marker with a high prevalence in reactive arthritis, was positive in 36 per cent of those with Shigella. The odds ratio for developing reactive arthritis in those with Shigella infection was 16.2. One control subject had reactive arthritis.

The finding that 7 per cent of patients develop reactive arthritis after Shigella infection gives an annual incidence of 1.3/1,000,000 in Finland.


High risk of keratitis with extended wear contact lenses

People who choose to sleep in contact lenses should be advised to wear ones made of silicone hydrogel to reduce the risk of severe keratitis.

Researchers from Manchester investigated the incidence of non-severe keratitis (NSK) and severe keratitis (SK) in contact lens wearers. Over 12 months, all contact lens wearers presenting with a corneal infiltrate/ulcer were included. Daily or extended wear modality and lens types were estimated from demographic and market data.

Over the study period, 80 and 38 patients presented with NSK and SK respectively. The annual incidences (cases per 10,000 wearers) for each modality and lens type were: daily wear rigid, NSK 5.7, NK 2.9; hydrogel daily disposable, NSK 9.1, SK 4.9; daily wear hydrogel (excluding daily disposables), NSK 14.1, SK 6.4; daily wear silicone hydrogel, NSK 55.9, SK zero; extended wear rigid, NSK zero, SK zero; extended wear hydrogel, NSK 48.2, SK 96.4; extended wear silicone hydrogel NSK 98.8, SK 19.8. The difference in SK between extended-wear hydrogel and silicone hydrogel was significant.

The authors say those who choose to sleep in lenses should wear silicon hydrogel ones, which carry a five times decreased risk of SK for extended wear compared with hydrogel lenses.


Eating breakfast is a healthy way to kick start the day

Not eating breakfast impairs fasting lipids and could lead to weight gain.

Although eating breakfast is recommended, the evidence for health benefits is inconclusive. Researchers from Nottingham recruited ten women of normal body weight to two 14-day interventions. In the eating breakfast fortnight, they consumed breakfast cereal with 2 per cent-fat milk before 8am and a chocolate biscuit between 10.30 and 11am. In the fortnight where breakfast was omitted, the biscuit was eaten at the same time and the cereal between 12am and 1.30pm.

Subjects then consumed four additional meals with content similar to their usual meals at predetermined times later in the day and recorded food intake on three days in each period.

Reported energy intake was significantly lower in the eating breakfast than the omitting breakfast period (p=0.001), and resting energy expenditure did not differ significantly. Omitting breakfast was associated with significantly higher fasting total and low-density lipoprotein cholesterol than was omitting breakfast (3.14 and 3.43mmol/litre and 1.55 and 1.82mmol/litre respectively, p=0.001).


Eating breakfast helps people to maintain a healthy weight