Lack of awareness delays Alzheimer's diagnosis

Two thirds of doctors believe that Alzheimer's disease remains under-diagnosed, with over 85% citing lack of awareness of early signs and symptoms among families and physicians as a key explanation.

This finding comes from the IMPACT (Important Perspectives on Alzheimer's Care and Treatment) survey, presented during the 25th International Conference of Alzheimer's Disease International (Thessaloniki, Greece, 10–13 March 2010). Fifty-nine per cent of physicians surveyed agreed that both hospital doctors and GPs find it difficult to detect early Alzheimer's disease, and 30% considered that even specialists have difficulty in diagnosing early symptoms.

Speaking at a press briefing held during the conference, Dr Patricia MacNair, Royal Surrey County Hospital, Guildford, commented: 'There is a lack of awareness by carers, who often put down the symptoms of dementia to personality, stress or just getting older. It is also true that there is lack of recognition by physicians. Professionals are often focussed on their own speciality and not thinking about the possibility of dementia.'

Alzheimer's disease is the most common type of dementia, affecting over 60% of patients. The Alzheimer's Society estimates that there are currently 700 000 people with dementia in the UK, but that a third more cases may currently be undiagnosed (Valcour et al, 2000).

Dr Patricia MacNair, Royal Surrey County Hospital, Guildford

Delayed diagnosis has important implications, according to Dr Macnair. 'If Alzheimer's disease is not recognized, people are not referred to specialists, so they are not getting appropriate care and patients and families cannot plan for the future. I see a huge need to provide better information to help families spot the early signs and symptoms of Alzheimer's,' she said.

IMPACT was a web-based survey conducted in April-May 2009 across France, Germany, Italy, Spain and the UK, and attracting 1800 respondents including 500 doctors. The survey was initiated and funded by Pfizer Inc and Eisai Europe Ltd. The companies have also funded the development of Memory Problems? (www.aboutmemoryproblems.com), a website designed to help families recognize the early signs and symptoms of Alzheimer's disease.

Sue Lyon

Valcour VG, Masaki KH, Curb JD, Blanchette PL (2000) Detection of dementia in the primary care setting. *Arch Intern Med* **160**(19): 2964–8

Dabigatran reduces stroke risk in atrial fibrillation

Data presented at the 59th Annual Scientific Session of the American College of Cardiology have shown that dabigatran etexilate produces greater stroke reduction in patients with atrial fibrillation than warfarin, irrespective of a patient's risk profile for stroke.

A sub-group analysis from the RE-LY study (Oldgren et al, 2010) assessed the rate of stroke and systemic embolism in patients defined as being at low (n=5775), moderate (n=6455) and high (n=5882) risk of such events by the CHADS2 stroke risk stratification score.

Dabigatran etexilate 150 mg twice daily reduced the rate of stroke and systemic embolism when compared with well-controlled warfarin across all stroke risk groups with the relative risk 0.62 (0.38–1.02) in low, 0.61 (0.40–0.92) in moderate, and 0.70 (0.52–0.95) in high-risk patients.

Dabigatran etexilate 110 mg twice daily showed similar reductions in the rate of stroke and systemic embolism to well-controlled warfarin, with relative risk being 1.00 (0.65–1.55) in low, 1.04 (0.73–1.49) in moderate and 0.79 (0.59–1.06) in high-risk patients.

Dr Adrian Brady, Consultant Cardiologist, Glasgow Royal Infirmary, said: '[These results are] highly significant for all UK patients with atrial fibrillation, regardless of their risk profile. We estimated that 50% of all people with atrial fibrillation in the UK who should be on an anticoagulant are not given warfarin because of concerns about bleeding. The results... address that concern [and] confirm that dabigatran etexilate has the potential to improve stroke prevention.'

Oldgren J, Alings M, Darius H et al (2010) Dabigatran etexilate versus warfarin in atrial fibrillation patients with low, moderate and high CHADS2 score – a RE-LY® subgroup analysis. Presented at the 59th Annual Scientific Session of the American College of Cardiology, Atlanta: 15 March

CPR increases survival in children

A Japanese study, published in *The Lancet* (Kitamura et al, 2010), has found that for children who have cardiac arrests outside of a hospital, cardiopulmonary resuscitation (CPR) delivered by bystanders increases their likelihood of survival.

The study, by a group from Kyoto University Health Service, involving 5170 children aged 17 years and under, showed that at 1 month favourable neurological outcomes were around three times more likely for children given any form of cardiopulmonary resuscitation by a bystander than for those who had not.

The study also found that in children whose cardiac arrests had a non-cardiac cause (such as drowning), conventional cardiopulmonary resuscitation (including rescue breathing), was more likely to improve survival than compression-only cardiopulmonary resuscitation. However, for children whose arrests were cardiac in origin, both types delivered the same survival benefits.

Professor Gerasimos Filippatos, Athens University Hospital Attikon, Greece, said: '[This paper shows that] "rescue breaths" should remain a key feature of paediatric guidelines.'

