Poor oral health may put older people at increased risk of frailty

A cross-sectional and longitudinal study with 3 years of follow-up using data from the British Regional Heart Study investigated the associations between objective and subjective measures of oral health and incident physical frailty (Ramsay et al, 2017).

Objective assessments of oral health included tooth count and periodontal disease. Self-reported oral health measures included overall self-rated oral health, dry mouth symptoms, sensitivity to hot, cold and sweet, and perceived difficulty eating. Incident frailty was assessed after 3 years of follow-up in 2014.

Of the 1622 older men included in the study, 303 (19%) were frail at baseline (aged 71–92 years). Having fewer than 21 teeth, complete tooth loss, fair to poor self-rated oral health, difficulty eating, dry mouth, and more oral health problems were associated with greater likelihood of being frail, even after adjustment for age, smoking, social class, history of cardiovascular disease or diabetes mellitus, and medications related to dry mouth. Of 1284 men followed for 3 years, 107 (10%) became frail.

Dr Sheena E Ramsay, Clinical Senior Lecturer and Honorary Consultant in Public Health, Institute of Health & Society, Newcastle University, Newcastle upon Tyne, emphasized: 'Our study findings show that poor oral health, particularly tooth loss and dryness of mouth, could be important markers of the risk of frailty. Oral health problems often get overlooked in older people and have a profound impact on eating and nutritional status. Identifying and managing oral health problems could be potentially important in reducing the risk of frailty.'

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Ramsay SE, Papachristou E, Watt RG et al (2017) Influence of poor oral health on physical frailty: a population-based cohort study of older British men. *J Am Geriatr Soc* https://doi.org/10.1111/jgs.15175

No extra benefit from arthroscopic subacromial decompression in treating subacromial shoulder pain

Arthroscopic subacromial decompression (decompressing the subacromial space by removing bone spurs and soft tissue arthroscopically) is a common surgery for subacromial shoulder pain, but its effectiveness is uncertain. A multicentre, randomized, pragmatic, parallel group, placebo-controlled, three-group trial was carried out to assess its effectiveness and to investigate the mechanism for surgical decompression (Beard et al, 2017).

Participants were patients who had subacromial pain for at least 3 months with intact rotator cuff tendons, were eligible for arthroscopic surgery, and had previously completed a non-operative management programme that included exercise therapy and at least one steroid injection. Patients were randomly assigned to arthroscopic subacromial decompression, investigational arthroscopy only, or no treatment. The primary outcome was the Oxford Shoulder Score at 6 months, analysed by intention to treat.

Both surgical groups showed a small benefit over no treatment, but these differences were not clinically important. Surgical decompression appeared to offer no extra benefit over arthroscopy only. The difference between the surgical groups and no treatment might be the result of a placebo effect or postoperative physiotherapy. The authors emphasize that these findings question the value of this operation for these indications, and this should be communicated to patients during the decision-making process.

Beard DJ, Rees JL, Cook JA et al; CSAW Study Group (2017) Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial. *Lancet* https://doi.org/10.1016/S0140-6736(17)32457-1

Cardiovascular and neuropsychiatric events following varenicline use for smoking cessation

Varenicline, one of the most commonly prescribed drugs for helping people quit smoking, may put people who use this at higher risk for a cardiovascular event, according to new research (Gershon et al, 2017).

In an observational, self-controlled trial, patients prescribed varenicline were 34% more likely to have an emergency department visit or hospitalization for a cardiovascular event while taking the drug. Among those patients who had not previously experienced a cardiovascular event, the increased incidence was only 12%.

The researchers estimated that among all patients, 3.95 adverse cardiovascular events per 1000 varenicline users could be attributed to the drug. They found a small increase in emergency department visits and hospitalizations for neuropsychiatric symptoms, but this did not appear to be clinically meaningful.

The researchers analysed the medical records of 56 851 new users of varenicline between September 2011 and February 2015. During that time, 4185 and 4720 patients experienced one or more cardiovascular or neuropsychiatric events respectively that resulted in a visit to the emergency department or hospitalization.

Lead study author Dr Andrea S Gershon, associate professor of medicine at the University of Toronto and a scientist at the Institute for Clinical Evaluative Sciences and Sunnybrook Health Sciences Centre in Ontario, Canada, emphasized that: 'The findings should be used to help people make an informed decision about whether they should take varenicline based on accurate information about its risks as well as its benefits.'

Gershon AS, Campitelli MA, Hawken S, Victor C, Sproule BA, Kurdyak P, Selby P (2017) Cardiovascular and neuropsychiatric events following varenicline use for smoking cessation. *Am J Respir Crit Care Med* https://doi.org/10.1164/rccm.201706-12040C