause renal failure and urethral cancer, corticosteroids, glibenclamide and fenfluramine. Kava-kava can cause liver failure. Doctors are advised to question patients about herbal remedies when investigating possible adverse reactions.

(<http://www.mca.gov.uk/ourwork/monitorsafequalmed/currentproblems/currentproblems.htm>)

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