New antiobesity drug, tesofensine, shows good phase II results

Weight loss of 5–10% is associated with improved health in obese individuals; however, currently approved antiobesity drugs typically achieve <5 kg weight loss after 1 year. A double-blind, randomized, controlled, prospective trial by Astrup *et al*. has demonstrated that tesofensine effectively induces weight loss and improves quality of life in obese individuals.

All 203 participants were placed on an energy-restricted diet. After a 2-week run-in period, participants were randomly allocated to receive 0.25 mg, 0.5 mg or 1.0 mg tesofensine or placebo per day for 24 weeks. In the 161 patients who completed the study, significant, mean, placebo-adjusted weight losses of 4.7%, 9.2% and 10.4% were achieved in those receiving 0.25 mg, 0.5 mg or 1.0 mg of tesofensine, respectively. A similar outcome was achieved in the intention-to-treat population. The reduction in body weight was associated with a significant improvement in weight-related quality of life.

Although the weight loss achieved by the two highest doses was similar, the treatment-related adverse effects were more frequent with the 1.0 mg dose. The most common adverse effects associated with tesofensine were gastroenterological (dry mouth, nausea, constipation and diarrhea). Heart rate showed a dose-dependent increase in all three groups, up to 8.1 beats per minute.

The findings from this study suggest that 0.5 mg of tesofensine per day safely and effectively induces weight loss in obese patients. These promising findings now require validation and direct comparison with approved weight-loss drugs in large, phase III trials.

Original article Astrup A *et al*. (2008) Effect of tesofensine on bodyweight loss, body composition, and quality of life in obese patients: a randomised, double-blind, placebo-controlled trial. *Lancet* **372:** 1906–1913

Benefits of fast-track, perioperative care for patients undergoing colonic surgery

Enhanced recovery after surgery (ERAS), or fast-track, perioperative care programs have been developed over the past 10 years to accelerate recovery after major surgeries; however, concerns have been raised about protocol compliance within these programs, and their effect on rates of readmission and complications. A study conducted by Zargar-Shoshtari and colleagues has shown that a fast-track, perioperative-care approach is associated with reduced duration of hospital stay and a reduced rate of complications compared with a standard approach.

The authors evaluated the influence of an ERAS program for consecutive patients who underwent elective colonic resection at their hospital in Auckland between December 2005 and March 2007. ERAS patients ($n = 50$) were compared with a comorbidity-matched, historical group of patients ($n = 50$) who had undergone similar surgery before initiation of the ERAS program. In comparison with the control group, ERAS patients received significantly smaller amounts of intraoperative and postoperative intravenous fluids; they also consumed their first meal after surgery, were mobilized, passed flatus, and were discharged significantly earlier (4 days vs 6.5 days). In addition, significantly fewer patients on the ERAS program had urinary infections, ileus and cardiopulmonary complications. Readmission rates were similar in the two groups. ERAS protocol compliance was 80% during the time from admission to surgery, and 40% for the duration of the postoperative stay.

The authors conclude that ERAS or fast-track, perioperative care programs "…are safe and should be considered for introduction into routine clinical practice."

Original article Zargar-Shoshtari K *et al.* (2008) Fast-track surgery may reduce complications following major colonic surgery. *Dis Colon Rectum* **51:** 1633–1640

Are boosters needed by children vaccinated at birth against HBV?

Vaccination against HBV at birth effectively prevents HBV infection during the perinatal period and early childhood. Some evidence suggests that immunological protection in individuals vaccinated at birth may not be as long-lived as in individuals vaccinated at 6 months of age or older.

In their 15-year follow-up study, Bialek *et al.* enrolled 105 eligible residents of the Federate States of Micronesia who were successfully vaccinated (i.e. no evidence of HBV infection at

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