MINERVA

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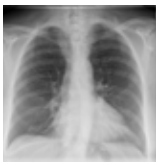
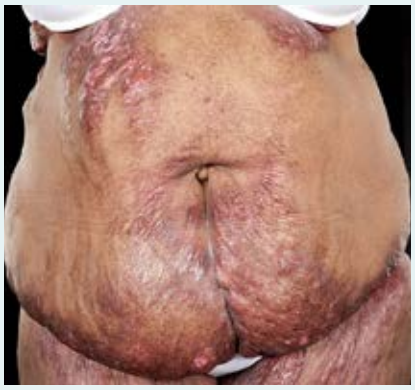


An unusual cause of breathlessness
Try the picture quiz in ENDGAMES, p 38

A study in the *British Journal of Psychiatry* (2013, doi:10.1192/bjp.bp.112.123992) finds that, for people with mental disorders, accidental death is a greater hazard than suicide. They found that 26% of 22 419 people who died from accidents in Sweden had a diagnosis of any psychiatric disorder, compared with 9.4% in the general population. The risk of accidental death was fourfold to sevenfold higher in patients with personality disorders; sixfold to sevenfold higher in dementia; and twofold to fourfold higher in schizophrenia, bipolar disorder, depression, or anxiety disorders. It was not fully explained by comorbid substance use. But Minerva wonders how much is attributable to drugs and how much to the underlying disorder.

Because the greatest harm from type 2 diabetes comes in the form of macrovascular disease, reducing such disease is the most important aim of treatment. Angiotensin receptor blockers (ARBs, or "sartans") are generally considered safe and effective in reducing blood pressure in diabetes, although the ROADMAP trial of olmesartan two years ago showed an increase in cardiovascular events. A Canadian population based cohort study in *CMAJ* (2013, doi:10.1503/cmaj.121771) shows that you cannot generalise across this class of drugs. Telmisartan and valsartan—as compared with candesartan, irbesartan, or losartan—were both associated with a significantly lower risk of admission to hospital for acute myocardial infarction, stroke, or heart failure in older adults with diabetes and hypertension.

Last year, the *BMJ* ran a myth busting feature on sports products by Carl Heneghan and colleagues, in which the claims for sports drinks featured heavily. Now a New Zealand study in the *British Journal of Sports Medicine* (2013, doi:10.1136/bjsports-2013-092417) casts doubt on the whole idea that dehydration impairs sports performance in the heat. Ten Kiwi competitive cyclists volunteered to undergo deliberate dehydration to −3% by performing two hours of submaximal exercise (walking and cycling) in the heat (33°C). They were then reinfused with saline to replace 100%, 33%, or 0% of fluid losses, leaving them 0%, −2%, or −3% hypohydrated, respectively. Participants then completed a 25 km time trial in the heat, during which their starting hydration status was maintained by infusing saline at a rate equal to their sweat rate. Phew. No difference in performance was seen between the groups, who were blinded to their treatment.



A 49 year old woman taking insulin and metformin for diabetes and two antihypertensives for hypertension with hypokalaemia presented with features suggestive of Cushing's syndrome—facial plethora, central obesity, proximal myopathy, and striking purple striae over the chest, abdomen, and thighs. Although she had no symptoms of adrenal insufficiency, her 9 am cortisol was 11 nmol/L (reference range 171-536) and 24 hour urinary cortisol was less than 28 nmol/L (100-250). This suggested use of exogenous steroids, but the patient denied this on several occasions. Twelve months later, when her history was revisited, she admitted applying 0.05% topical clobetasol and a skin whitening moisturiser (containing steroid) for the past 10 years. Two months later, 9 am cortisol and adrenocorticotrophin were normal, and her short synacthen test (off all hydrocortisone) was satisfactory. Currently, she is taking metformin only.

Nazia Rashid, specialist registrar in endocrinology, **Teng-Teng L L Chung** (tengteng.chung@uclh.nhs.uk), consultant in endocrinology, Department of Endocrinology and Diabetes, University College London Hospital NHS Foundation Trust, London NW1 2PG, UK

Patient consent obtained.

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The ice in Alaska is getting thinner, but it is hard to show that more people are falling through it, because there is no state register. A survey of newspaper reports from 1990 to 2010 in the *Journal of Public Health* (2013, doi:10.1093/pubmed/fdt081) identified 307 events, affecting at least 449 people. About a quarter of those involved died, and Alaskan natives accounted for a disproportionate number of these deaths. More than half of the events involved transportation by snow machine, and the authors worry that they will become more common as global warming progresses.

As she strolls down the shopping streets of England, Minerva is constantly amazed at the claims she sees on windows of Chinese medicine shops. There seems to be nothing they cannot cure. But beware of Shou Fu Ti Tun Guo Xiang Xing Jian Fei Jiao Nang. This means "Abdomen Hips Fruit Flavoured Slimming Capsules" and is the subject of an alert issued on 17 September by the US Food and Drug Agency. It is also known as Сокра щать живот и повышать зад, which translates as "Reducing Belly and Lifting the Buttocks," and in English it is sold as "Instant Slim." The active ingredient is not an exotic Chinese herb or animal body part, but sibutramine, a very Western drug, which was withdrawn in 2010 because of harmful cardiovascular effects.

The word "guidelines" makes Minerva shudder. So often they are cumbersome, biased, tunnel visioned, and out of date before they are even published; often they disagree among themselves; and they are widely ignored in clinical practice. But health professionals and patients need to be given the best evidence in an objectively assessed, constantly updated form somehow, and a paper hidden away in *Chest* (2013, doi:10.1378/chest.13-0746) sets out a practical vision of how this might be done. The authors, who include "the father of evidence based medicine," Gordon Guyatt, set out a process for analysing new evidence across the whole of medicine as it comes in, grading it, and using it to amend existing guidelines and treatment recommendations. They hope then to apply this updated knowledge "semi-automatically" to feed into decision aids, so that shared decision making with patients during the consultation can be informed by the most recent reliable evidence.

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