

## Measles figures down in England after catch-up programme

New figures published by Public Health England show 24 cases of confirmed measles were reported during the final quarter of 2013. This compares to 103 cases in the previous quarter and 309 cases from the same quarter in 2012.

The number of confirmed measles cases in England hit the highest levels since 1995 during the first quarter of 2013, with 587 confirmed cases reported – 10–16-year-olds were the most affected. The increase prompted Public Health England, NHS England and the Department of Health to announce a national catch-up programme in April 2013 to improve measles,

mumps and rubella (MMR) vaccination uptake in teenagers.

The main objective of the national catch-up programme was to ensure that at least 95% of children aged 10–16 years in England received at least one dose of MMR vaccine by 30 September 2013. A Public Health England evaluation found that by August 2013, approximately 95% of 10–16-year-olds in England had received at least one dose of measles-containing vaccine.

In addition to measles, there were 520 laboratory confirmed cases of mumps with onset in the last quarter of 2013, similar to the 506 cases reported in the

previous quarter. There was a total 3524 cases of mumps confirmed in 2013. Three cases of rubella were confirmed in

**Dr Mary Ramsay, Head of Immunisation, Public Health England**



the last quarter of 2013, the same as in the previous quarter, bringing the total infected individuals for the year to 12.

Dr Mary Ramsay, Public Health England's head of immunisation, said: 'Measles is a potentially fatal, but entirely preventable, disease so we are delighted that measles cases have recently decreased in England.'

'The best way to prevent measles outbreaks is to ensure good uptake of the MMR vaccine across all age groups, so it's heartening to see the success the catch-up programme had in ensuring 95% of 10–16-year-olds in England received at least one dose of the vaccine.'

### Glucosamine does not prevent deterioration of knee cartilage

A short-term study found that oral glucosamine supplementation is not associated with a lessening of knee cartilage deterioration among individuals with chronic knee pain (Kwoh et al, 2014). Findings indicate that glucosamine does not decrease pain or improve knee bone marrow lesions – thought to be a source of pain in those with osteoarthritis.

For this double-blind, placebo-controlled trial, Dr C Kent Kwoh from the University of Arizona, Tucson, and colleagues, enrolled 201 participants with mild to moderate pain in one or both knees.

Participants were randomized and treated daily with glucosamine hydrochloride 1500 mg in a 16-ounce bottle of diet lemonade or placebo for 24 weeks. Magnetic resonance imaging was used to

assess cartilage damage.

There was no decrease in cartilage damage in participants in the glucosamine group compared to the placebo group. Researchers found no change in bone marrow lesions in 70% of knees, 18% of knees worsened and 10% improved. Glucosamine did not decrease urinary excretion of C-telopeptides of type II collagen – a predictor of cartilage destruction.

Dr Kwoh concluded: 'Our study found no evidence that drinking a glucosamine supplement reduced knee cartilage damage, relieved pain, or improved function in individuals with chronic knee pain.'

Kwoh CK, Roemer FW, Hannon MJ et al (2014) The Joints on Glucosamine (Jog) Study: The effect of oral glucosamine on joint structure, a randomized trial. *Arthritis Rheumatol* Mar 11 (Epub ahead of print) doi: 10.1002/art.38314

### Patients' experiences of an initial consultation in oncology

A study was undertaken to explore how patients experience an initial oncology consultation (Furber et al, 2014). It was part of a larger mixed methods research project designed to help improve communication and enhance patient satisfaction with oncology consultations.

In the larger study, semi-structured interviews were carried out with 36 patients as soon as possible after a consultation in oncology to explore their experiences. Five cases were selected for this study on the basis of homogeneity; they had all undergone some prior investigations of their illness, and this was their first consultation in oncology. All patients gave rich accounts of their experience of the consultation.

Patients' experiences of being given their diagnosis differed both between participants and within the same

participant. Various defences seemed to be used to protect them from fully engaging with the knowledge they were given.

Research lead Professor Anne Thomas, from the Department of Cancer Studies and Molecular Medicine, University of Leicester, said: 'The accounts from patients of what they wished to know in the consultation could be affected by a desire to protect themselves and/or family members from the distress of bad news.'

The researchers have developed a consultation aid for doctors and patients to refer to that will identify the patients' preferences with regard to 'knowing and not knowing'.

