

High-Glycemic Diet Hikes Gallstone Risk in Women

BY BRUCE JANCIN
Denver Bureau

HONOLULU — Liberal consumption of foods with a high glycemic index increases the risk of cholecystectomy in women, Dr. Chung-Jyi Tsai reported at the annual meeting of the American College of Gastroenterology.

“Our findings suggest that not all carbohydrates are equivalent,” said Dr. Tsai of the University of Kentucky, Lexington.

Gallstone disease affects 10%-25% of American adults and is a leading cause of hospital admission. More than 800,000 cholecystectomies are performed in the United States annually.

In this country and other parts of the developed world, most gallstones are cholesterol stones. Research has shown that high carbohydrate consumption can lead to elevated triglycerides and low HDL cholesterol levels, along with visceral adiposity. This metabolic pattern, often seen in conjunction with insulin resistance, is believed to promote secretion of cholesterol into the bile and has been associated with increased risk of gallstone disease, Dr. Tsai explained.

He turned to the Nurses' Health Study to test his hypothesis that heavy consumption of foods with a high glycemic index—that is, foods that trigger a relatively robust glycemic response—increases the risk of symptomatic gallstone disease leading to cholecystectomy.

The Nurses' Health Study began in 1976 and involves prospective collection of medical,

lifestyle, and food frequency data every several years from more than 120,000 American nurses. Because the participants are interested health professionals, follow-up rates are extremely high. And since the data are collected well before disease end points occur, the potential for research bias is minimized, the gastroenterologist noted.

Dr. Tsai reported on 70,408 women who participated in the study during 1984-2000. During 932,676 person-years of follow-up, 5,771 women underwent cholecystectomy.

From the participants' detailed food consumption records, investigators calculated each woman's average glycemic index. This was derived by multiplying the carbohydrate content of each serving of food they ate by the average number of servings of that food per day times the food's glycemic index, summing the products, and then dividing this figure by the total daily carbohydrate intake.

In a multivariate analysis that adjusted for the known risk factors for symptomatic gallstone disease, women in the top quintile for glycemic index had a highly significant 32% greater risk of undergoing cholecystectomy, compared with women in the lowest quintile.

A similar pattern was noted with regard to glycemic load. A woman's glycemic load was calculated by multiplying the carbohydrate content of each food she consumed by its glycemic index, then multiplying this figure by the food's frequency of consumption, and finally summing these values for all foods. ■

5-Aminosalicylate Recommended For Preventing Colon Cancer in UC

BY BRUCE JANCIN
Denver Bureau

HONOLULU — Two good reasons exist for all ulcerative colitis patients to be on 5-aminosalicylate long term, Dr. Bret A. Lashner said at the annual meeting of the American College of Gastroenterology.

One is that the drug helps maintain disease remission. That's common knowledge. But 5-ASA also may reduce the risk of developing colorectal cancer (CRC), said Dr. Lashner, director of the Center for Inflammatory Bowel Disease at the Cleveland Clinic Foundation.



The evidence for a CRC chemopreventive effect of 5-ASA is “somewhat weak,” he conceded. There have been five studies addressing the issue, all observational. Three proved positive, and two showed no effect.

But a recent metaanalysis by Dr. Fernando S. Velayos and coworkers at the University of California, San Francisco, that included these five studies as well as four others looking at the combined end point of CRC or dysplasia, concluded 5-ASA was indeed protective against CRC. The drug was associated with a 49% reduction

in relative risk. It was also associated with an identical 49% reduction in the risk of CRC/dysplasia (*Am. J. Gastroenterol.* 2005;100:1345-53).

“Of course, we already recommend 5-ASA to our ulcerative colitis patients for maintenance of their remission, which they should take. But we now know from work at the University of Chicago that patients don't take this medication the way that they should. Adding into your

‘We already recommend 5-ASA to our ulcerative colitis patients for maintenance of their remission.’

