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Incident Diuretic Use and Subsequent Risk of Bone Fractures

A Large Nationwide Observational Study of US Veterans

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diabetic fracture association was more evident in younger (vs older) patients, those with (vs without) corticosteroid use, and those with lower (vs higher) serum sodium levels.

Conclusion

Incident use of diuretics, particularly loop diuretics, was independently associated with higher risk of incident bone fractures. Our findings suggest distinct pathophysiologic contributions of diuretics to bone metabolism and the need for careful attention to skeletal outcomes when initiating diuretics.

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Hepatitis B cure: Current situation and prospects

Ya-Ping Li, Chen-Rui Liu, Ling He, Shuang-Suo Dang

Abstract

Achievement of a 'clinical cure' in chronic hepatitis B (CHB) implies sustained virological suppression and immunological control over the infection, which is the ideal treatment goal according to domestic and international CHB management guidelines. Clinical practice has shown encouraging results for specific patient cohorts using tailored treatment regimens. These regimens incorporate either nucleos(t)ide analogs, immunomodulatory agents such as pegylated interferon α , or a strategic combination of both, sequentially or concurrently administered. Despite these advancements in the clinical handling of hepatitis B, achieving a clinical cure remains elusive for a considerable subset of patients due to the number of challenges that preclude the realization of optimal treatment outcomes. These include, but are not limited to, the emergence of antiviral resistance, incomplete immune recovery, and the persistence of covalently closed circular DNA. Moreover, the variance in response to interferon therapy and the lack of definitive biomarkers for treatment cessation also contribute to the complexity of achieving a clinical cure. This article briefly overviews the current research progress and existing issues in pursuing a clinical cure for hepatitis B.

Core Tip: Clinical cure has become an ideal goal pursued by chronic hepatitis B (CHB) patients. To enable more patients to achieve this goal, immunotherapy targets, the development of drugs targeting the viral life cycle, gene editing technologies, and the application of other methods have promoted the achievement of a clinical cure for CHB; however, this topic warrants continuous exploration.

