Vitamin D supplements and prevention of cancer and cardiovascular disease

It is unclear whether supplementation with vitamin D reduces the risk of cancer or cardiovascular disease, and data from randomised trials are limited. Hence this randomised, placebo-controlled trial. Over 25,000 participants were randomised to receive either vitamin D₃ (cholecalciferol) at a dose of 2,000 IU per day and marine n-3 (also called omega-3) fatty acids at a dose of 1g per day or placebo. End points were invasive cancer of any type and major cardiovascular events.

During a median follow-up of 5.3 years the researchers report that there were no significant differences in the incidence of cancer or major cardiovascular events between the treated and control groups. No excess risk of hypercalcaemia or other adverse events were identified.


Effects of fluoxetine on functional outcomes after acute stroke

Results of small trials indicate that fluoxetine might improve functional outcomes after stroke. This trial aimed to provide a precise estimate of these effects.

Three thousand one hundred and twenty-seven patients from 103 hospitals in the UK were involved. Eligibility included a clinical stroke diagnosis and focal neurological deficits. The patients had to be 18 years of age or older and be assigned to treatment within 15 days after onset. Half were treated with fluoxetine 20mg daily for six months. The others received a matched placebo for six months.

The researchers concluded that fluoxetine 20mg given daily for six months after acute stroke does not seem to improve functional outcomes. Although the treatment reduced the occurrence of depression, it increased the frequency of bone fractures.

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Trends in adverse drug reaction-related hospitalisations over 13 years in New South Wales, Australia

Adverse drug reactions (ADR) are severe problems in global public health, and result in high mortality and morbidity. This report is of a study designed to examine trends in ADR-related hospitalisations in New South Wales (NSW) between 2001 and 2014.

A total of 315,274 NSW residents admitted for urgent care of ADR was identified. The age-adjusted rates of ADR-related hospitalisations nearly doubled and increased by 5.8% per annum, with an in-hospital death rate increase of 2.4%. Agranulocytosis, nausea and vomiting, heart failure and acute renal failure were found to be the most common conditions. Anticoagulants and opioid analgesics were the commonest medications involved.

ADR-related hospitalisation remains a population health burden, with significant increase over time. The findings call for continuing efforts to prevent ADR, especially among the high-risk populations, such as older people.

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