associated with a 70 per cent increase in the risk of fatal cardiovascular disease in patients with RA and a rise in ten-year mortality from cardiovascular disease from 5 to 10 per cent in men and from 2 to 4 per cent in women aged between 50 and 67.


Parents adopt many strategies to comply with eye patching

Interventions aiming to improve compliance with occlusion for amblyopia should take account of the difficulties and tensions experienced by parents.

Researchers from Leicester explored parents’ experiences of occlusion (patching) therapy for the treatment of their children’s amblyopia. Semi-structured interviews were carried out with 25 families of children being treated at a specialist clinic.

Parents found themselves obliged to manage patching treatment. This involved dilemmas and tensions, with many describing children’s distress, particularly in the early stages. Parents were highly sensitive to the credibility of the treatment but were sometimes confused by information given to them in the clinic or did not see clinic staff as authoritative.

There was evidence that parents were likely to abandon or modify the treatment if no improvement could be detected or if the child continued to suffer socially or educationally. Parents described strategies for facilitating patching including explanation, normalisation, rewards, customising the patch, establishing a routine and enlisting the help of others.

Whatever their practices in relation to patching, they were keen to defend their behaviour as that of a ‘good parent’. The authors say that practical support building on the strategies described by parents is likely to be useful in achieving compliance.


Sugar cane product not effective in lipid lowering

The sugar cane-derived substance policosanol in usual and high doses does not reduce lipid levels in people with hypercholesterolaemia or combined hyperlipidaemia.

Policosanol is advertised as a natural substance for lowering lipids. To test this, researchers in Germany ran a multicentre randomised double blind study involving 143 people with hypercholesterolaemia or combined hyperlipidaemia. They were randomised to one of five groups who received 10, 20, 40 or 80mg/day of policosanol or a placebo for 12 weeks.

In none of the groups did low-density lipoprotein cholesterol levels fall more than 10 per cent from baseline. No significant difference between policosanol and placebo was observed. A nonparametric test analysing dose dependency yielded non-significant results. In none of the secondary outcome measures (total cholesterol, high-density lipoprotein, very low density lipoprotein, triglycerides, lipoprotein(a) and ratio of total or low-density lipoprotein cholesterol to high-density lipoprotein cholesterol) were there any significant effects.

Policosanol was well tolerated with no serious adverse events. Although it has been used in clinical trials for over a decade, there are no data on patient outcomes such as cardiovascular morbidity and mortality, the authors say. People who might take policosanol to improve their cardiovascular risk profile should be given independent information.