30 days in medicine

Mouthwash reduces oral gonorrhoea
Gargling daily with the antiseptic mouthwash, Listerine, may control oral gonorrhoea, according to a study in Australia. Researchers in Melbourne looked at 196 gay or bisexual men positive for Neisseria gonorrhoea, who presented at the Melbourne Sexual Health Centre for treatment. Of the 58 men who tested positive for oral gonorrhoea, 33 were randomly assigned to gargle with Listerine Cool Mint and 25 with a saline solution.

After rinsing and gargling for 1 minute, the proportion of viable gonorrhoea in the throat was 52% in the men using Listerine, compared with 84% in those using saline (p=0.013). Five minutes after gargling, men in the Listerine group were 80% less likely to test positive for gonorrhoea in their throat than the men using the saline solution.

The researchers also tested different dilutions of Listerine in a laboratory setting. Listerine, at dilutions of up to 1 in 4 and applied for 1 minute, considerably reduced the number of N. gonorrhoea on the culture plates, whereas the saline solution had no effect.

The effects may be short lived as the follow-up time was short, even though the laboratory evidence of an inhibitory effect of Listerine is encouraging.


Elderly patients do better with female doctor
Elderly hospital patients have a lower 30-day mortality and readmission rate if treated by female doctors, according to a study published in JAMA Internal Medicine. Previous studies have found that men and women practise medicine differently—for example, women are more likely to adhere to clinical practice guidelines and offer preventive care more often. However, it is not known whether these differences affect clinical outcomes.

In this new study by Tsugawa et al. from Harvard T H Chan School of Public Health, Cambridge, Massachusetts, 1.6 million admissions of patients aged >65 years for medical conditions, treated by general physicians, were analysed. After adjusting for many factors, such as type and severity of the patients’ medical conditions, patient and physician characteristics, and hospital size and type, researchers found that those treated by a female physician had a lower 30-day mortality and readmission rate.

Use inhaled corticosteroids regardless of asthma symptom frequency
Low-dose inhaled corticosteroids (ICS) are highly effective for reducing asthma exacerbations and mortality, but conventionally ICS treatment is recommended for patients who have symptoms on >2 days a week, although there is little evidence to support this recommendation. This study, published in the Lancet, assessed the validity of the previous
symptom-based cut-off by establishing whether there was a differential response to budesonide v. placebo for severe asthma exacerbations, lung function, and asthma symptom control across subgroups identified by baseline asthma symptom frequency.

They used a post-hoc analysis of the 3-year inhaled Steroid Treatment As Regular Therapy (START) study, done in 32 countries, with clinic visits every 3 months. Patients (aged 4 - 66 years) with mild asthma diagnosed within the previous 2 years and no previous regular use of corticosteroids were randomised to receive once daily, inhaled budesonide 400 μg (those aged <11 years 200 μg) or placebo.

They found that in mild recent-onset asthma, once daily, low-dose budesonide decreases severe asthma-related risk, reduces lung function decline, and improves symptom control similarly across all symptom subgroups. The results do not support restriction of inhaled corticosteroids to patients with symptoms on >2 days per week and suggest that treatment recommendations for mild asthma should consider both risk reduction and symptoms.


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