

## New editorial board member



We welcome general practitioner and diabetologist, Dr Neil Munro (left) to the *BJC* editorial board. Dr Munro has been a general practitioner in Surrey since 1984. He is also an Associate

Specialist in Diabetes at the Chelsea and Westminster Hospital, London, and has worked in specialist hospital-based diabetes clinics since 1985. In addition, he has provided diabetes services for the practice for over two decades. He was research officer for the St Vincent's Declaration Primary Care Diabetes Group in 1999 and Chairman of Primary Care Diabetes Europe (PCDE) from 2000–2005. His appointment underlines the *BJC*'s increasing commitment to cardiometabolic medicine.

## ACUITY indication approved for bivalirudin

The antithrombin, bivalirudin has received European approval for the expanded indication of use in patients with acute coronary syndromes, specifically patients with unstable angina or non-ST segment elevation myocardial infarction (NSTEMI) planned for urgent or early intervention, when used with aspirin and clopidogrel. The approval is based on results from the ACUITY (Acute Catheterisation and Urgent Intervention Triage strategy) trial in which bivalirudin resulted in similar rates of ischaemic clinical outcomes and less major bleeding compared to standard therapy of heparin plus a GP IIb/IIIa blocker.

## Losartan to candesartan switch cost-effective and efficacious

Switching from losartan to candesartan achieves significant reductions in blood pressure over two years and is also cost-effective according to a recent study (*Int J Clin Prac* 2008; 1–8). Carried out at a primary care practice in Hertfordshire, 98% (92 out of 94) patients were still taking candesartan two years after a switch from losartan with systolic and diastolic blood pressures being 7.0 and 2.0 mmHg lower, respectively. Candesartan is 21–23% lower in price than losartan.

## New website for Fabry disease

A new website about Fabry disease has been launched to highlight this rare condition, characterised by significant damage to the heart as waste products, which are not discharged, build up in the tissue over years. The website was launched on February 29<sup>th</sup>, which was designated European Rare Disease Day. It can be found at [www.focusonfabry.com](http://www.focusonfabry.com).

## Statins reduce atrial fibrillation?

A new meta-analysis has suggested that statins may reduce atrial fibrillation (AF). In the study, (*J Am Coll Cardiol* 2008; 51:828–35), statin use was associated with a decreased risk of incidence or recurrence of atrial fibrillation in patients with a history of the condition, those undergoing cardiac surgery, or those who had had an acute coronary syndrome. The authors, led by Dr Laurent Fauchier (Centre Hôpitalier Universitaire Trousseau, Tours, France), call for large-scale randomised clinical trials to look at whether statins would be appropriate treatment for the management of AF.

## Watching important football matches increases cardiovascular events

Watching an exciting football match more than doubled the risk of an acute cardiovascular event in a German study. The study (*N Engl J Med* 2008; 358:475–83) assessed cardiovascular emergencies in the greater Munich area during the World Cup held in Germany in 2006. It found that on days that the German team was playing, cardiac emergencies were increased by 2.66 times compared with control periods in 2003 and 2005, which were chosen to try to exclude other triggers for stresses. Unsurprisingly, there was more of an effect in men who had a 3.26 times greater risk of an event than in the control period, whereas for women the risk was increased by 1.82 times. The intensity of the reaction depended on how exciting the match was, with a documented increase in cardiac events after a penalty shoot-out. The authors say these results lend support to the "trigger" hypothesis, whereby a stressful event provokes additional cardiovascular events.

## Antihypertensives within same class can have different tolerability

Certain antihypertensives within the same class are better tolerated by patients than others, a new study suggests. The study, published in the November/December issue of *Pharmacy In Practice*, was based on a retrospective audit at a general practice in North Tyneside. The author, Wasim Baqir, a pharmacist based at the practice, found that among the three angiotensin-converting enzyme (ACE) inhibitors studied, lisinopril (with a discontinuation rate due to adverse effects of 9.1%) was considerably better tolerated than either perindopril (16.4%) or ramipril (20.0%). Calcium blockers were the most commonly prescribed class of drug to patients newly diagnosed with hypertension, and when comparing the two most widely-used drugs within this class, it was found that adverse effects resulted in discontinuation in 25.4% of patients taking amlodipine compared with 11.1% of those taking lercanidipine, the main factor accounting for the difference being less ankle oedema with lercanidipine.