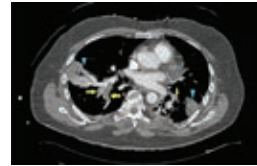


MINERVA

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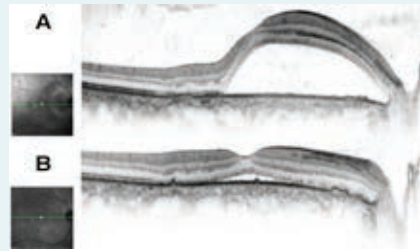
A man with acute venous thromboembolism and thrombocytopenia

See the case report in *ENDGAMES*, p 38

Gout is becoming more common in the UK according to a new study (*Annals of the Rheumatic Diseases* 2014, doi:10.1136/annrheumdis-2013-204463). The authors use the Clinical Practice Research Dataset (CPRD) to examine its prevalence, incidence, geographical distribution, and treatment from 1997 to 2012. They think it unlikely that the rise from 1.5% to 2.5% in prevalence is due to high living, because recent studies indicate that gout is more prevalent in low income groups. And they criticise GPs for prescribing too few uric acid lowering drugs and patients for not taking them when prescribed. But Minerva doesn't think a CPRD based study can support conclusions about the appropriateness of individual treatment decisions in such a variable condition.

"Independent lines of evidence converge to suggest a central role of the gut microbial community in Crohn's disease" say the authors of a French study (*Gut* 2014, doi:10.1136/gutjnl-2012-303786) that describes a bacterial protein signature that may be specific to the disease. Minerva is impressed with the science, without understanding it all, and she likes the idea that we can now extract bacterial protein signals relevant to Crohn's disease by interrogating myriads of intestinal bacteria from a small number of people. A biomarker that identifies Crohn's and gives new insights into its cause would be a major breakthrough. And the French are keen not only to investigate the gut microbiome—as anyone who has ordered andouillette in France will know, they sometimes also eat it.

Minerva wonders why everyone who develops raised blood glucose in later life is given the label "type 2 diabetes," as if a single biochemical result means a single disease process. Anyone who has looked after people with this label knows that they can follow completely different clinical courses. Using data from 5250 patients in the Tayside Genetics of Diabetes Audit and Research database (*Diabetes Care* 2013, doi:10.2337/dc13-1995), investigators found that faster progression was independently associated with younger age at diagnosis, higher log triacylglyceride concentrations (hazard ratio 1.28 per mmol/L, 95% CI 1.15 to 1.42), and lower high density lipoprotein levels (0.70 per mmol/L, 0.55 to 0.87). They also note that "genetic factors that predispose to diabetes are different from those that cause rapid progression of diabetes suggesting a difference in biological process that needs further investigation."



A 56 year old man presented with deteriorating vision in his right eye and a history of recent weight gain, new onset hypertension, weakness, headaches, and widespread ecchymoses. Visual acuity in the right eye was 6/60, the retina was raised and optical coherence tomography (OCT) showed subretinal fluid accumulation (fig 1A), confirming a diagnosis of central serous chorioretinopathy (CSCR). Urinary free cortisol was 752 µg/24 h, with plasma adrenocorticotrophin (ACTH) of 176 pg/mL with a 6 mm pituitary lesion on magnetic resonance imaging. After trans-sphenoidal resection, the adenoma stained positively for ACTH and the cushingoid features regressed swiftly. Repeat OCT showed complete clearance of subretinal fluid (fig 1B). CSCR is characterised by detachment of pigment epithelium and overlying neurosensory retina owing to leakage from chorioretinal capillaries into the subretinal space. It is a rare complication of exogenous or endogenous glucocorticoid excess.

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Patient consent obtained.

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Most first episodes of psychosis do not herald schizophrenia. A study of patients admitted to Scottish psychiatric units with a diagnosis of acute and transient psychotic disorders (ATPD) finds that about one in eight people with first ever diagnosed ATPD develop schizophrenia within three to five years (*British Journal of Psychiatry* 2013, doi:10.1192/bjp.bp.113.127340). Longer first admission to hospital, younger age at onset, and male sex were associated with increased risk and earlier development of schizophrenia.

As people with heart failure reach the final stage, treatment with loop diuretics becomes less effective, while cardiac myocytes secrete ever higher levels of natriuretic peptides in an attempt to reduce the circulating fluid load. Many studies have looked at the prognostic value of natriuretic peptide measurement in end stage heart failure, but diuretic resistance is harder to measure. Careful analysis of two datasets from University of Pennsylvania hospitals and the ESCAPE study (*Circulation: Heart Failure* 2013, doi:10.1161/CIRCHEARTFAILURE.113.000895) shows that a low diuretic response was associated with worse survival even after adjusting for in-hospital diuretic dose, fluid output, and baseline characteristics (Penn hazard ratio 1.36, 95% CI 1.04 to 1.78, P=0.02; ESCAPE hazard ratio 2.86, 1.53 to 5.36, P=0.001). Minerva hopes that cardiologists with diuretic resistant patients with heart failure will think more about supportive and palliative care and less about futile additions to their burden of treatment.

"Don't get old" people often tell Minerva, little realising that being an ageless goddess trying to reduce human folly over the centuries isn't much fun either. I do wish mortals would be kinder to the old and sick, though. The title of a new paper (*BMC Health Services Research* 2014;14:33, doi:10.1186/1472-6963-14-33) says it all: "People with limiting long-term conditions report poorer experiences and more problems with hospital care." Minerva wishes that there was a science of kindness to deal with this problem, which has been around since there have been hospitals.

Minerva realises that many general practitioners are facing an almost intolerable workload and need all the help they can get. The latest comes from a team from Amsterdam who report that, "Based on a literature search and expert opinion, we have developed an information leaflet for GPs to provide as a supplement to oral shoe advice. Women using this leaflet were able to select shoes of better quality and better fit than women selecting shoes without using the leaflet" (*Family Practice* 2014, doi:10.1093/fampra/cmt084). A word of warning though, any GP planning to tell Minerva which shoes to buy should think twice.
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