

albuminuria and serum creatinine levels. When ACE inhibitors or ARBs were compared with other agents or placebo for prevention of ESRD, reduced incidence of ESRD was associated strongly with reduction in blood pressure.

#### COMMENT:

Experts continue to debate whether different classes of antihypertensives have specific cardioprotective effects or whether they all improve cardiac outcomes primarily by reducing blood pressure. These findings extend that debate to kidney function and challenge accepted dogma about renin-angiotensin blockade, especially in diabetics. The authors call for larger studies with better control for blood pressure differences. — **Bruce Soloway, MD**

Casas JP et al. *Effect of inhibitors of the renin-angiotensin system and other antihypertensive drugs on renal outcomes: Systematic review and meta-analysis. Lancet 2005 Dec 10; 366:2026-33.*

### Higher BMI Is a Risk Factor for Renal Failure



**B**ody weight is associated with diabetes and, in turn, diabetes causes renal failure. However, previous research has suggested a direct link between obesity and renal disease in some cases (*JW* May 15 2001, p. 79, and *Kidney Int* 2001; 59:1498). To further explore this issue, researchers studied 320,252 men and women with serum creatinine levels of 10 mg/dL or lower who participated in health checkups at a large managed care organization in northern California.

In analyses adjusted for age, sex, and race, baseline body-mass index was significantly associated with the rate of end-stage renal disease (ESRD; transplant or maintenance dialysis). The rate of ESRD was 10 per 100,000 person-years among normal-weight subjects and 20 per 100,000 person-years among overweight subjects (BMI, 25.0–29.9 kg/m<sup>2</sup>); the rate among obese subjects ranged from 46 (BMI, 30–34.9) to 108 (BMI, ≥40). After further adjustment for education, smoking status, myocardial infarction, cholesterol level, proteinuria, hematuria, serum creatinine, blood pressure, and diabetes, risk for ESRD was significantly higher for those who were overweight (relative risk, 1.72) or obese (RR, 2.98–4.99) than for normal-weight subjects.

#### COMMENT:

End-stage renal disease appears to be among the consequences of being overweight or obese, even in people without diabetes or hypertension. ESRD prevention is another reason to address obesity.  
— **Richard Saitz MD, MPH, FACP, FASAM**

Hsu C-Y et al. *Body mass index and risk for end-stage renal disease. Ann Intern Med 2006 Jan 3; 144:21-8.*

### Ginger Effective in Reducing Postoperative Nausea and Vomiting

**I**n a randomized trial, researchers showed that ginger is effective in reducing nausea during pregnancy (*JW* May 15 2001, p. 81, and *Obstet Gynecol* 2001; 97:577), and results from several studies have suggested that it also is effective in reducing postoperative nausea and vomiting. Because ginger is prepared in different ways and administered at different doses, investigators conducted a meta-analysis to determine if a fixed dose of ginger (1 g) reduced nausea and vomiting for the first 24 hours after surgery.

The analysis included results from five randomized, double-blind, placebo-controlled studies conducted among 363 patients (age range, 31–46) who underwent gynecologic or lower-extremity surgery. All subjects were given ginger or placebo 1 hour before induction of anesthesia. Surgical procedures lasted between 20 and 115 minutes. The relative risk for both nausea and vomiting was about 0.65 for ginger compared with placebo. In only one study was a side effect (abdominal discomfort) noted.

#### COMMENT:

Several groups have documented the effectiveness of ginger in reducing nausea and vomiting. Although the active ingredients are unknown, animal and in vitro studies have shown that ginger extracts

have antiserotonergic and 5-HT<sub>3</sub> receptor antagonistic effects, and other mechanisms might exist as well.

— **Robert W. Rebar, MD**

Chaiyakunapruk N et al. *The efficacy of ginger for the prevention of postoperative nausea and vomiting: A meta-analysis. Am J Obstet Gynecol 2006 Jan; 194:95-9.*

### Prostate Cancer Screening: Still Waiting for a Randomized Controlled Trial

**C**ontroversy persists about the benefit of prostate cancer screening. Adding to this debate are results from a case-control study from 10 Veterans Affairs medical centers in New England. Researchers identified 501 cases (median age, 72) in whom prostate cancer was diagnosed from 1991 through 1996 and who died before 1999. Controls were 501 randomly selected men (with or without prostate cancer; matched for age and medical center) who were alive when their corresponding case patient died. Investigators reviewed medical records to determine whether cases and controls had received prostate-specific antigen testing (with or without digital rectal exams) between January 1, 1991, and the date of the case's cancer diagnosis.

Cases and controls had similar rates of prostate cancer screening prior to the case diagnosis (if screening had been effective, one would have expected a lower rate of screening among cases than among controls). At diagnosis, 25% of cancers were nonlocalized, 51% were moderately differentiated, and 23% were poorly differentiated. Treatment included surgery or radiation for 42% of cases, hormonal treatment for 35%, and watchful waiting for 21%.

#### COMMENT:

Screening for prostate cancer failed to show a mortality benefit in this case-control study. However, the study design might be responsible for these findings: Because death was a selection criterion

### There's more for everyone at [www.jwatch.org](http://www.jwatch.org)

- Register for e-mail delivery of the tables of contents and free access to archived content (older than six months) of all *Journal Watch* titles.
- Review the journals watched by the editorial board of *Journal Watch*.
- Search our database for summaries of the most clinically relevant papers on particular topics.
- Find out more about the editors who filter and summarize the literature for you.
- Read our conflict-of-interest policy and review our editors' disclosure information.