Combination therapy best for preventing ECT relapse

Without continued pharmacotherapy virtually all patients who respond to ECT will relapse within six months of completing the treatment.

While ECT is highly effective in the treatment of major depression, some studies have suggested a relapse rate in excess of 50 per cent from six to 12 months after completion of ECT. To determine the efficacy of continuation pharmacotherapy, US researchers studied 84 patients who had completed a course of ECT. They were randomised to receive placebo, nortriptyline, or nortriptyline and lithium for 24 weeks.

Nortriptyline and lithium had a marked advantage in time to relapse, superior to both placebo and nortriptyline alone. Over the 24-week trial, the relapse rates were 39, 60 and 84 per cent for combination therapy, nortriptyline and placebo respectively. All but one instance of relapse with combination therapy occurred within five weeks of ECT termination, while relapse continued throughout treatment with placebo and nortriptyline alone. Medication-resistant patients, women, and those with more severe depressive symptoms following ECT, had a more rapid relapse.


Deprivation a risk factor for visual loss from glaucoma

Glaucoma should be included in policies aimed at reducing inequalities in health, London researchers say.

End-stage glaucoma causes profound and irreversible visual loss but research into determinants of late presentation is scarce. The researchers undertook a case control study in three hospital eye departments. Late presenters (n=110) were compared with those with early glaucoma (n=110).

Median underprivileged area scores were higher in late presenters than controls (29.5 versus 21.3). Late presenters were more likely to be of lower occupational class odds ratio 20.1 for group III compared with group I-II and 86.0 for group IV-V compared with group I-II. Late presenters were also less likely to have access to a car, to have left full-time education at age 14 or less and to be tenants rather than owner occupiers.

Effects of deprivation were partly accounted for by family history of glaucoma, time since last visit to an optometrist and lack of an initial diagnosis of glaucoma by an optometrist. The authors say that to their knowledge this is the first study to report that those with the least material and psychosocial resources to cope with blindness are at substantially higher risk of glaucomatous visual loss.


High salt intake predicts mortality and heart disease

Results of a study undertaken in Finland provide direct evidence of the harmful effects of high salt intake, the researchers say.

Although salt has been implicated in cardiovascular disease, research has been conflicting and some has disputed the link. To establish whether high salt intake increases the risk of acute coronary heart disease and stroke, the researchers undertook a prospective trial among 1,173 men and 1,263 women recruited in 1982 and 1987. All had complete data on 24-hour urinary sodium excretion and cardiovascular risk factors.

The hazards ratio for coronary heart disease, cardiovascular disease and all cause mortality, associated with a 100mmol increase in 24-hour urinary sodium were 1.51, 1.45 and 1.26 respectively in both men and women. The frequency of acute coronary events, but not acute stroke, rose significantly with increasing sodium excretion. When analyses were done separately for each sex, the risk ratios were significant in men only. There was a significant interaction between sodium excretion and body mass index for cardiovascular and total mortality; sodium predicted mortality in men who were overweight.


Restenosis prevented with new aspirin formulation

A new form of an old drug might help prevent restenosis following angioplasty, according to researchers from Italy and the US. They have been testing a nitrous oxide-releasing derivative of aspirin in animal models. The drug has been tested in mice that are genetically prone to develop atherosclerosis when fed a high-cholesterol diet.

Compared with standard aspirin, the nitrous oxide-releasing form was significantly more effective in reducing post-angioplasty restenosis. This protective effect was even more marked when the drug was given a week before angioplasty. While the mice given standard aspirin showed severe mucosal and ulcerogenic damage induced by aspirin, those given the nitrous oxide form had no such damage.