CLINICAL CAPSULES

Benefits of Quitting Seen in 2 Weeks

Abnormalities in two measures of platelet function—platelet aggregability and intraplatelet redox balance—were reversed a mere 2 weeks after long-term smokers quit smoking, reported Hirohiko Morita, M.D., and associates at Kurume (Japan) University.

They conducted a 4-week study of 27 healthy male medical students who had smoked at least 15 cigarettes per day for over 5 years on average. Thirteen subjects were randomly assigned to quit smoking for 2 weeks and then resume smoking, while the other 14 quit smoking for the full 4 weeks. The augmented platelet aggregability that all of the subjects showed at baseline decreased until it was fully reversed by day 14. It then returned to baseline levels only in the group that resumed smoking. Markers of the intraplatelet redox imbalance and of systemic oxidative stress followed the same pattern (J. Am. Coll. Cardiol. 2005;45:589-94).

"Long-term smokers tend to underestimate the benefit of quitting," in part because they cannot see the immediate benefits, the investigators said. Showing them that these benefits occur so rapidly should strengthen their motivation, they added.

Women's CV Risk Underestimated

Fewer than 20% of 500 physicians participating in a national survey realized that heart disease kills more women than men every year. When assessing hypothetical patient profiles, many of the physicians consistently underestimated cardiovascular risk and failed to prescribe recommended treatments for women.

A total of 300 primary care physicians, 100 cardiologists, and 100 ob.gyns. participated in the 30-minute survey in late 2004. These physicians had been in full-time clinical practice for a mean of 17 years. A total of 81% of the primary care physicians, 85% of the ob.gyns., and 98% of the cardiologists were men, according to Lori Mosca, M.D., of Columbia University College of Physicians and Surgeons, New York, and her associates (Circulation 2005;111:499-510).

Only 8% of the primary care physicians, 13% of the ob.gyns., and 17% of the cardiologists knew that every year heart disease kills more women (nearly 500,000) than men. When assessing hypothetical case profiles, physicians in all three specialties designated women as lower risk than men who had identical risk profiles. They also were much more likely to correctly categorize cardiovascular risks of male patients than of female patients, and to correctly prescribe recommended treatments to men, the investigators said.

Statins Cut Risks in Vascular Surgery

Statins protect against cardiac complications in patients undergoing noncardiac vascular surgery, reported Kristin O'Neil-Callahan, M.D., of Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, and her associates in the Statins for Risk Reduction in Surgery (STARRS) study.

The records of all 997 patients who had carotid endarterectomy, aortic surgery, or peripheral revascularization at the medical center between January 1999 and December 2000 were analyzed (J. Am. Coll. Cardiol. 2005;45:336-42).

Cardiac complications occurred in 52 (9.9%) of the hospitalizations of patients who had been receiving statins at the time of surgery, compared with 105 (16.5%) of the hospitalizations of patients who had not been taking statins. "Overall, one would need to treat 15 patients with statins to avoid 1 cardiac complication," the researchers said.

Hypothermia in Aneurysm Repair

Intraoperative hypothermia doesn't improve neurologic outcomes in patients undergoing intracranial aneurysm repair—a finding with broad ramifications, given that cooling is now used in over half of aneurysm surgeries because many believe it's neuroprotective, said Michael M. Todd, M.D., of the University of Iowa, Iowa City, and his associates.

New neurologic deficits are common after intracranial vascular surgery, and preclinical studies have shown that mild hypothermia improved outcome after ischemic and traumatic insults.

The investigators conducted a prospective randomized trial involving 1,000 patients at 30 medical centers to determine whether mild intraoperative hypothermia (target core temperature 33° C) improved 90-day outcomes in "good-grade" patients with aneurysmal subarachnoid hemorrhage (N. Engl. J. Med. 2005;352:135-45).

The researchers found no differences between those who underwent cooling and those who did not, in terms of the number of intraoperative or postoperative adverse events, days spent in intensive care, total days of hospitalization, percentage of subjects discharged to home rather than to rehabilitative facilities, or number of deaths (6% in both groups).

—Mary Ann Moon