

group 66% of patients achieved a blood glucose target of <140 mg/dl whereas only 38% of patients in the SSI group achieved this target. In the SSI group, 14% of patients had persistently elevated glucose levels >240 mg/dl; glycemic control improved after they were switched to a basal-bolus regimen. Although patients in the basal-bolus group received almost three times the daily insulin dose of patients in the SSI group, only two patients in each group had a hypoglycemic event, and none of the cases was severe.

The authors recommend the use of basal-bolus insulin therapy for hospitalized general medical patients who have diabetes.

**Original article** Umpierrez GE *et al.* (2007) Randomized study of basal-bolus insulin therapy in the inpatient management of patients with type 2 diabetes (RABBIT 2 trial). *Diabetes Care* 30: 2181–2186

### Factors influencing restaurant portion sizes and subsequent energy intake

Over the past three decades an increase in food portion sizes and an increased energy intake have been observed in the USA. Condrasky *et al.* conducted a survey among 300 chefs from a variety of dining establishments across the country, to evaluate their opinions on restaurant portion sizes. The information collected included chefs' backgrounds, portion sizes served, factors influencing the portion sizes, the use of nutritional information in menu planning and chefs' opinions on factors influencing health and body weight.

The majority of chefs (76%) believed that they served 'regular' portions of food in their establishment, whereas less than 20% perceived the portions served as being 'large' or 'extra-large'. When asked to estimate the size of the typical portions they served, however, the majority of chefs reported serving portions of steak and pasta that were larger than the US government recommendations. Chefs who were at least 51 years old reported serving significantly smaller portions than younger chefs. Respondents indicated that portion sizes were influenced by presentation of foods, cost, customer expectation, competition with other restaurants and calorie content. Chefs choosing calorie content as an important factor when determining portion

sizes also reported serving smaller portions of steak and pasta as well as serving smaller portions of vegetables. Among the respondents, 59% thought that something other than calories was the food constituent that most influenced body weight.

The authors suggest that strategies that help chefs to provide portions in keeping with customers' energy requirements should be developed.

**Original article** Condrasky M *et al.* (2007) Chefs' opinions of restaurant portion sizes. *Obesity* 15: 2086–2094

### Parathyroidectomy improves BMD and quality-of-life in patients with asymptomatic PHPT

Most patients with mild, asymptomatic primary hyperparathyroidism (PHPT) are identified incidentally, and rarely experience disease progression or complications within 10 years. Whether these patients should undergo parathyroidectomy, even if they do not meet published guidelines for surgery, is unclear; therefore, Ambrogini and colleagues conducted a prospective, randomized clinical trial that evaluated the changes in BMD and quality-of-life following parathyroidectomy compared with no surgery in patients with PHPT.

The authors enrolled 50 patients (age 50–75 years, 46 women) with asymptomatic PHPT who met the inclusion criteria and who did not meet the 1990 NIH guidelines for parathyroid surgery. These patients were randomly assigned to undergo parathyroidectomy ( $n=24$ ) within 2 months of enrolment, or no surgery ( $n=26$ ). Laboratory measurements, BMD assessment (measured with dual-energy X-ray absorptiometry) and quality-of-life evaluations were performed at 6-monthly intervals.

The change in lumbar spine and total hip BMD was significantly greater at 1 year's follow-up in the parathyroidectomy patients than in those who received no surgery (lumbar spine  $+4.16 \pm 1.13$  versus  $-1.12 \pm 0.71$ ,  $P=0.0002$ ; total hip  $+2.61 \pm 0.71$  versus  $-1.88 \pm 0.60$ ,  $P=0.0001$ ). Compared with non-parathyroidectomy patients, those who underwent surgery showed significantly greater improvement in four quality-of-life measures: bodily pain ( $P=0.001$ ), general health ( $P=0.008$ ), vitality ( $P=0.003$ ) and mental health ( $P=0.017$ ).