

## Eine neue Doping-Substanz?

Zwei aktuelle Arbeiten im NEJM ,2013,368: 307 ff und 320 ff.:

**Peginesatide:** Diese Substanz ist, einmal im Monat verabreicht, genauso effektiv wie Epo 3 x in der Woche bei Patienten mit chronischer Niereninsuffizienz mit und ohne Dialyse. Die Substanz ist eine synthetische, peptid-basierte erythropoiesis stimulierende Substanz (ESA). Allerdings fanden sich – bei diesen Patienten - erhöhte kardiovaskuläre Ereignisse und Todesfälle.

## Atemwegsinfektionen:

**Das aktuelle Heft Arzneiverordnung in der Praxis** liegt vor zum Thema **Atemwegsinfektionen.**

Für jeden Sportarzt eine wichtige Lektüre. AVP: Arzneiverordnung in der Praxis.

**Hypertrophic cardiomyopathy** [Barry J Maron, Dr Martin S Maron](#) [Lancet, Vol 381,2013, 242 - 255](#)

Hypertrophic cardiomyopathy is a common inherited cardiovascular disease present in one in 500 of the general population. It is caused by more than 1400 mutations in 11 or more genes encoding proteins of the cardiac sarcomere. Although hypertrophic cardiomyopathy is the most frequent cause of sudden death in young people (including trained athletes), and can lead to functional disability from heart failure and stroke, the majority of affected individuals probably remain undiagnosed and many do not experience greatly reduced life expectancy or substantial symptoms. Clinical diagnosis is based on otherwise unexplained left-ventricular hypertrophy identified by echocardiography or cardiovascular MRI. While presenting with a heterogeneous clinical profile and complex pathophysiology, effective treatment strategies are available, including implantable defibrillators to prevent sudden death, drugs and surgical myectomy (or, alternatively, alcohol septal ablation) for relief of outflow obstruction and symptoms of heart failure, and pharmacological strategies (and possibly radiofrequency ablation) to control atrial fibrillation and prevent embolic stroke. A subgroup of patients with genetic mutations but without left-ventricular hypertrophy has emerged, with unresolved natural history. Now, after more than 50 years, hypertrophic cardiomyopathy has been transformed from a rare and largely untreatable disorder to a common genetic disease with management strategies that permit realistic aspirations for restored quality of life and advanced longevity.

## **Ist HIIT der HIT?**

Zwei Beiträge zum Hoch intensiven Intervall-Training (HIIT) in Circulation sind beachtenswert. Rognmo et al. aus der Wisloff-Gruppe haben in Norwegen die Risiken eines hochintensiven Intervall-Trainings im Vergleich zu moderatem Ausdauertraining bei Patienten mit KHK untersucht an drei unterschiedlichen Reha-Zentren.

Das kardiale Risiko war sehr niedrig, aber vorhanden. In einem Editorial weist Keteyian darauf hin, dass weitere prospektive Kohortenstudien notwendig sind, um Nutzen und Risiken nachweisen zu können. HIIT steigert sehr gut die maximale oder peak Sauerstoffaufnahme. Ob aber Morbidität und Mortalität verbessert werden bleibt nachzuweisen.

Keteyian SJ: Circulation 126,2012:1431

und Rognmo Ö et al., Circulation 126,2012:1434

## **Rauchen**

**The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK** [The Lancet, Volume 381, Issue 9861, Pages 133 - 141, 12 January 2013](#) [Kirstin Pirie](#) for the Million Women Study Collaborators

Women born around 1940 in countries such as the UK and USA were the first generation in which many smoked substantial numbers of cigarettes throughout adult life. Hence, only in the 21st century can we observe directly the full effects of prolonged smoking, and of prolonged cessation, on mortality among women in the UK. Methods see paper

**Findings** After excluding 0.1 million women with previous disease, 1.2 million women remained,

with median birth year 1943 (IQR 1938—46) and age 55 years (IQR 52—60). Overall, 6% (66 489/1 180 652) died, at mean age 65 years (SD 6). At baseline, 20% (232 461) were current smokers, 28% (328 417) were ex-smokers, and 52% (619 774) were never-smokers. For 12-year mortality, those smoking at baseline had a mortality rate ratio of 2.76 (95% CI 2.71—2.81) compared with never-smokers, even though 44% (37 240/85 256) of the baseline smokers who responded to the 8-year resurvey had by then stopped smoking. Mortality was tripled, largely irrespective of age, in those still smoking at the 3-year resurvey (rate ratio 2.97, 2.88—3.07). Even for women smoking fewer than ten cigarettes per day at baseline, 12-year mortality was doubled (rate ratio 1.98, 1.91—2.04). Of the 30 most common causes of death, 23 were increased significantly in smokers; for lung cancer, the rate ratio was 21.4 (19.7—23.2). The excess mortality among smokers (in comparison with never-smokers) was mainly from diseases that, like lung cancer, can be caused by smoking. Among ex-smokers who had stopped permanently at ages 25—34 years or at ages 35—44 years, the respective relative risks were 1.05 (95% CI 1.00—1.11) and 1.20 (1.14—1.26) for all-cause mortality and 1.84 (1.45—2.34) and 3.34 (2.76—4.03) for lung cancer mortality. Thus, although some excess mortality remains among these long-term ex-smokers, it is only 3% and 10% of the excess mortality among continuing smokers. If combined with 2010 UK national death rates, tripled mortality rates among smokers indicate 53% of smokers and 22% of never-smokers dying before age 80 years, and an 11-year lifespan difference.

**Interpretation** Among UK women, two-thirds of all deaths of smokers in their 50s, 60s, and 70s are caused by smoking; smokers lose at least 10 years of lifespan. Although the hazards of smoking until age 40 years and then stopping are substantial, the hazards of continuing are ten times greater. Stopping before age 40 years (and preferably well before age 40 years) avoids more than 90% of the excess mortality caused by continuing smoking; stopping before age 30 years avoids more than 97% of it.

## **Aus den Nachbarländern:**

[Open Access Journal of Sports Medicine](#)

### **Sports medicine in The Netherlands: consultation with a sports physician without referral by a general practitioner de Bruijn MC, Kollen BJ, Baarveld F**

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DOI: <http://dx.doi.org/10.2147/OAJSM.S38073>

**Background:** In The Netherlands, sports medicine physicians are involved in the care of about 8% of all sports injuries that occur each year. Some patients consult a sports physician directly, without being referred by a general practitioner. This study aims to determine how many patients consult a sports physician directly, and to explore differences in the profiles of these patients compared with those who are referred.

**Results:** A total of 234 patients were included (mean age 33.7 years, 59.1% male). Most of the injuries occurred during soccer and running, particularly injuries of the knee and ankle. In this cohort, 39.3% of patients consulted a sports physician directly. These patients were significantly more often involved in individual sports, consulted a sports physician relatively rapidly after the onset of injury, and had received significantly less care before this new event from medical professionals compared with patients who were referred.

**Conclusion:** In this study, 39.3% of patients with sports injuries consulted a sports physician directly without being referred by another medical professional. The profile of this group of patients differed from that of patients who were referred. The specific roles of general practitioners and sports physicians in medical sports care in The Netherlands needs to be defined further.