Controversy surrounds SIGN guidelines for gastrointestinal bleeding

New Scottish guidelines for the management of acute gastrointestinal bleeding have come under scrutiny in the *British Medical Journal* – criticized by two European specialists who say the recommendations raise a number of controversies.

Acute gastrointestinal blood loss is a common major medical emergency, accounting for about 7600 admissions to hospitals a year in Scotland alone. The overall mortality of patients admitted to hospital because of acute gastrointestinal bleeding is 7%, rising to 26% in patients who bleed during admissions for other reasons.

The guidance from the Scottish Intercollegiate Guidelines Network (SIGN) deals specifically with acute upper and lower gastrointestinal blood loss that is sufficiently severe to lead to emergency hospital admission (Palmer and Nairn, 2008).

The first controversy highlighted by Professor Friedrich Hagenmüller and Dr Martin Keuchel (Hamburg, Germany) is the SIGN recommendation to discontinue aspirin in patients with peptic ulcer bleeding, for whom thrombosis presents a potentially greater risk (Keuchel and Hagenmüller, 2008).

They comment: 'A matter of concern in recent years is the combined use of aspirin and clopidogrel in patients with acute coronary syndrome or drug-eluting coronary stents, which improves cardiovascular morbidity but at increased risk of bleeding.'

They acknowledge that 'the discontinuation of thrombocyte aggregation inhibitors, as advised by the SIGN guidelines, may improve haemostasis and reduce the risk of aggravating ongoing bleeding or inducing rebleeding during endoscopic treatments'.

However, they point out that on the other hand, 'stent thrombosis may be an even more life-threatening risk than gastrointestinal haemorrhage, which can be treated by blood transfusion'.

Other controversies that the two specialists address are:

- The recommendation that terlipressin be given before endoscopy for variceal bleeding (British Society of Gastroenterology guidelines propose the use of vascular agents only if endoscopy is not available)
- The omission of two rare diseases: gastric antral venectasia and aortoduodenal fistula
- The omission of mid-gastrointestinal bleeding.

The full SIGN guidelines can be accessed at www.sign.ac.uk.

Stephen Pinn

Keuchel M, Hagenmüller F (2008) Commentary: Controversies in SIGN guidance on management of acute upper and lower gastrointestinal blood loss. *BMJ* **337**: a1836

Palmer K, Nairn M (2008) Management of acute gastrointestinal blood loss: summary of SIGN guidelines. *BMJ* **337**: a1832

Solution to increased hospital stays for atrial fibrillation

New data from the ATHENA trial show that dronedarone significantly reduced the incidence and total duration of hospital stays among patients with atrial fibrillation or atrial flutter. This post-hoc analysis was presented at the American Heart Association Scientific Sessions 2008 in New Orleans, Louisiana.

In this new analysis dronedarone, on top of standard treatment including anticoagulation and beta-blockers, significantly reduced the total number of hospital days by 28% ($P<0.001$) *vs* placebo (9995 days *vs* 13 986 days), and decreased by 35% ($P<0.001$) the total length of time spent in hospital for cardiovascular reasons (5875 days *vs* 9073 days).

In addition to reducing atrial fibrillation-related hospitalization by 37% ($P<0.001$), dronedarone reduced the incidence of first non-atrial fibrillation related cardiovascular hospitalization (e.g. myocardial infarction or unstable angina) by 14% ($P=0.016$). Dronedarone did not increase the incidence of non-cardiovascular hospitalizations in comparison to the placebo arm.

Dr Christian Torp-Pedersen from the Gentofte University Hospital, Copenhagen, Denmark and a member of the steering committee of the ATHENA study, said: 'These new ATHENA data showed that, for the first time, an antiarrhythmic drug significantly and consistently reduced hospitalization incidence and duration, which led to a substantial reduction of total hospitalization burden in this patient population.'

Less than half of patients with diabetes achieve glucose targets

New worldwide research indicates that less than 50% of patients with type 2 diabetes are achieving target long-term blood glucose measures (glycosylated haemoglobin levels; HbA_{1c}), and 40% of patients are experiencing diabetes complications.

The Diabetes Impact Survey, commissioned by Merck Sharp & Dohme, was developed with a steering panel of world-renowned medical, scientific and clinical professionals in the field of diabetes.

A total of 866 health-care professionals and 607 patients receiving treatment for type 2 diabetes across six countries (Canada, France, Germany, the UK, India and Mexico) were surveyed.

Diabetes now affects over 2 500 000 people in the UK. The long-term consequences of uncontrolled type 2 diabetes are significant, people with type 2 diabetes are more than twice as likely to die prematurely as those without the condition, and one in 10 patients has been hospitalized as a result of their diabetes in the last 12 months.

Dr Marc Evans, Consultant Diabetologist, Llandough Hospital, commented: 'Diabetes is set to increase. It is predicted that diabetes prevalence will double worldwide, rising to at least 5% by 2010, accounting for 3.07 million people in the UK.

'Having type 2 diabetes doubles your risk of developing cardiovascular disease. More needs to be done to raise the profile of what it means to have diabetes'.