COFFEE DECREASES THE RISK OF GALLSTONE DISEASE IN MEN

Leitzmann MF, Willett WC, Rimm EB, et al: A prospective study of coffee consumption and the risk of symptomatic gallstone disease in men. *JAMA* 1999; 281:2106-2112

Regular coffee consumption reduces the risk of gallstone disease in men. The adjusted relative risk of gallstone disease in men who consistently drink two to three cups of regular coffee a day was 0.60 (95% CI, 0.42-0.86); it was 0.55 (95% CI, 0.33-0.92) for those who drank four or more cups a day. All coffee-brewing methods were associated with a reduced risk. Decaffeinated coffee, on the other hand, was not associated with a reduced risk of gallstone disease. These findings are in agreement with many other previously published studies. Coffee may reduce the risk of gallstone disease by several mechanisms, including stimulating cholecystokinin release, enhancing gallbladder contractility, decreasing bile cholesterol saturation by increasing bile flow and preventing cholesterol crystallization possibly by inhibiting gallbladder fluid absorption. Caffeine also increases colonic motility, has thermogenic properties which could reduce the body fat stores, and may modulate hepatic cholesterol metabolism. Finally, coffee is rich in antioxidative compounds. These findings are particularly relevant as gallstones are associated with considerable morbidity and are at present the most common digestive-related cause of hospitalization in the US.

AORTIC SCLEROSIS AND MORTALITY RATE

Otto CM, Lind BK, Kitzman DW, et al: Association of aortic valve sclerosis with cardiovascular mortality and morbidity in the elderly. *N Engl J Med* 1999; 341:142-147

Carabello BA: Aortic sclerosis—a window to the coronary arteries? (editorial). *N Engl J Med* 1999; 341:193-194

Otto and co-workers evaluated by echocardiography 5,621 men and women 65 years of age or older and followed them up for a minimum of 5 years. They observed a stepwise increase in deaths from any cause and from cardiovascular diseases with increasing aortic-valve abnormality. The overall mortality rate and the mortality rate due to cardiovascular causes was 14.9% and 6.1%, respectively, in those with normal aortic valve, 21.9% and 10.1%, respectively, for those with aortic sclerosis, and 41.3% and 19.6%, respectively, for those with aortic stenosis. The authors also observed increases in mortality rates in those who did not have cardiovascular diseases at baseline, and after adjusting for various other confounding variables. The increased mortality rate was observed even in the absence of hemodynamically significant obstruction of the left ventricular outflow. An editorial in the same issue of the journal emphasizes the importance of these findings, especially as aortic sclerosis is traditionally held to be a benign condition. Carabello concludes that aortic sclerosis is probably an objective marker of cardiovascular disease, and raises the question as to whether the detection by auscultation of an ejection systolic murmur should lead to further investigations.

CANCER IN PATIENTS WITH END-STAGE RENAL DISEASE

Maisonneuve P, Agodoa L, Gellert R, et al: Cancer in patients on dialysis for end-stage renal disease: an international collaborative study. *Lancet* 1999; 354:93-99

Patients undergoing dialysis for end-stage renal disease are more at risk of developing cancer than the average population (RR 1.18; 95% CI, 1.17-1.20). The risk of cancer is higher in patients under the age of 35 years (RR 3.68; 95% CI, 3.39-3.99). Organs particularly affected include the kidneys, bladder, thyroid, and other endocrine glands.

BEDRAILS AND FALLS

Hanger HC, Ball MC, Wood LA: An analysis of falls in the hospital: can we do without bedrails? *J Am Geriatr Soc* 1999; 47:529-531

The authors of this paper found that there was no change in the incidence of falls in a rehabilitation unit for older people following the introduction of a new policy that resulted in a significant reduction in the number of bedrails used. They observed, however, that the reduction in the number of bedrails used resulted in a significant reduction in the number of serious injuries older people sustained, especially head injuries. These conclusions are based on a 12-month period of observa-

tion. During the first six months, bedrails were commonly used and there were 987 admissions. During the second 6-month period, the new policy had been introduced; the number of bedrails in use significantly reduced and 981 patients were hospitalized.

THE MANAGEMENT OF INSOMNIA

Morin CM, Colecchi C, Stone J, et al: Behavioral and pharmacological therapies for late-life insomnia. a randomized controlled trial. *JAMA* 1999; 281:991-999

The authors of this paper compared the effects of cognitive-behavioral therapy (stimulus control, sleep restriction, sleep hygiene, and cognitive therapy), pharmacotherapy (temazepam), and both treatment modalities in a randomized placebo-controlled clinical trial on older patients with late-life insomnia. The end points were time awake after sleep onset and sleep efficiency as evaluated by sleep diaries and polysomnography, and clinical ratings from subjects, significant others, and clinicians. The study was conducted on an outpatient basis, lasted 8 weeks, and included follow-up assessments at 3, 12, and 24 months. The effect of these three interventions was assessed in the management of chronic and primary insomnia in 78 adults (50 women and 28 men, mean age 65 years). The percentage reductions of time awake after sleep onset was highest with the combined behavioral and pharmacotherapy approach (63.5%), followed by cognitive behavioral therapy alone (55%), followed by pharmacotherapy alone (46.5%) and then placebo (16.9%). Subjects treated with behavioral therapy sustained their clinical gains at follow-up, whereas those treated with drug therapy alone did not. Behavioral therapy, alone or in conjunction with pharmacotherapy, was rated by subjects, significant others, and clinicians as more effective than drug therapy alone.

ALCOHOL CONSUMPTION AND MORTALITY

Hart CL, Smith GD, Hole DJ, et al: Alcohol consumption and mortality from all causes, coronary heart disease, and stroke: results from a prospective cohort study of Scottish men with 21 years of follow-up. *BMJ* 1999; 318:1725-1729

The authors of this prospective cohort study on 5,766 men aged 35 to 64 years when screened between 1970 and 1973 found that the overall mortality rate was similar in nondrinkers and in men drinking up to 14 units a week. A unit was defined as one measure of spirit. One pint of beer was calculated as 2 units and one bottle of wine as 6 units. Beyond 14 units a week there was a gradual increase in mortality rate. The relative risk, compared to nondrinkers was 1.34 (95% CI, 1.14-1.58) for those drinking 15 to 21 units a week, 1.49 (95% CI, 1.27-1.75) for those drinking 22 to 34 units and 1.74 (95% CI, 1.47-2.06) for those exceeding 35 units weekly. After adjustment for various confounding variables, the risks were significantly attenuated, but remained significantly elevated for men drinking 22 units or more a week. Even after adjustment for various other risk factors, the risk of sustaining a stroke was doubled in men drinking 35 or more units a week compared to nondrinkers. The authors of this study could not find any evidence of a protective effect of alcohol for men drinking less than 22 units a week.