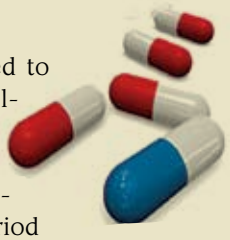
Clinical Shorts
A brief review of the literature

Farewell gift



Many patients are first introduced to benzodiazepines during hospitalization, often for the treatment of short-term insomnia. The intent of the benzodiazepine prescription might be to manage the period of time that the patient is hospitalized, but there are concerns that this practice could result in chronic use after discharge. The use of benzodiazepines has been linked to cognitive impairment, fall-related injuries, daytime sedation, and motor vehicle accidents.

A group of Canadian researchers decided to study the rate of new chronic benzodiazepine use after hospitalization in older adults not previously prescribed benzodiazepines. The study, a retrospective cohort study using linked population-based administrative data, looked at community-dwelling seniors in Ontario who were hospitalized between April 1992 and March 2005 and who had not been prescribed benzodiazepines in the year before hospitalization. New chronic benzodiazepine use was defined as initiation of benzodiazepines within 7 days after hospital discharge and an additional claim within 8 days to 6 months.

There were more than 405 000 hospitalizations included in the cohort. Benzodiazepines were prescribed to 12 484 patients (3.1%) within 7 days of discharge from the hospital. A total of 6136 patients (1.5%) were identified as new chronic benzodiazepine users. The rate of new users decreased from 1.8% in the first year to 1.2% in the final year. Further analysis found that the following patients had substantially elevated adjusted odds ratios for new chronic benzodiazepine users: women, patients admitted to intensive care units or non-surgical wards, those with longer hospital stays, those with higher overall comorbidity, those with prior diagnoses of alcoholism, and those prescribed more medications.

Bottom line

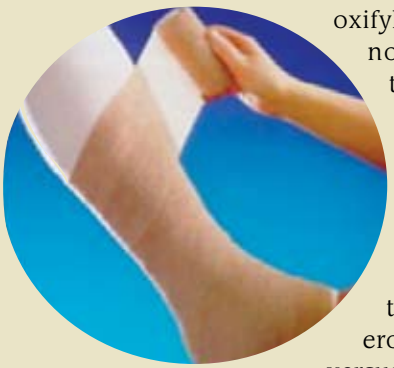
- New benzodiazepine prescription after hospitalization occurs frequently in older adults.
- This practice should be reconsidered, as it puts patients at increased risk of serious adverse effects.

Source: Bell CM, Fischer HD, Gill SS, Zagorski B, Sykora K, Wodchis WP, et al. Initiation of benzodiazepines in the elderly after hospitalization. *J Gen Intern Med* 2007;22(7):1024-9.

Pressure tactics

Venous leg ulcers can be difficult to heal, despite the use of measures such as compression bandaging. In addition, some patients might not be eligible for compression therapy due to other medical conditions (eg, arterial insufficiency). Pentoxifylline, a drug that improves blood flow, has been used in the treatment of venous leg ulcers. But is it effective?

A recent Cochrane update reviewed randomized trials up to February 2007, comparing pentoxifylline with placebo or other therapy, in the presence or absence of compression, among people with venous leg ulcers. The reviewers analyzed the results of 12 trials involving 864 participants.



Eleven trials compared pentoxifylline with placebo or no treatment. In 7 of these studies, the patients also received compression therapy. The quality of the trials was variable. In particular, the sample populations were quite heterogenous (hard-to-heal versus "normal" healing).

The researchers found that pentoxifylline plus compression was more effective than placebo plus compression (relative risk 1.56, 95% confidence interval 1.14 to 2.13). If no compression was used, pentoxifylline appeared to be more effective than placebo or no treatment (relative risk 2.25, 95% CI 1.49 to 3.39). More adverse effects were reported among those receiving pentoxifylline, and most of these effects were gastrointestinal.

Bottom line

- Pentoxifylline is an effective adjunct to compression bandaging for treating venous ulcers.
- In patients who are not eligible for compression therapy, pentoxifylline can be effective in treating their venous ulcers.

Source: Jull A, Arroll B, Parag V, Waters J. Pentoxifylline for treating venous leg ulcers. *Cochrane Database Syst Rev* 2007;18(3):CD001733.