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Sulfonylureas in the spotlight

Malvinderjit Kaur Dhillon

When used as first-line therapy for patients with type 2 diabetes (T2D), sulfonylureas increase the risk of death compared with standard first-line metformin treatment, according to study data presented at the 49th European Association for the Study of Diabetes (EASD) annual meeting recently held in Barcelona, Spain.

Lead author of the study, Professor Craig Currie from Cardiff University's School of Medicine in Cardiff, Wales, urged physicians to consider the potential hazard of prescribing sulfonylureas in such a manner.

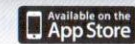
Currie and his team of researchers looked at retrospective data extracted from the Clinical Practice Research Datalink (CPRD), a data set made up of more than 10 million patients treated in primary care in the UK. Patients with T2D who were put on first-line glucose-lowering treatments between 2000 and 2012 were selected. The primary endpoint of the study was all-cause



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NEWS

Convulsion an unreliable measure to distinguish syncope from epilepsy

Jackey Suen

Convulsive symptoms are an unreliable measure to distinguish epilepsy from syncope and may lead to misdiagnosis, according to an expert speaking at the 6th Asia Pacific Heart Rhythm Society Scientific Session & CardioRhythm 2013 conference held recently in Hong Kong.

"It is not easy to distinguish syncope from epileptic seizure in patients with transient loss of consciousness, especially in those with convulsion attacks, because convulsions are commonly observed in both groups," said Dr. Haruhiko Abe of the University of Occupational and Environmental Health (UOEH), Fukuoka, Japan.

"Doctors in the emergency department and GPs tend to refer collapsed patients with convulsive symptoms to neurologists, while those with ECG abnormalities without convulsive symptoms are usually referred to cardiologists," he continued. "As demonstrated in several studies, misdiagnosis is not uncommon in both conditions."

In fact, up to 39 percent of epilepsy patients treated with antiepileptic drugs were subsequently found to be misdiagnosed, while 8 percent of patients initially diagnosed with syncope were found to have epilepsy in



long-term follow-up. [*Q J Med* 1999;92:15-23; *Seizure* 1998;5:403-406; *J Am Coll Cardiol* 2000;36:181-184; *Heart* 2004;90:52-58]

"Syncope with convulsion and epilepsy without convulsion are atypical, and differential diagnosis in these patients could be difficult," he noted.

Abe and colleagues conducted a study on implantable loop recorder (ILR)-guided diagnosis in 47 patients. Among 28 patients initially diagnosed with syncope, five (18

percent) were confirmed by ILR to have epilepsy instead. "More importantly, convulsive symptoms during the attack were observed in 29 percent of patients with cardiac syncope vs 20 percent of patients with epilepsy," pointed out Abe.

"Convulsive symptoms can be present in both epilepsy and syncope. The data show that convulsion should not be used to distinguish between the two conditions," he concluded. **MI**

Patient selection key in pacing for syncope

The lack of superiority of pacemaker therapy vs placebo in trials on neurally mediated syncope (NMS) reflects the importance of patient selection rather than a lack of therapeutic efficacy.

"Cardiac pacing failed to demonstrate an improvement over placebo in unselected NMS patients," said Professor Richard Sutton of the Imperial College, London, UK. [*JAMA* 2003;289:2224-2229; *Eur Heart J* 2004;25:1741-1748] "Improved patient selection may be the way to focus pacing therapy on those who will benefit."

As demonstrated in the ISSUE-3 study (Third International Study on Syncope of Uncertain Etiology), patients aged ≥ 40 years with severe asystolic NMS had a 32 percent absolute reduction and 57 percent relative reduction in syncope recurrence after dual chamber pacing therapy. [*Circulation* 2012;125:2566-2571; Brignole M, et al, *Circ Arrh* 2013; in press]

"Notably, almost no recurrence was found in patients with a negative tilt test. Conversely, there was no evidence of efficacy in patients with a positive tilt test," noted Sutton. "The tilt test may be used as a risk stratification tool to identify patients most likely to benefit from pacing."