Clinical Capsules

Intrahepatic Cholestasis of Pregnancy

Pruritus was reduced more effectively in patients with intrahepatic cholestasis of pregnancy after treatment with ursodeoxycholic acid, according to a randomized study of 84 symptomatic patients in Lithuania.

Jurate Kondrackiene, M.D., of Kaunas University of Medicine, Kaunas, Lithuania, and colleagues found that 8-10 mg/kg daily of ursodeoxycholic acid (UDCA) outperformed 8 g daily of cholestyramine in reducing the pruritus that characterizes intrahepatic cholestasis.

Pruritus scores were reduced by 67% with UDCA and 19% with cholestyramine; likewise, levels of serum aminotransferases and serum bile acids were markedly reduced by 78.5% and 73.8%, respectively, after UDCA, but by only 21.4% each after cholestyramine.

The study results confirm that UDCA should be used as first-line therapy for intrahepatic cholestasis, the researchers stated (Gastroenterology 2005;129:894-901).

Intimate-Partner Violence Missed in ED

Physicians may be failing to identify victims of intimate-partner violence when they present to the emergency department, according to a study of cases brought to the prosecuting attorney in one county.

Karin Rhodes, M.D., of the department of emergency medicine at the University of Chicago and her colleague identified 964 women who were listed as victims of intimate partner violence (IPV) in cases brought to the prosecuting attorney of Kalamazoo County, Mich., during 2000.

Of these 964 women, 82% had been seen by at least one of eight EDs in the county in 1999-2001; they averaged 5.7 ED visits in that period, Dr. Rhodes reported in a poster at the annual meeting of the Society for Academic Emergency Medicine.

Even though 60% had injuries on police records, Dr. Rhodes and her associate found in a chart review that only 5.8% of the victims had a visit to an ED during 1999-2001 that corresponded to the IPV assault. The other victims either screened negative for IPV during ED visits (24.4%) or were not screened for IPV (69.8%).

Who Undergoes Carrier Status Testing?

Patients referred for genetic testing are more likely to agree to carrier status testing if they already have accepted an invasive procedure.

A study of 3,131 patients referred for genetic testing found that individuals were more likely to accept cystic fibrosis (CF) carrier testing and were more likely to accept both CF and fragile X syndrome (FXS) carrier testing if they underwent an invasive procedure such as amniocentesis.

"Patients who underwent such a procedure were more than twice as likely to accept both screening tests, compared with patients who had declined invasive testing," said Amy Cronister, the study's lead author and regional manager of genetic services, Genzyme Genetics, Phoenix, Ariz.

Overall, 33% of referrals agreed to carrier status testing for CF and 28% for FXS; 25% accepted CF and FXS testing; and 64% declined both. Significantly fewer (11%) accepted one test but declined the other.

The study included patients referred for prenatal genetic counseling during a 22-month period because of maternal age, positive maternal serum screening, chemical exposure, or parental anxiety. The patients were offered both CF and FXS carrier testing on the basis of population screening only.

Because they would be more likely than the general population to accept CF and FSX screening, patients with a known or suggestive family history of either disease were excluded. Additionally, because CF risk is linked to ethnicity, only patients of white and Ashkenazi Jewish backgrounds, for whom the risk of being a CF carrier is 1 in 25 people, were included.

Oral Tocolysis Prolongs Pregnancy

While many physicians commonly use oral tocolysis maintenance after intravenous tocolysis in patients with preterm labor because they have a clinical impression of its effectiveness, solid evidence for this practice has been lacking until recently, according to Perkin Stang, M.D., of Wayne State University, Detroit, and colleagues.

Their population-based historical cohort study suggests that patients who are not maintained on oral tocolysis are more than twice as likely to deliver prematurely as are those who do receive oral maintenance, the investigators reported in a poster presentation at the annual meeting of the Society for Maternal-Fetal Medicine.

Investigators compared 4,936 women who received oral maintenance tocolysis with a β–sympathomimetic agent to 4,536 who did not receive oral tocolysis, from a perinatal database in the state of Schleswig-Holstein, Germany. Women with premature rupture of membranes and medically indicated inductions before 37 weeks of gestation were excluded from the analysis.

In the oral tocolysis group, 366 patients (7%) delivered prematurely versus 1,094 patients (24%) in the control group.

—From staff reports