Kitamura T, Iwami T, Kawamura T et al (2010) Conventional and chest-compression-only cardiopulmonary resuscitation by bystanders for children who have out-of-hospital cardiac arrests: a prospective, nationwide, population-based cohort study. *The Lancet* Mar 2 (Epub ahead of print)

Twice-weekly etanercept clears psoriasis lesions more quickly than once-weekly treatment

Initial treatment with twice-weekly etanercept (Enbrel), a tumour necrosis factor antagonist, achieves more rapid clearance of skin lesions than once-weekly treatment in patients with active psoriasis and psoriatic arthritis, according to results from the PRESTA study (Sterry et al, 2010).

The international study randomized 752 patients with both psoriasis and psoriatic arthritis to etanercept 50 mg twice weekly or 50 mg once weekly for 12 weeks, given by subcutaneous injection. All patients were then given etanercept 50 mg once weekly for an additional 12 weeks.

Results showed that nearly half (46%) of patients treated with etanercept twice weekly achieved 'clear' or 'almost clear' on the physician's global assessment of psoriasis at week 12. This compared with just under one-third (32%) of the patients treated with once-weekly etanercept ($P<0.001$).

More than three quarters of patients in both treatment regimens achieved improvement in their joint symptoms, evaluated by rheumatologists as reaching psoriatic arthritis response criteria (77% in the twice-weekly treatment group and 76% in the once-weekly group).

In the EU, the summary of product characteristics recommended different dose regimens of etanercept for psoriasis (either 50 mg weekly or 50 mg twice weekly for 12 weeks followed by 50 mg weekly) and psoriatic arthritis (50 mg weekly). The aim of the PRESTA (Psoriasis Randomized Etanercept STudy in Subjects with Psoriatic Arthritis) trial was to determine the efficacy of two different etanercept regimens not previously studied in patients with both moderate to severe psoriasis and active psoriatic arthritis.

The researchers, led by Wolfram Sterry, chair of the Department of Dermatology and Allergy at the Charité University Medicine, Berlin, Germany, explained the challenge: 'Patients with this combination of skin disease and arthritis present a management challenge, as they have two serious disease manifestations. However, similarities in the pathological processes present an opportunity to use a single treatment to effectively treat both components.'

Professor Sterry said: 'For patients with plaque psoriasis and psoriatic arthritis, etanercept 50 mg twice weekly was superior to 50 mg once weekly for skin manifestations at week 12 but similar for joint manifestations.' He added that both regimens achieved significant improvement from baseline in skin, joint, and entheseal disease components at week 24 without notable differences in safety.

'Either etanercept dose regimen can be used in the treatment of psoriasis with or without the presence of psoriatic arthritis, allowing for individualised care,' he concluded.

Susan Mayor

Sterry W, Ortonne JP, Kirkham B et al (2010) Comparison of two etanercept regimens for treatment of psoriasis and psoriatic arthritis: PRESTA randomised double blind multicentre trial. *BMJ* **340**: c147

Lymph node radiotherapy well-tolerated after surgery for early breast cancer

In patients with early breast cancer, giving radiotherapy to the internal mammary and medial supraclavicular lymph nodes after mastectomy or breast-conserving surgery is well tolerated.

Speaking at the seventh European Breast Cancer Conference Dr Philip Poortmans, from the Dr Bernard Verbeeten Instituut, Tilburg, The Netherlands, said that women at a high risk of developing breast cancer will probably benefit from further lymph node radiotherapy.

Initial findings from the 4004-patient multicentre study, carried out by the EORTC radiotherapy and breast cancer groups (46 institutions from 13 countries), show no evidence of increased toxicity to the heart at 3-year follow up in patients who had additional lymph node radiotherapy.

Patients will be followed up to see whether specific lymph-node radiotherapy could lead to long-term damage of the heart or the lungs, side effects that are associated with breast cancer radiotherapy.

The longer-term aim is to see whether giving additional radiotherapy to these lymph nodes to patients with early operable breast cancer will improve overall survival.

'The first analysis of the primary end point, overall survival at 10 years, was planned to be done in 2012. However, thanks to the actual survival estimate that is even higher than expected, this might have to be postponed until 2014,' said Dr Poortmans.

Synthetic biocompatible bone substitute

Osbone, a new synthetic hydroxyapatite, is extremely biocompatible and enables rapid osseointegration. This provides a stable bedding for subsequent implantation, giving potential for use in many indications in oral and maxillofacial surgery.

Fulvestrant 500 mg licensed for metastatic breast cancer

Fulvestrant (Faslodex) 500 mg has been approved for the treatment of locally advanced and metastatic breast disease in postmenopausal women with hormone receptor-positive breast cancer which has recurred or progressed following treatment with anti-oestrogen therapy.

First new anti-arrhythmic drug for 20 years

Dronedarone (Multaq) is an antiarrhythmic drug licensed for use in adult patients who have paroxysmal or persistent atrial fibrillation. Dronedarone is an important advance for patients with atrial fibrillation, who are five times more at risk of developing a stroke than people without atrial fibrillation.