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PERIODICALS

Periodical articles of special interest to nutrition professionals are cited or abstracted in this section. Articles that have been abstracted are marked with a darkened circle (●).

Literature abstracts and citations are prepared by the *Journal* editors. Articles are selected from scientific and professional publications chosen to convey fundamental knowledge in nutritional science and to span the specialty practice fields of readers. A list of the publications reviewed for this section is published each year in the January issue. The current list, which includes contact information for each title, appears on page 166 of the January 2005 issue. Readers who want information about any article or publication appearing in New in Review should use this directory to locate the authors or editors of the original article or publication.

AMERICAN FAMILY PHYSICIAN

Vol 71, June 1, 2005 (www.aafp.org/afp)

- Traveler's Diarrhea. (Review). Yates J. 2095-2100. Traveler's Diarrhea. (Patient Education). 2107-2108.
- Treatment of Edema. (Review). O'Brien JG, Chennubhotla SA, Chennubhotla RV. 2111-2117. What You Should Know About Edema. (Patient Education). 2118.
- Evaluation and Prevention of Diabetic Neuropathy. (Review). Aring AM, Jones DE, Falko JM. 2123-2128. Diabetic Neuropathy. (Patient Education). 2129-2130.
- Management of Heatstroke and Heat Exhaustion. (Review). Glazer JL. 2133-2140. Heat Exhaustion

and Heat Stroke. (Patient Education). 2141-2142.

AMERICAN HEART JOURNAL

Vol 149, June 2005 (www.mosby.com/ahj)

- Should We Routinely Supplement Coronary Patients with Folate Therapy to Prevent In-Stent Restenosis? (Evidence-Based Consult/Expert Opinion). Halahi AR, Harrington RA. 1035-1036.

THE AMERICAN JOURNAL OF CLINICAL NUTRITION

Vol 81, June 2005 (www.ajcn.org)

- Risk of Overweight and Obesity Among Semivegetarian, Lactovegetarian, and Vegan Women. Kewby PK, Tucker KL, Wolk A. 1267-1274.
- Predictors of Weight Loss and Reversal of Comorbidities in Malabsorptive Bariatric Surgery. Valera-Mora ME, Simenoni B, Gagliardi L, Scarfone A, Nanni G, Castegnato M, Manco M, Mingrone G, Ferrannini E. 1292-1297.
- Energy Balance in Early-Stage Huntington's Disease. Gaba AM, Zhang K, Moskowitz CB, Werner P, Boozer CN. 1335-1341.
- Water Balance, Hydration Status, and Fat-Free Mass Hydration in Younger and Older Adults. Bossingham MJ, Carnell NS, Campbell WW. 1342-1350.

Post-bariatric surgery weight loss pattern. Bariatric surgery using the biliopancreatic diversion technique creates severe lipid malabsorption and moderate volume restriction (300-mL stomach volume) to produce a rapid and sustained weight loss. This study prospectively examined the predictors of weight loss and reversal of comorbid conditions in a cohort of 107 post-biliopancreatic diversion patients (85 women, 22 men, mean age 37 years) residing in Italy. All patients were morbidly obese prior to surgery (mean body weight 129 to 150 kg; mean body mass index 48). Data were collected on demographics, medical history, body composition, and metabolic parameters (glucose toler-

ance test, fasting serum lipids, insulin sensitivity). Intestinal length was measured at the time of surgery and reduced to 250 cm in all patients by gastric resection (Scopinaro method) with Roux gastroenteroanastomosis. Data were analyzed by McNemar's comparison of proportions, repeated measures analysis of variance, and simple logistic regression. Results showed that over 2 years patients lost an average of 36% of initial body weight, 50% fat mass, and 30% fat-free mass. Women lost less weight (mean 46 kg by women vs 55 kg by men). The strongest predictor of weight loss was initial weight, not intestinal length. Baseline intestinal length varied from 460 to 1,050 cm (mean 647 cm women, 773 cm men). The severity of comorbidities and presence of insulin sensitivity was significantly reduced in all patients despite continued obesity secondary to overt lipid malabsorption. Overall weight loss averaged the equivalent of a 500-kcal deficit per day. The study was funded by the Italian Ministry of Research.

Water balance and age. Older adults tend to be at higher risk for dehydration, yet few water-balance studies have been conducted to validate this belief. This controlled diet study was conducted at Purdue University, West Lafayette, IN, with a volunteer cohort of young adults (ages 23 to 46 years) and older adults (ages 63 to 81 years). Subjects completed three 18-day study diet periods in random order (0.50, 0.75, and 1.0 gm/kg/protein per day) with calories estimated at 1.75 times the Harris-Benedict equation (minimum 1 week washout between diets). Weekday breakfast was consumed in the research kitchen with all other foods (including all water and beverages) packaged for home consumption. Caffeine was restricted and a multivitamin tablet was provided each day. Data were collected for urine specific gravity, plasma osmolality, 72-hour stool collection, body composition by air-displacement plethysmography system, self-completed physical activity, and thirst indexes. Insensible water loss was estimated per 100 kg consumed. Results

were analyzed by a three-factor repeated measures analysis of variance model for within and between subject variations. Of the initial 58 adults recruited, 48 completed the study (27 young adults, 15 women; 21 older adults, 11 women). The study found no difference in water status or hydration between groups. The hydration of fat-free mass appears to be greater in older adults. Dietary protein did not influence ad libitum water intake. The study was funded by government research grants.

