



Home Visits Reduce Maternal and Child Mortality

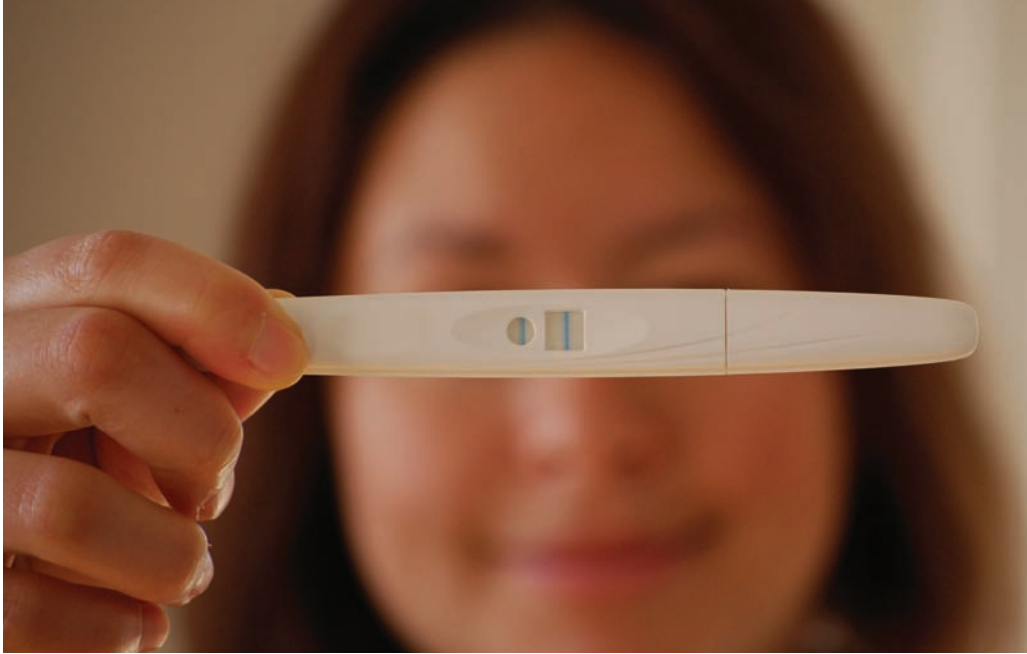
LAURIE LARUSSO



A study aiming to understand the impact of the Nurse-Family Partnership® (NFP) program reviewed data for a two-decade period and found that low-income mothers and their first-born children living in disadvantaged, urban neighborhoods were less likely to die when they received in-home nurse visits when compared to mothers and children randomly assigned to receive comparison services. This is the first randomized, clinical trial of an early intervention program conducted in a high-income country to find evidence of reductions in maternal and child death. The results were published in July in *JAMA Pediatrics*. Beginning in 1990, this trial enrolled low-income, primarily African-American mothers living in disadvantaged neighborhoods in Memphis, TN, and assessed maternal and child mortality over two decades until 2011. The NFP produced a significant reduction in preventable child death from birth until age 20. Children in the control group not receiving nurse-home visits had a mortality rate of 1.6 percent for preventable causes—including sudden infant death syndrome, unintentional injuries and homicide. There were zero preventable deaths among nurse-visited children. In addition, over the same two-decade period, mothers who received nurse-home visits had significantly lower rates of death for all causes compared to mothers not receiving nurse-home visits. Mothers in the control group who did not receive nurse-home visits were nearly three times more likely to die than were nurse-visited mothers. The reduction in maternal mortality was even greater for deaths due to external causes—those tied to maternal behaviors and environmental conditions—including unintentional injuries, suicide, drug overdose and homicide. Mothers not receiving nurse-home visits were eight times more likely to die of these causes than nurse-visited mothers.

3D Mammography

According to a study published in the June 25 issue of *JAMA*, 3D mammography (also known as digital breast tomosynthesis) found significantly more invasive cancers and reduced the number of call-backs for additional imaging compared with digital mammography alone. Researchers from the University of Pennsylvania School of Medicine reviewed more than 280,000 digital mammography examinations and more than 170,000 3D mammography examinations (both tomosynthesis and digital mammography) performed between 2010 and 2012. The data set included women from 13 breast cancer screening programs that were geographically diverse and included both academic and community practices. Screening women with 3D mammography found 41 percent more invasive cancers compared with digital mammography alone. The use of 3D mammography also reduced the number of women called back for additional testing by 15 percent.



New Treatment for PCOS Infertility

According to a study published in the July 10 issue of *The New England Journal of Medicine*, letrozole treatment may produce higher live-birth and ovulation rates for infertile women with polycystic ovary syndrome (PCOS) than the current first-line therapy. The double-blind, multicenter trial was conducted by a team of U.S. researchers affiliated with the National Institute of Child Health and Human Development Reproductive Medicine Network. The 750 women with PCOS ages 18 to 40 in this study planned to have regular intercourse with their partners throughout the

study and received either letrozole or clomiphene for up to five treatment cycles, with follow-up visits to determine ovulation and pregnancy, followed by tracking of pregnancies. The rate of cumulative live births among women who took letrozole was 28 percent compared with 19 percent among women who took clomiphene ($p = .007$). The cumulative ovulation rate was also higher with letrozole (62 percent) than with clomiphene (48 percent; $p < .001$). Pregnancy loss and twin pregnancies occurred with equal frequency in both treatment groups.

Niacin Therapy for High Cholesterol

According to a new study published in the July 17 issue of *The New England Journal of Medicine*, extended-release niacin therapy does not reduce rates of heart attacks and strokes in people with cardiovascular disease, as previously thought. In fact, niacin was associated with significant increases in serious side effects and a trend toward increased death from all causes. Led by researchers at the University of Oxford in the United Kingdom, the HPS2-THRIVE Collaborative Group randomly assigned more than 25,000 adults, ages 50 to 80, with cardiovascular disease and taking a statin to receive either 2 g of extended-release niacin (vitamin B3) plus 40 mg of laropiprant (a drug that reduces facial flushing caused by high doses of niacin) or a matching placebo daily. Over the 4-year study, niacin did not reduce heart attack and stroke rates compared with placebo. More importantly, niacin showed a trend toward increased death from all causes and significant increases in liver problems, excess infections, excess bleeding, gout, loss of glucose control for diabetics and development of diabetes in people who were not diabetic when the study began. Although niacin therapy raises HDL cholesterol levels, modestly lowers LDL cholesterol levels and markedly lowers triglyceride levels, this large study confirms other recent studies indicating that these effects do not actually reduce the risk of cardiovascular disease.

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