

# bmj.com news roundup

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## Angioplasty is cheaper than surgery and is just as effective

Percutaneous coronary intervention, also known as angioplasty, is as effective as coronary artery bypass grafting in treating patients with refractory angina who are at high risk of adverse outcomes, a new US study has concluded. It found that over five years angioplasty is nearly 20% cheaper.

An earlier study had randomised high risk patients with medically refractory myocardial ischaemia—a group of patients who have largely been excluded from previous trials—to urgent revascularisation with either angioplasty or coronary artery bypass grafting.

Results for the 454 patients showed that survival at three years was 0.82 for patients who had angioplasty and 0.79 for those who had grafting (P for difference 0.34).

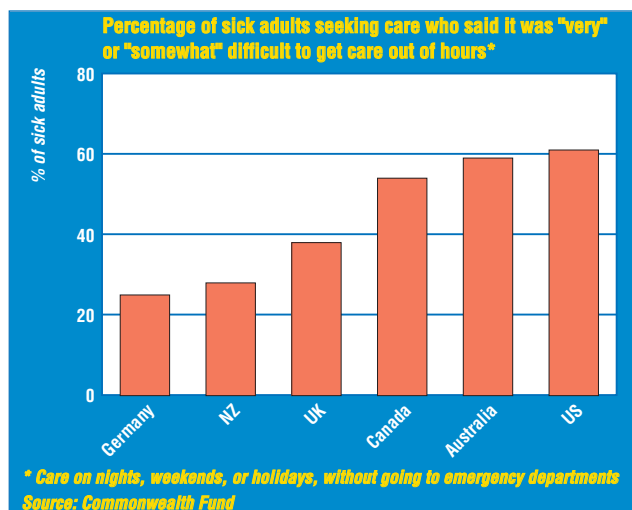
New results from a cost analysis of data concerning 445 of the patients originally randomised showed that the average total healthcare cost after five years was \$81 790 for angioplasty and \$100 522 for grafting, a difference of \$18 732 (95% confidence interval \$9873 to \$27 831). (*Circulation* 2006;114:1251-7).

Susan Mayor *London*

## Diabetes, not obesity, increases risk of death in middle age

Diabetes, not obesity, increases the risk of critical illness, organ failure, and early death, says a new US study. Obese patients who did not have diabetes had the same risk as people of normal weight and without diabetes, it found.

The study, by researchers at the University of Kentucky Medical Center in Lexington, Kentucky, and Emory University School of Medicine in Atlanta, Georgia, was published in the online journal *Critical*



## US gets mediocre results despite high spending on health care

The United States spends twice as much on health care as a percentage of gross domestic product as other industrialised countries, a new report says. But it is behind the other countries in providing its citizens with good health outcomes, quality of care, access to care, efficiency, and equity, the report concludes.

The report, from the Commonwealth Fund, a private, non-profit foundation that works to increase healthcare coverage and quality, says: "Although national health spending is significantly higher than the average rate of other industrialized countries, the US is the only industrialized country that fails to guarantee universal health insurance, and coverage is deteriorating, leaving millions without affordable access to preventive and essential care.

"Quality of care is highly variable and delivered by a system that is too often poorly coordinated, driving up costs and putting patients at risk."

The Commonwealth Fund's Commission on a High Performance Health System released its first national "scorecard," which rates US health care on 37 indicators of performance. The report was published online in *Health Affairs* on 20 September ([www.healthaffairs.org](http://www.healthaffairs.org), doi: 10.1377/hlthaff.25.w457). The fund plans to issue an annual scorecard.

Janice Hopkins Tanne *New York*

Care on 25 September (<http://ccforum.com>, doi: 10.1186/cc5051). The analysis was of data from 15 408 adult patients.

About a third of patients were of normal weight (with a BMI of 21-4), 39% were overweight (BMI 25-9), and 28% were obese (BMI  $\geq$ 30)—similar to the general US population.

The researchers found that 12% of patients had diabetes. The risk of developing a critical illness, organ failure, and dying from any cause among patients in the study who had diabetes was three times that of people who did not have diabetes.

Janice Hopkins Tanne *New York*

## Uganda struggles to cope with rise in diabetes incidence

Doctors and government officials in Uganda are becoming increasingly concerned at the country's growing incidence of diabetes, which they attribute to changes in lifestyle and rising obesity. The number of people with diabetes is now thought to have passed a million, in a population of 28 million.

The health ministry is to assess the problem, including the ability of the existing facilities to handle the growing number of patients,

said Sam Okware, a commissioner in the health ministry.

He explained, "There is a new thrust of non-communicable diseases in the country, and among these is diabetes. It is a very serious problem. People are changing their lifestyles. Many no longer get exercise: they do not work, and instead of walking they are driven in cars."

In 1972 only 254 people in Uganda had been given a diagnosis of diabetes.

Now Uganda has 560 000 registered people with diabetes. But it is thought an additional 560 000 patients may have the disease but are unaware of it.

Henry Wasswa *Kampala*

## Australia inquires into GPs' sale of complementary medicines

An ethical debate has arisen among doctors in Australia after the federal government announced plans to investigate the sale of complementary medicines by GPs.

The Australian Medical Association said that doctors' purchase of vitamins on a wholesale basis to sell to patients was an ethical minefield.

But a former president of the association, Kerryn Phelps, has rejected allegations of conflict of interest, saying that there is little difference between doctors selling complementary medicines and veterinarians selling dog food.

The federal parliamentary secretary for health, Christopher Pyne, last week announced plans for an investigation by the Australian Consumer and Competition Commission into the growing business practice.

One Queensland GP, Scott Masters, told *The Australian* newspaper (<http://theaustralian.news.com.au>, 21 Sep, "Probe on vitamins from GPs") that a colleague in nutritional medicine was buying \$A10 000 (£4000; €5900; \$7500) worth of vitamin E supplements at the start of each year and then selling them to patients at 10 times the purchase price.

Christopher Zinn *Sydney*