AMERICAN JOURNAL OF EPIDEMIOLOGY

Vol 160, June 15, 2005

(www.aje.oupjournals.org)

- Iron, Lipids, and Risk of Cancer in the Framingham Offspring Cohort. Mainous AG, Wells BJ, Koopman RJ, Everett CJ, Gill JM. 1115-1122.

Iron, lipids, and oxidative stress. The interaction of serum iron and lipids may create oxidative stress, which may increase risk of cancer. This analysis used the Framingham Offspring Study database of adults (>30 years of age at second examination), using assessments from 1979-1982 and 1996-1997 (N=3,278). Serum iron, high-density (HDL), low-density (LDL), and very-low-density (VLDL) lipoprotein cholesterol levels (stratified by quintiles) were analyzed using a Cox regression model (hazards ratio) with confidence intervals (CI) to control for age, sex, smoking status, and body mass index. Cancer event was defined as microscopically confirmed, clinically diagnosed, or documented on the death certificate. Non-melanoma skin cancer was not included. Both elevated serum iron and at least one elevated lipid marker was required to be present together due to interaction effect with oxidative stress. Cancer incidence per 1,000 person-years of follow-up were calculated. The analysis showed at baseline that 38.8% were smokers, comparable to a national rate of 37.1%, with a 6.0 per 1,000 person-years incidence of cancer at follow-up. Both high serum iron with high VLDL (hazards ratio 2.98, CI 1.49 to 4.83, n=18) and high serum iron with low HDL (hazards ratio 2.82, CI 2.50 to 5.28, n=14) had increased adjusted risk (13.0 per 1,000 person-years in-

cidence) for cancer (36% were trachea, bronchus, and lung). One of the weaknesses of the study was the single measurement for predictive purposes. Funding provided by the National Institutes of Aging, Delaware Public Health, and the Health Resources and Services Administration.

AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY

Vol 192, June 2005 (www.ajog.org)

- Overweight and Obese in Gestational Diabetes: The Impact on Pregnancy Outcomes. Langer O, Yogev Y, Xenakis EM, Brustman L. 1768-1776.

Gestational diabetes and maternal weight. The relationship between maternal weight status and gestational diabetes incidence remains unclear. This study recruited over 4,000 women with gestational diabetes (>80% Hispanic, >50% gestational diabetes family history, mean age 28.1 to 29.7 years) treated in inner city clinics in San Antonio, TX, for outcome variables of prepregnancy weight, treatment modality, level of glycemic control, and pregnancy outcome from 1990-1999. All women were treated under an intensified management protocol and used memory reflectance glucose meters throughout the study. Dietary counseling focused on a three-meal, four-snack daily food pattern with 25 kcal/kg/d for obese women. Data analysis divided the women into groups by glucose control (poor-good), treatment (diet-diet plus insulin), and prepregnancy body mass index (normal-overweight-obese). Multivariate analysis of variance was used with these categories in conjunction with logistic regression for potential confounding variables such as maternal age, parity, race, and weight gain in pregnancy. The results found comparable positive fetal outcomes for obese women only when treated with insulin to achieve glycemic control. Obese women treated with diet therapy alone even when achieving glycemic control had a two to three times greater risk for adverse pregnancy outcomes compared with normal- and overweight women. Women in any weight category who failed to achieve glycemic goals had significantly higher overall adverse pregnancy outcome (large-for-gestational

age, macrosomia, neonatal intensive care admission within 24 hours, respiratory distress, hypertension, pre-eclampsia) regardless of weight status. No funding source for the study was identified.

ANNALS OF INTERNAL MEDICINE

Vol 142, June 21, 2005 (Supplement)

(www.annals.org)

- Challenges of Summarizing Better Information for Better Health: The Evidence-Based Practice Center Experience. Helfand M, Morton S, Guallar E, Mulrow C. 1033-1125.

ARCHIVES OF INTERNAL MEDICINE

Vol 165, May 23, 2005

(www.archinternmed.com)

- Systematic Overview of Warfarin and Its Drug and Food Interactions. (Review). Holbrook AM, Pereira JA, Labiris R, McDonald H, Douketis JD, Crowther M, Wells PS. 1095-1106.
- Effect of Combining Psyllium Fiber with Simvastatin in Lowering Cholesterol. Moreyra AE, Wilson AC, Koraym A. 1161-1166.
- Oral Cyanocobalamin Supplementation in Older People with Vitamin B₁₂ Deficiency: A Dose-Finding Trial. Eussen SJ, de Groot LC, Clarke R, Schneede J, Ueland PM, Hoefnagels WH, Van Staveren WA. 1167-1172.

Vol 165, June 13, 2005

- Calcium and Vitamin D Intake and Risk of Incident Premenstrual Syndrome. Bertone-Johnson ER, Hankinson SE, Bendich A, Johnson SR, Willett WC, Manson JE. 1246-1252.
- Undertreatment of Obese Women Receiving Breast Cancer Chemotherapy. Griggs JJ, Sorbero ME, Lyman GH. 1267-1273.
- Weight Loss in Overweight Adults and the Long-Term Risk of Hypertension: The Framingham Study. Moore LL, Vioni AJ, Qureshi MM, Bradlee ML, Ellison RC, D'Agostino R. 1298-1303.

Oral cyanocobalamin supplementation. Both oral dose and intramuscular injection of cobalamin has been used to address vitamin B-12 deficiency. This ran-

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