

NEWS AND VIEWS

Living near cell phone towers during pregnancy not associated with early-childhood cancer

The offspring of women who live near a cell phone tower during pregnancy do not face increased risk for early-childhood cancer, according to a case-control study in *BMJ*.

Supported by a consortium of telecommunications vendors, U.K. researchers examined 1400 cases of childhood cancers of the central nervous system, leukemia, and non-Hodgkin lymphoma. Each case was matched with four controls for age and sex.

Cases' mothers were no more likely than controls' to have spent their pregnancies living close to cell towers. In addition, the estimated radiofrequency exposure from the towers was the same in both groups.

FDA warns of possibility of vitamin D overdose in infants

Parents and caregivers may accidentally give infants too much vitamin D when using supplements that come with droppers, the FDA cautioned on Tuesday.

According to the agency, infants should not receive more than 400 IU of vitamin D per day, the dose recommended by the American Academy of Pediatrics for infants who are exclusively or partially breast-fed.

Excessive intake of vitamin D in infants could lead to kidney damage. Other possible effects include vomiting; loss of appetite; excessive thirst; frequent urination; abdominal, muscle, and joint pain; and fatigue.

The FDA has asked manufacturers to clearly mark droppers that are sold with vitamin D supplements and further recommends that products made for infants contain droppers that only hold the recommended dose.

Oral corticosteroids as effective as intravenous dosing in COPD exacerbations

Although given at lower doses, oral corticosteroids provide the same outcomes in acute exacerbations of chronic obstructive pulmonary disease (COPD) as higher intravenous doses, according to a study in *JAMA*.

Despite guidelines recommending use of the low-dose

oral route, researchers found that the higher-dose intravenous route was used initially in 92% of some 80,000 patients admitted to over 400 U.S. hospitals. The primary outcome measure - a composite of the need for mechanical ventilation after the second hospital day, death during hospitalization, or readmission for COPD within 30 days - was no worse in orally treated patients.

The authors conclude that the initial use of high-dose intravenous therapy "does not appear to be associated with any measurable clinical benefit," and has the added dangers associated with intravenous therapy as well as higher costs. Editorialists say that the results "are sufficient to take action to change practice now."

Diclofenac 'Exerts the same risk' for cardiovascular events as Rofecoxib

Diclofenac (e.g., Voltaren), the widely used nonsteroidal anti-inflammatory agent, "exerts the same risk for cardiovascular adverse events as rofecoxib," according to a Danish study published in *Circulation: Cardiovascular Quality and Outcomes*. (Rofecoxib [Vioxx] was removed from the market in 2004.)

Using national databases, investigators identified a cohort of over 1 million healthy individuals aged 10 and older. Over a 9-year period, the investigators tracked the subjects' use of NSAID therapy within 30 days of a major cardiovascular event.

Use of the nonselective NSAID diclofenac was associated with an almost twofold increased risk for cardiovascular death (odds ratio, 1.91); in comparison, the odds ratio with rofecoxib was 1.66. There was a dose-dependent increase in risk. Both ibuprofen and naproxen showed increased stroke risk, although naproxen had the safest overall risk profile.

Acknowledging the limitations of their observational study, the authors conclude that their findings expose "a major public health issue." They caution physicians to carefully assess cardiovascular risks before starting NSAID treatment.

Source: Journal Watch(<http://www.jwatch.org/>)