

## CLINICAL CAPSULES

**Statin Use and Macular Degeneration**

No association appears to exist between age-related macular degeneration and the use of statins or other cholesterol-lowering drugs, according to findings from a case-control study of patients in the Cardiovascular Health Study.

It's been hypothesized that statins and other cholesterol-lowering drugs could slow or prevent age-related macular degeneration (AMD) by lowering serum or ocular concentrations of cholesterol, which is found in deposits within the extracellular lesions of AMD.

In a comparison between 390 patients with AMD and 2,365 control patients, Gerald McGwin Jr., Ph.D., and his colleagues at the University of Alabama at Birmingham did not find a significant association between AMD and the use of cholesterol-lowering drugs overall or statins in particular (*Arch. Ophthalmol.* 2006;124:33-7).

This lack of association persisted even after adjustment for a variety of demographic, behavioral, and medical variables. Participants were considered users if they reported using cholesterol-lowering drugs at one or more study visits.

Previous studies have reached conflicting conclusions. "Whether statins represent a viable mechanism for preventing or slowing AMD is still an issue of current debate that can best be resolved by designing adequately powered observational studies specifically to evaluate the impact of statins on the incidence of AMD," the researchers wrote.

**Short ICU Stay for Low-Risk CABG**

A short stay in the intensive care unit is safe and cost effective for low-risk patients who have undergone coronary artery bypass grafting, according to Ghislaine van Mastrigt of Maastricht (the Netherlands)

University Hospital and associates.

A "fast-track" ICU stay of 8 hours or less "can be considered as an alternative to conventional postoperative ICU treatment for low-risk CABG patients," the researchers said.

A total of 300 subjects were randomly assigned to a short ICU stay and 300 to a conventional overnight stay in the ICU after CABG surgery at the university hospital between 2001 and 2003. Mean patient age was 62 years, and 80% were men.

The rate of readmission to the ICU was 2.7% (8 patients) in the short-stay group and 1.3% (4 patients) in the control group, a difference that was not statistically significant. There also were no significant differences between the two groups in postoperative morbidity, 30-day mortality, or total hospital stay, the investigators said (*Crit. Care Med.* 2006;34:65-75).

Hospital costs were significantly lower for the fast-track patients, mainly because of their stays in the high-cost ICU were a mean of 11 hours shorter than those of the conventional-care group. The short-stay group also underwent fewer of the laboratory tests that usually are performed in the ICU. Costs of other routine hospital care and outpatient procedures were comparable for the two groups.

**Risk of Travel-Related Thrombosis**

The risk for travel-related thrombosis appears to be greatest in people with other predisposing factors, Dr. Frits R. Rosendaal said at the annual meeting of the American Society of Hematology.

One controlled study showed that recent air travel doubled the overall risk of thrombosis, but risk was increased more than 14-fold in those with thrombophilia and in women who used oral contraceptives, said Dr. Rosendaal of Leiden (the Netherlands) University Medical Center.

This finding was confirmed in the MEGA (Multiple Environmental and Genetic Assessment of risk factors for venous thrombosis) study, recently completed by Dr. Rosendaal and his colleagues. Data from 1,851 patients with a first deep vein thrombosis and 1,851 matched controls were analyzed. Recent travel of over 4 hours' duration was associated with a threefold increased risk of thrombosis.

The overall risk was similar for airplane, car, train, and bus travel, and was increased for those with factor V Leiden, obese persons, and women who used oral contraceptives. The risks were greater with longer duration of travel.

This study and several others are part of the World Health Organization Research into Global Hazards of Travel (WRIGHT) project. The studies are looking at risks, mechanisms, and prevention of travel-related thrombosis, including the role of airplane cabin conditions. Data thus far are conflicting with regard to whether hypobaric hypoxia in the airplane cabin leads to activation of the coagulation system, Dr. Rosendaal noted.

Together, the findings suggest that conditions of air travel may cause a hypercoagulant response in some individuals, but this occurs mainly in those with other risk factors, he said. Data on prevention of travel-related thrombosis are lacking, but some evidence suggests that wearing stockings may be of benefit, he noted.

—From staff reports

Excessive **ES** Sleepiness**Hypersomnolence:  
A Multidimensional Impact on Life**

By definition, hypersomnolence (excessive sleepiness, or ES) consists of unintended periods of drowsiness or sleepiness that occur during desired waking periods.<sup>1</sup> ES is associated with narcolepsy, obstructive sleep apnea (OSA), and shift work sleep disorder (SWSD), and it can also be caused by multiple sclerosis, Parkinson's disease, mood disorders, and many other neurological and psychological disorders.<sup>1</sup> Regardless of the cause, ES can impact life in ways that merit further consideration.

**Job performance reexamined**

True ES symptoms should be differentiated from fatigue, tiredness, and lack of motivation, all of which may be perceived by employers as laziness.<sup>2</sup> Patients with untreated OSA, narcolepsy, or other disorders with ES are more likely to be involved in work-related accidents than the general public, and to incur higher healthcare-related costs.<sup>3</sup>

**Driving while impaired**

The effects of ES do not end with the workday. ES can adversely affect concentration, so it is not surprising that the risk of auto accidents is higher in people who experience ES, such as shift workers and people with undiagnosed sleep disorders.<sup>4</sup> The drive home after a full workday can be the most hazardous part of the day for a patient with ES.

**Family and social consequences**

ES can impair a patient's spousal or family relationships, too. The consequences of chronic ES may include mild to severe fatigue, crankiness, and home accidents.<sup>5</sup> Poor motor, mental, and cognitive function at home can significantly impact a patient's quality of life.<sup>6</sup>

**ES and cognitive performance**

Patients may experience symptoms of "executive dysfunction" accompanying excessive sleepiness, including impaired verbal fluency, serial learning deficits, problems focusing attention, and concentration difficulties.<sup>3</sup> Similarly, degree of sleepiness has been correlated with results of psychomotor vigilance task (PVT) studies.<sup>7</sup> Other PVT research confirms that sleep loss and alcohol consumption have a comparable negative effect on psychomotor performance.<sup>8</sup>

Lapses in cognitive efficiency as a result of ES can also be evaluated using the Cognitive Drug Research (CDR) System, which was developed to assess both enhancement and impairment of human cognitive performance in a clinical trial setting.<sup>9,10</sup> In one such use, the CDR System indicated that attention and memory suffered as a result of working long hours in a surgical unit without sleep.<sup>11</sup>

**Wakefulness when wakefulness matters**

Importantly, ES is often symptomatic of an underlying condition that merits attention, rather than the result of deficiencies in the quality or quantity of an individual's sleep. Therefore, identification and treatment of the underlying condition are critical priorities. Once the underlying condition has been managed, the clinician may choose to continue to evaluate the effects of ES with the Epworth Sleepiness Scale (ESS), which measures the likelihood of dozing during 8 commonly encountered daytime situations.<sup>12</sup> Once the impact of excessive sleepiness is understood, the clinician can begin to focus on managing ES by extending wakefulness throughout the day.

**For more information about managing ES in your clinical practice, please visit [www.ExcessiveSleepiness.com](http://www.ExcessiveSleepiness.com).**

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