DR. LASHNER

practice the advice that 5-ASA not only prevents recurrence but might help decrease the risk of cancer or dysplasia might get patients to take their medicine more often,” Dr. Lashner said. Two other agents are supported by evidence of efficacy for primary chemoprevention of CRC in ulcerative colitis patients. One is folic acid at 0.4-1.0 mg/day. Only one of three epidemiologic studies showed a statistically significant benefit, but since folic acid is safe and inexpensive, it is something—like 5 ASA—that ulcerative colitis patients ought to routinely take for the long term, the gastroenterologist continued. The other CRC chemopreventive agent is ursodeoxycholic acid, which in two studies showed efficacy in inflammatory bowel disease patients with primary sclerosing cholangitis. ■

Laparoscopic Appendectomy Has Advantages in Elderly

BY ALICIA AULT
Contributing Writer

CHICAGO — A laparoscopic approach to appendectomy in the elderly appears to reduce mortality and complications, Dr. Andrew Harrell said at the annual meeting of the Society for Surgery of the Alimentary Tract.

Using data from the North Carolina Hospital Association Patient Data System, Dr. Harrell and his colleagues analyzed results for all patients who had an ICD-9 code for appendectomy in 1997-2003 who were either urgent or emergent. They then compared outcomes for patients aged 18-64 years and those aged 65 and over, and for those who had open and laparoscopic procedures.

During the time period analyzed, there were 28,929 appendectomies in the younger age group and 3,009 in the older group. Use of the laparoscopic approach in people over age 65 increased from 10.6% of appendectomies in 1997 to 21% in 2003, said Dr. Harrell of the division of gastrointestinal and minimally invasive surgery at the Carolinas Medical Center in Charlotte, N.C.

The elderly had a longer length of stay in the hospital (7.2 days vs. 3.5 days for the younger group), regardless of whether the procedure was open or laparoscopic. Complication rates and death rates were also higher in the elderly than in

younger patients: 22.1% vs. 9% and 2.2% vs. 0.15%, respectively.

But, when older patients underwent laparoscopic appendectomy, all the outcomes improved, said Dr. Harrell. The length of stay decreased to 4.6 days, and 14.4% experienced complications, compared with 23.8% of those undergoing the open procedure. Mortality declined to 0.4% for the laparoscopic approach, compared with 2.7% for the open procedure. Laparoscopic charges, however, were higher than those for the younger group's less invasive surgery, at \$16,670 compared with \$11,160.

Dr. John Hunter, chairman of surgery at Oregon Health and Science University, Portland, said that although the data were intriguing, he found many flaws in the analysis. The patients who had laparoscopy appeared to be younger, healthier, and predominantly female, said Dr. Hunter, who discussed the paper at the meeting.

This imbalance seems to make direct comparisons between the groups difficult, Dr. Hunter said.

Dr. Harrell said that he and his colleagues did notice a difference, but a subset and a multivariate analysis (controlling for age, gender, and comorbidities) still showed significantly shorter hospitalizations for the laparoscopic group and a higher rate of routine discharge to the patient's home, when compared with the open surgery group. ■

Video Capsule Endoscopy Misses Many Polyps in FAP

HONOLULU — Video capsule endoscopy doesn't cut the mustard for evaluation of small bowel polyps in patients with familial adenomatous polyposis, Dr. Robert F. Wong reported at the annual meeting of the American College of Gastroenterology.

Despite recent suggestions to the contrary by some video capsule endoscopy (VCE) enthusiasts, push enteroscopy remains the preferred method for evaluation of patients with familial adenomatous polyposis (FAP), based on the results of his prospective comparative study, said Dr. Wong of the University of Utah, Salt Lake City.

The study showed that VCE seriously underestimated the number of small bowel polyps in patients with FAP. Moreover, VCE proved inaccurate both for the diagnosis of large polyps—the ones with the greatest potential for malignant transformation—and for estimating the size of a patient's largest polyp, he added.

Dr. Wong reported on 32 patients with clinically diagnosed FAP who

underwent VCE followed immediately by push enteroscopy and lower endoscopy. The VCE results were interpreted by two experienced blinded readers, whereas standard endoscopies were reported by a single gastroenterologist blinded to the VCE results.

All patients had multiple polyps in the small bowel. VCE detected a median of 38 and 54 per patient, depending upon the reader, while standard endoscopy identified a median of 123. VCE had poor accuracy for detecting polyps of 1 cm or larger. It misclassified three patients as having large polyps who didn't, and three others as not having large polyps who did.

Asked if he sees a role for video capsule endoscopy in FAP, Dr. Wong replied, “If the question is whether a patient has small bowel polyps or not—a yes or no question—I think it's useful. But in terms of accurate determination of polyp burden or whether a patient has large polyps, I don't think it's particularly useful.”

—Bruce Jancin