Furber L, Bonas S, Murtagh G, Thomas A (2014) Patients' experiences of an initial consultation in oncology: Knowing and not knowing. *Br J Health Psychol* Mar 15 (Epub ahead of print) doi: 10.1111/bjhp.12096

## High mortality in first 2 years after intensive care admission for hard drug overdose

More than 9% of all patients in the Netherlands admitted to intensive care for poisoning die within 2 years of being discharged (Brandenburg et al, 2014). Patients who were admitted because of a hard drugs overdose had the highest mortality risk.

Most patients admitted to the emergency department because of poisoning end up in the intensive care unit for observation. Researchers from Utrecht and Amsterdam reviewed the national intensive care database to investigate how many patients in the Netherlands were admitted to intensive care with poisoning between 2008 and 2011.

In this period, 3.7% of all registered intensive care admissions were associated with poisoning. Only 2.1% of this group died in hospital. However, the death rate among

these patients after they were discharged was considerable: 6.5% had died within 1 year, increasing to 9.3% 2 years after being discharged.

Researcher Dr Dylan de Lange of the National Poison Information Center and intensive care physician at University Medical Center Utrecht said: 'Some patients who are admitted to intensive care with poisoning don't really need intensive care. They're often admitted for observation because cardiac arrhythmia, respiratory depression or reduced consciousness may occur.'

'In retrospect, this level of intensive care often proves unnecessary', he continued. 'Unfortunately, it is difficult to predict which patients will actually benefit from being admitted to intensive care and which will not.'

The study also showed that not every poisoning case has the same mortality risk. Patients admitted to intensive care following an overdose of hard drugs (e.g. cocaine, heroin or MDMA) had the highest death rate within 2 years (12.3%), while the death rate associated with alcohol poisoning, for instance, was lower at 7.1%.

Dr de Lange said: 'The unexpectedly high death rate after a drugs overdose in the first 2 years after being in intensive care suggests that these patients are part of a high-risk group with recurring risky behaviour, for whom intensive (psychiatric) aftercare is essential.'

Brandenburg R, Brinkman S, de Keizer NF, Meulenbelt J, de Lange DW (2014) In-hospital mortality and long-term survival of patients with acute intoxication admitted to the ICU. *Crit Care Med* Feb 26 (Epub ahead of print)

### Certolizumab pegol available for active psoriatic arthritis

Certolizumab pegol (Cimzia), in combination with methotrexate, has been launched for treatment of active psoriatic arthritis in adults when the response to previous disease-modifying antirheumatic drugs has been inadequate.

### Guidelines for diagnosing and treating hyponatraemia

Guidelines for diagnosing and treating hyponatraemia, which occurs in up to 30% of hospitalized patients, are available free online (doi: 10.1093/ndt/gfu040). The guidelines advise a pathway for diagnosis within the general hospital setting and focus more closely on symptoms, giving lower priority to biochemical diagnosis.

### Consensus to help tackle multidrug-resistant tuberculosis

Consensus statements have been developed to help tackle the growing threat of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis. This is the first time that a consensus has been reached on areas of patient management where evidence is inconclusive (doi: 10.1183/09031936.00188313).

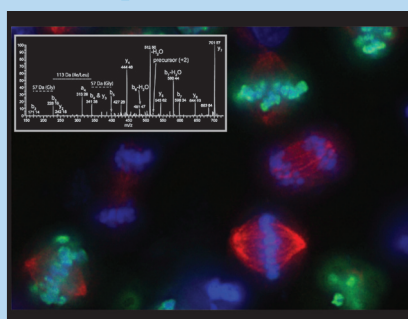
## 'Most complete' picture of gene expression over time in cancer cell cycle

Researchers have managed to gather data which details the behaviour of protein molecules encoded by over 6000 genes in cancer cells, as they move through the cell cycle (Ly et al, 2014).

The team, which includes researchers from the University of Dundee, the Wellcome Trust Sanger Institute in Cambridge and the University of North Carolina, has used advances in technology and data analysis to study how genes work over time in cancer cells, as opposed to capturing a 'snapshot' of activity – a leap forward they describe as akin to 'jumping

from still photography to video'.

'What we have been able to produce is a detailed analysis of protein activity in human cancer cells that exceeds what was previously possible,' said project leader Professor Angus Lamond, of the College of Life Sciences at Dundee. 'It is essential to study how gene activity varies over time if we are to understand the complex processes in cancer cells, as the dynamic is changing all the time.'



Dividing human cancer cells as visualized by fluorescence microscopy. Mass spectrometry measurements (inset) are used to document protein changes across the cell division cycle.

Ly T, Ahmad Y, Shlien A et al (2014) A proteomic chronology of gene expression through the cell cycle in human myeloid leukemia cells. *Elife* 3: e01630 (doi: 10.7554/Elife.01630)