

Endovascular versus open repair of abdominal aortic aneurysm

Short-term survival benefits of endovascular aneurysm repair (EVAR) versus open repair of intact abdominal aortic aneurysms have been shown in randomised trials, but this early survival benefit is lost after a few years. This study was designed to evaluate whether EVAR had a long-term survival benefit compared with open repair.

One thousand two hundred and fifty-two patients were randomised to either EVAR or open repair. Follow-up was for 15 years. Late aneurysm and total mortality were both greater in those assigned to EVAR. In the first six months the EVAR group had a lower mortality rate, but this benefit was lost after six months.

EVAR has an early survival benefit, but an inferior late survival compared with open repair, which needs to be addressed by lifelong surveillance of EVAR and re-intervention if necessary.

Lancet 2016; 388:2366–74

Beta-blockers are under-prescribed in patients with chronic obstructive pulmonary disease and co-morbid cardiac disease

The use of beta-blockers in patients with chronic obstructive pulmonary disease (COPD) and co-morbid cardiovascular disease remains contentious. Bearing this in mind and noting that there is considerable evidence that use of selective beta-blockers has been shown to be safe in patients with COPD, this study reviews the situation in Australia.

The researchers retrospectively assessed the rates of beta-blocker prescription in patients admitted to two Australian tertiary hospitals for acute exacerbation of chronic obstructive pulmonary disease. There were 1,071 patients admitted with an exacerbation of their COPD over the one-year study period. The researchers noted an indication for beta-blocker prescription in 453 patients. They report that only 203 (45%) of this group were receiving beta-blockers.

The authors of the report regard this as significant under-prescribing and recommend that clinicians should optimise treatment in these patients and not overlook appropriate use of beta-blockers.

Internal Medicine Journal 2016; 46:1336–40

Long-term oxygen for COPD with moderate desaturation?

Long-term treatment with supplemental oxygen has unknown efficacy in patients with stable chronic obstructive pulmonary disease (COPD) and resting or exercise-induced moderate desaturation. Hence this trial.

The participants were patients who had stable COPD with moderate desaturation (SpO₂, 89–93%) or moderate exercise-induced desaturation. Seven hundred and thirty-eight patients were randomised to receive long-term supplemental oxygen or no long-term supplemental oxygen. Follow-up was for 1–6 years.

The researchers concluded that the prescription of long-term supplemental oxygen did not result in a longer time to death or first hospitalisation than no long-term supplemental oxygen, nor did it provide sustained benefit with regard to any of the other measured outcomes.

N Engl J Med 2016; 375:1617–27

URL:

<http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2017/vol-130-no-1448-13-january-2017/7129>
