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## This Week in JAMA

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## Medical News & Perspectives

Reports in the media indicate that the US Food and Drug Administration is reconsidering approving low-dose statins for over-the-counter use, but critics say data supporting the free availability of these cholesterol-lowering drugs are lacking.

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## Vitamin K<sub>2</sub> and Liver Cancer

Preliminary evidence from women with viral cirrhosis suggests vitamin K<sub>2</sub> (menaquinone) may reduce the risk of hepatocellular carcinoma.

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## Improving Coronary Reperfusion

A meta-analysis of data from 6 clinical trials revealed that administering glycoprotein IIb/IIIa antagonists at the time of first medical contact and before catheterization improves coronary patency compared with administration in the catheterization laboratory in patients with acute ST-segment elevation myocardial infarction.

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## CLINICIAN'S CORNER

### Treating Adult Asthma

#### Clinical Review

An evidence-based review of adult asthma therapy trials supports low-dose, inhaled corticosteroids as first-line therapy.

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## JAMA Patient Page

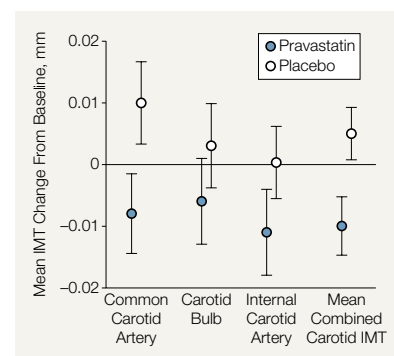
For your patients: Information about adult asthma.

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## Efficacy and Safety of Statin Therapy for Children

Children with familial hypercholesterolemia (FH) might benefit from early initiation of statin therapy, but whether this would be safe and efficacious is not clear. Wiegman and colleagues assessed the efficacy and safety of pravastatin therapy vs placebo in children aged 8 to 18 years with heterozygous FH. After 2 years, the authors found a trend toward regression of the carotid intima-media thickness (IMT) in the pravastatin group compared with a trend toward progression in the placebo group. They found no evidence that pravastatin had adverse effects on growth, sexual maturation, hormone levels or liver or muscle tissue. In an editorial, Gotto discusses the clinical challenges in determining appropriate preventive therapy for children with FH.

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## Suicidal Behavior Risk With Antidepressant Use

Some studies have suggested that antidepressant medications of the selective serotonin reuptake inhibitor (SSRI) class are associated with an increased risk of suicidal ideation and behaviors, particularly in children and adolescents. Jick and colleagues conducted a case-control study to assess the risk of nonfatal suicidal behavior or suicide in first-time recipients of an antidepressant. They compared the risks from the tricyclic antidepressant amitriptyline, or the SSRIs fluoxetine or paroxetine, to the risk from the tricyclic dothiepin. The authors found a significantly increased risk of suicidal behavior in the first 1 to 9 days following initiation of antidepressant therapy, which was similar for both the SSRIs and tricyclic antidepressants studied, and no additional risk in patients 10 to 19 years of age. In an editorial, Wessely and Kerwin discuss the difficulties of obtaining high-quality evidence of the safety and efficacy of antidepressant therapies to support regulatory and clinical decision making.

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## Heart Failure Incidence and Survival

Roger and colleagues assessed trends in the incidence of heart failure and survival following diagnosis using 1979 through 2000 data from the Rochester Epidemiology Project in Olmsted County, Minnesota, to test their hypothesis that incidence has increased, but survival improved, with some variation by age and sex. They found no decline in the incidence of heart failure over the past 2 decades. Five-year survival improved over time, but these improvements were largely seen in younger men, with less improvement in women and the elderly.

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## Febrile Seizures Following MMR Vaccination

Children receiving measles, mumps, and rubella (MMR) vaccine may experience a vaccine-associated fever, and some may have a febrile seizure. To assess the incidence of febrile seizures following MMR vaccination, Vestergaard and colleagues conducted a population-based cohort study of children in Denmark. They found that the rate of first febrile seizure increased during the first and second week following MMR vaccination but thereafter was close to the rate for unvaccinated children. The authors found no evidence of an increased risk of epilepsy in children who experienced a febrile seizure following MMR vaccination.

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