



ABSTRACTS IN URGENT CARE

- Routine Prostate Cancer Screening
- Coffee Drinking Lowers Depression Risk
- Cell Phones and Brain Tumor Risk
- Adenoidectomy for Recurrent URIs
- MRIs Are Safe With Pacemakers, ICDs
- UTI and Chronic Kidney Disease

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Each month, Dr. Nahum Kovalski reviews a handful of abstracts from, or relevant to, urgent care practices and practitioners. For the full reports, go to the source cited under each title.

USPSTF to Advise Against Routine Prostate Cancer Screening

Key point: *The US Preventive Services Task Force has concluded that healthy men should not undergo routine prostate-specific antigen testing.*

Citation: Harris G. US panel says no to prostate screening for healthy men. *New York Times* website. Available at: www.nytimes.com/2011/10/07/health/07prostate.html. Accessed December 6, 2011.

The recommendation was based on an analysis of five trials and applies to men of all ages. The *Times* quotes the task force’s chairwoman: “Unfortunately, the evidence now shows that this test does not save men’s lives ... This test cannot tell the difference between cancers that will and will not affect a man during his natural lifetime.”

In 2008, the USPSTF recommended against PSA testing in men aged 75 or older, and said evidence was insufficient to recommend for or against testing in younger men. ■

Depression Is Less Common in Women Who Drink Coffee

Key point: *Four or more cups daily seemed to protect against developing depression.*

Citation: Lucas M, Mirzaei F, Pan A, et al. Coffee, caffeine, and

risk of depression among women. *Arch Intern Med.* 2011;171(17):1571.

One prospective study involving men showed a reduced risk for depression with increased coffee consumption (*Public Health Nutr.* 2010;13:1215), and several studies have shown an association between increased coffee consumption and decreased risk for suicide. Using data from the Nurses’ Health Study, investigators studied about 50,000 women who were free of depression at baseline; coffee consumption and new diagnoses of depression were documented during 10 years of follow-up.

In analyses adjusted for numerous clinical and demographic variables, risk for depression in women who drank four or more cups of coffee daily was 20% lower than in women who drank one cup or less weekly. No association was observed between risk for depression and consumption of either decaffeinated coffee or caffeine from other sources (eg, tea, chocolate); however, non-coffee sources probably contributed too little caffeine for meaningful assessment.

Published in *J Watch Gen Med.* October 6, 2011—Thomas L. Schwenk, MD. ■

Cell Phones Not Linked to Tumor Risk in Large Danish Study

Key point: *Mobile phones do not increase risk for brain tumors.*

Citation: Frei P, Poulsen AH, Johansen C, et al. Use of mobile phones and risk of brain tumours: update of Danish cohort study. *BMJ.* 2011;343:d6387.

Use of mobile phones does not increase the risk for brain tu-



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mors, a Danish national cohort study finds. The results, reported in *BMJ*, update an earlier study that reported findings until 2002, to which 5 years of follow-up data (to 2007) have now been added.

Researchers compared the incidence of brain tumors in nearly 360,000 subscribers to mobile phone services with the incidence in the rest of the population over a 17-year period. They found that tumors of the central nervous system occurred at a similar rate in both groups.

Editorialists say that continued monitoring of such cohorts is warranted, but new studies “are not needed.” Earlier this year, WHO called cell phones “possibly carcinogenic.” ■

Say No to Adenoidectomy for Recurrent Upper Respiratory Infections

Key point: For children referred to surgeons because of frequent URIs, adenoidectomy conferred no clinical benefit over watchful waiting.

Citation: van den Aardweg MTA, Boonacker CWB, Rovers MM, et al. Effectiveness of adenoidectomy in children with recurrent upper respiratory tract infections: open randomised controlled trial. *BMJ*. 2011;343:d5154.

Many children with chronic or recurrent upper respiratory infections (URIs) undergo adenoidectomy with or without myringotomy tube placement. Investigators in the Netherlands evaluated the efficacy of this practice in an open multicenter randomized trial that included 111 children (age range, 1-6 years) with recurrent URIs who were selected by surgeons for treatment with adenoidectomy. The children underwent adenoidectomy with or without myringotomy within 6 weeks or watchful waiting.

During 2 years of follow-up, the incidence of URI episodes per person-year (the primary outcome) did not differ significantly overall or during the first or second years between the adenoidectomy and watchful-waiting groups (overall incidence, 7.9 and 7.8 per person-year, respectively). Severity of URI also did not differ, although children in the adenoidectomy group had significantly more days with fever (20.0 vs 16.5 days per person-year, respectively). Forty percent of children in the control group eventually underwent adenoidectomy or other related surgery; however, these children did not differ from those in the control group who did not undergo surgery in number of infections during the year before surgery or the primary outcome. Two children had complications related to surgical procedures (1 broken tooth and 1 postoperative hemorrhage).

Published in *J Watch Pediatr Adolesc Med*. October 19, 2011—Peggy Sue Weintrub, MD. ■

Closely Supervised MRIs Seem Safe for Most Patients with Pacemakers and ICDs

Key point: Most patients with implanted cardiac devices could safely undergo magnetic resonance imaging using a protocol evaluated in the *Annals of Internal Medicine*.

Citation: Nazarian S, Hansford R, Roguin A, et al. A prospective evaluation of a protocol for magnetic resonance imaging of patients with implanted cardiac devices. *Ann Int Med*. 2011;155(7):415-424.

The protocol was tested prospectively in some 440 patients (median age, 66) with pacemakers or implantable cardioverter-defibrillators who had clinical indications for MRI. The scanners all had magnetic field intensities of 1.5 T, and the cardiac devices were mostly manufactured after 1998 (pacemakers) and 2000 (ICDs). Patients were monitored closely during MRI by clinicians experienced in advanced cardiac life support.

Power-on-reset events occurred in three patients. No changes were required in the device leads or programming after MRI.

The authors conclude: “Using a protocol based on device selection and programming, MRI can be performed safely in patients with certain pacemaker and ICD systems.” Editorialists write that the presence of rhythm-management devices “should no longer be considered an absolute contraindication to MRI.” ■

Recurrent UTI in Childhood an Unlikely Cause of Chronic Kidney Disease

Key point: Contrary to common belief, recurrent UTIs in childhood appear to be only a rare cause of chronic kidney disease.

Citation: Salo J, Ikaheimo R, Tapiainen T, Uhari M. Childhood urinary tract infections as a cause of chronic kidney disease. *Pediatrics*. 2011;128(5):984-985.

Researchers in Finland conducted a literature review for studies on childhood UTIs and kidney disease. None of the 1600 patients identified had childhood UTI as the main cause of kidney disease.

The researchers also studied some 370 patients treated for chronic kidney disease at their own hospital in 2005–2006. Most of the patients had a specific noninfectious cause of kidney disease. Of 13 who had a history of UTI, all had structural abnormalities identified on their first kidney imaging study. There was just one patient in whom UTI was a possible cause of kidney disease.

The authors point out that ultrasonography, rather than radiologic imaging, could have identified the abnormalities identified after the first kidney examination, thus sparing patients unnecessary radiation exposure. ■