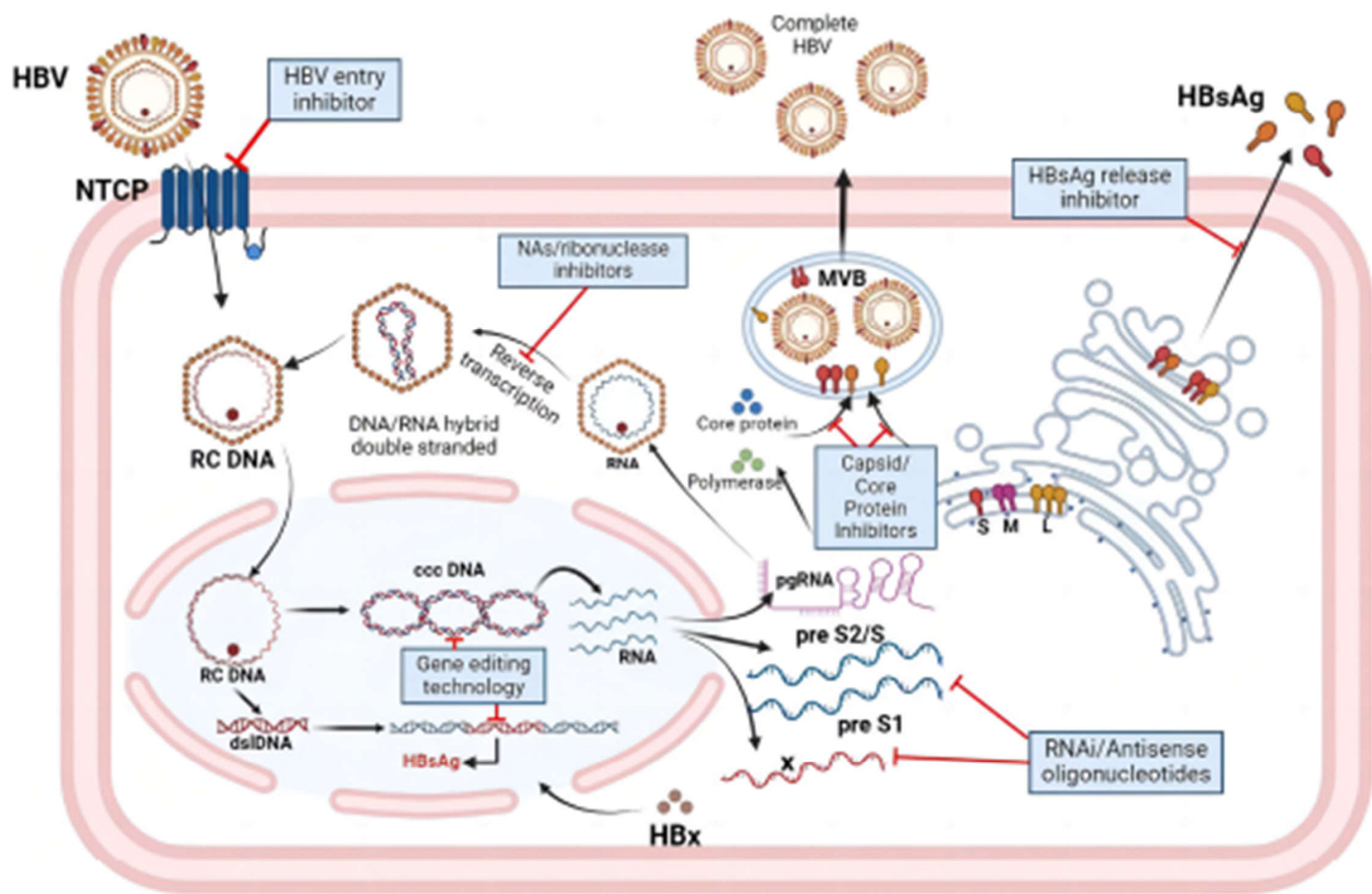


Figure 1 Inhibition of release of HBsAg from infected liver cells. HBV: Hepatitis B virus; NTCP: Sodium taurocholate cotransporter peptide; cccDNA:



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Early colorectal cancer screening—no time to lose

Ying Wang, Zheng-Long Wu, Yi-Gang Wang, Hui Wang, Xiao-Yuan Jia

Abstract

In this editorial, we comment on the article entitled “Stage at diagnosis of colorectal cancer through diagnostic route: Who should be screened?” by Agatsuma *et al.* Colorectal cancer (CRC) is emerging as an important health issue as its incidence continues to rise globally, adversely affecting the quality of life. Although the public has become more aware of CRC prevention, most patients lack screening awareness. Some poor lifestyle practices can lead to CRC and symptoms can appear in the early stages of CRC. However, due to the lack of awareness of the disease, most of the CRC patients are diagnosed already at an advanced stage and have a poor prognosis.

CONCLUSION

With the progress of research, the incidence and mortality of CRC are decreasing year by year[41]. However, its pathogenic mechanism is still unclear. The study in Japan underscores how early screening can effectively reduce the average risk of developing the disease partly due to early diagnosis and timely treatment[42]. The article also pointed out the necessity of implementing the iFOBT strategy. The health sector advocates active participation in patient health education and offers screening advice tailored to individual patient needs. This reduces pain and related complications in patients with advanced cancer. We hope that early screening, early detection and effective intervention will reduce mortality from CRC.

Ablation most cost-effective treatment for hepatocellular carcinoma

Kate Madden Yee

Jun 21, 2024



Ablation is the most cost-effective treatment for hepatocellular carcinoma, researchers have found.

A team led by Resmi Charalel, MD, of Weill Cornell Medicine in New York City, found that the technique had the lowest median procedure cost compared to resection or transplant, at \$6,689. The findings were published June 21 in the *Journal of Roentgenology*.

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Short-Term Out-of-Pocket and Total Costs of Care After Ablation, Resection, or Transplant for Early-Stage Hepatocellular Carcinoma: A National SEER-Medicare Cost Comparison

Authors: Resmi A. Charalel, MD, MPH , Alvin I. Mushlin, MD, ScM, Xinyan Zheng, MS, Jialin Mao, MD, MS, Ruth Carlos, MD, MS, Robert S. Brown Jr., MD, MPH, Said Ibrahim, MD, MBA, MPH, Brett E. Fortune, MD, MSc, Adam D. Talenfeld, MD, MS, David C. Medoff, MD, Matthew S. Johnson, MD, and Art Sedrakyan, MD, PhD | [VIEW FULL ARTICLE](#)

and management of resistant hypertension

Naomi D L Fisher²

ABSTRACT

Resistant hypertension is defined as blood pressure that remains above the therapeutic goal despite concurrent use of at least three antihypertensive agents of different classes, including a diuretic, with all agents administered at maximum or maximally tolerated doses. Resistant hypertension is also diagnosed if blood pressure control requires four or more antihypertensive drugs. Assessment requires the exclusion of apparent treatment resistant hypertension, which is most often the result of non-adherence to treatment. Resistant hypertension is associated with major cardiovascular events in the short and long term, including heart failure, ischemic heart disease, stroke, and renal failure. Guidelines from several professional organizations recommend lifestyle modification and antihypertensive drugs. Medications typically include an angiotensin converting enzyme inhibitor or angiotensin receptor blocker, a calcium channel blocker, and a long acting

Resistant hypertension:

3 drugs (RASi +CCB+D)

Maximal or maximally tolerated doses



Exclude apparent resistant hypertension:

- Confirm adherence to medicines
- Ensure proper BP measurement technique
- Rule out white coat effect with home BPs



- Improve adherence by prescribing generic agents dosed once daily
- Use fixed dose, single pill combinations

BP still above goal?



True resistant hypertension



Investigate for secondary causes of hypertension:

- Primary aldosteronism
- Chronic kidney disease
- Renal artery stenosis
- Obstructive sleep apnea
- If clinically appropriate, screen for pheochromocytoma/paraganglioma, Cushing's syndrome, coarctation of the aorta

THE END