Waist/hip ratio predicts stroke risk

Waist/hip ratio is a much better indicator of stroke risk than body-mass index, according to a study by Harvard researchers in the December issue of the *American Journal of Epidemiology* (1996; **144:** 1143–50).

In the past, many studies looking for an association between obesity and stroke have used body-mass index as a measure of obesity. The results of these studies, however, have been inconsistent. This may be because strokes occur most often in the elderly, says study co-author Eric Rimm (Harvard School of Public Health, Boston, USA), and for the elderly BMI may not be a reliable indicator of obesity. As people age, Rimm says, they tend to lose lean body mass while their percentage of body fat often remains the same or increases—thus their BMI may remain stable or even decline even though the amount of adipose tissue relative to the lean body mass has increased.

By contrast, waist/hip ratio gives an indication of the amount of abdominal obesity and this has been linked to hypertension, diabetes, elevated triglycerides, and other atherosclerotic risk factors.

In the study, 28 643 US male health professionals, aged 40 to 75, measured and reported their waist/hip ratios. At the end of the 5-year study, there had been 118 strokes among the participants. The researchers found that those men in the highest quintile of waist/hip ratio (waist/hip ratio ⩾ 0·98) had 2·3 times the risk of stroke than did men in the lowest quintile (waist/hip ratio < 0·89; age-adjusted RR=2·33, 95% CI 1·25-4·37).

"Waist/hip ratios may be a very important measure when you are looking at an older population", Rimm says, adding that they are "also very easy to do in a doctor's office, or even in your own bedroom".

Michael McCarthy

Diet pills are right for few patients

Drug therapy for obesity, when coupled with behavioural measures to improve diet and activity level, may help a few carefully selected patients lose weight, but, until more data are available, pharmacotherapy cannot be recommended for routine use in obese individuals, concludes a report by the US national task force on the Prevention and Treatment of Obesity (*JAMA* 1996; **276:** 1907–15).

In a literature review, the task force found that effects of short-term treatment were short-lived with most patients gaining back much of the weight they had lost. "Weight was regained when any weight loss medications were discontinued. Several months after discontinuation of medication, there was generally no difference in weight between the groups that previously received active drug and those that received placebo", the task force said.

"In some ways this is a no-brainer", task-force member James Hill (University of Colorado Health Sciences Center, Denver, USA) explained. "If you stop the drug, you are going to stop the effect." Obesity, being a life-long problem, is going to require life-long treatment, he added.

However, the task force found that there are not enough data available to determine the safety or the efficacy of currently available drugs for treatment beyond 1 year. "Part of the problem out there", said Hill, "is that these drugs are perceived as real safe: Have one yourself, give one to your friend. But they do have real risks." Most worrisome, he said, is the increased risk of primary pulmonary hypertension that has been seen with some of these medications including the popular drugs fenfluramine and dexfenfluramine.

Hill agreed that the most recent crop of anti-obesity drugs are a major step forward, but said that, ultimately, better drugs will have to be developed that can be given chronically in the same way as hypertension drugs are given today.

Michael McCarthy

News in brief

Acute renal failure A Canadian study has found that although idiopathic acute renal failure admissions are rare (2 per 100 000 person-years) non-steroidal anti-inflammatory drug (NSAID) use increases the risk four-fold. The use of other nephrotoxic agents, recent hospitalisation for non-renal conditions, a history of cardiovascular disorders, and the use of prescribed acetylsalicylic acid also increases the risk of acute renal failure with NSAID use, particularly in older men (*Arch Intern Med* 1996; **156:** 2433–39).

Methylphenidate usage Media claims of a six-fold increase in the use of methylphenidate (Ritalin) in the USA between 1990 and 1995 may be exaggerated (*Pediatrics* 1996; **98:** 1084–88). Researchers determined a best-fit estimate of usage trends using data from several sources and write that there was only a 2·5-fold increase in treatment of attention-deficit disorder with the drug between 1990 and 1995.

New drug decreases insulin resistance

On Dec 12, a US Food and Drug Administration advisory committee unanimously urged approval of a new oral drug that in trials has reduced Type II diabetics' use of insulin. The drug, troglitazone (Rezulin), is one of a new class of therapeutics, thizolidinediones.

In a 351-patient, 6-month trial, 57% of those taking troglitazone (600 mg) achieved glycated haemoglobin values of below 8%. 30% of those taking a 200 mg dose achieved a similar result, compared with only 11% taking insulin and a placebo. In a second study, 70% of patients taking the drug reduced daily insulin intake by more than 50%, 15% eliminated insulin use entirely.

FDA reviewers and panel members were concerned about the drug's tendency to increase heart weight in mice and female rats. This was not seen in monkeys or people. But there was also evidence of carcinogenicity in rodents, and an increase in blood volume in people. Panel members recommended that the drug should not be indicated for children or patients with cardiac conditions.