patients died within 6 months, compared with none of those with an uptake intensity below this threshold. The authors recommend that this finding should be confirmed in a larger patient group.

Caroline Barranco

Original article Leboulleux S *et al.* (2006) Diagnostic and prognostic value of 18-fluorodeoxyglucose positron emission tomography in adrenocortical carcinoma: a prospective comparison with computed tomography. *J Clin Endocrinol Metab* **91:** 920–925

Restoring euthyroidism might not improve quality of life

A Dutch team has reported on the effects of restoring euthyroidism in patients with subclinical hyperthyroidism due to long-term TSH-suppressive therapy after treatment of differentiated thyroid carcinoma (DTC).

In total, 24 patients with a history of DTC who had undergone >10 years' TSH-suppressive therapy completed the trial. Half of these patients continued their existing TSH therapy (low-TSH group), while the other half were given decreasing doses of levothyroxine, thereby restoring euthyroidism (euthyroid group). All participants completed five questionnaires, which assessed different aspects of quality of life (QOL), at baseline and at 6 months. Surprisingly, baseline symptoms of hyperthyoidism were not different from reference values; however, SOMATOFORM DISORDER scores were markedly higher than reference values.

Contrary to the investigators' expectation of improved QOL scores at 6 months, most of the results for the euthyroid group were comparable to their baseline scores. The only significant changes were in two of the questionnaires: in one of five parameters of fatigue, and in one of eight parameters of general well-being.

The authors caution that their results are difficult to compare with the findings of previous studies. The experience of having survived DTC might improve perceived quality of life, counterbalancing any negative effects of subclinical hyperthyroidism. The baseline depression scores of both groups were significantly better than those of the general population; further, hyperthyroid symptom scores were no higher than those of controls. Overall, these results indicate that the relationship between subclinical hyperthyroidism, symptoms, and QOL is complex.

Katherine Sole

Original article Eustatia-Rutten CFA *et al.* (2006) Quality of life in longterm exogenous subclinical hyperthyroidism and the effects of restoration of euthyroidism, a randomized controlled trial. *Clin Endocrinol* **64:** 284–291

GLOSSARY

SOMATOFORM DISORDER
Physical symptoms that resemble those of medical disorders, but are of psychiatric origin

ACE inhibitor use might increase the risk of end-stage renal disease

In the US, 20–40% of patients with diabetes develop diabetic nephropathy, half of whom will experience progression to end-stage renal disease (ESRD). Despite the extensive use of angiotensin-converting-enzyme (ACE) inhibitors to slow the rate of progression of diabetic nephropathy, the incidence of ESRD has increased dramatically in the US. A team of Canadian researchers found that evidence supporting the efficacy of ACE inhibitors in preventing diabetic nephropathy was surprisingly scarce, and conducted a nonrandomized, population-based cohort study of the long-term effect of ACE-inhibitor use on the incidence of end-stage renal failure.

Their cohort comprised 6,102 diabetic patients who were given an antihypertensive medication between 1982 and 1986. These patients were followed until 1997. Among these patients, 102 who developed end-stage renal failure were matched to 4,129 controls (who were all taking thiazide diuretics, beta-blockers, or calcium antagonists). Analysis showed that ACE-inhibitor use was not associated with a long-term reduced risk of renal failure. In fact, patients taking ACE inhibitors were 2.5 times more likely to develop renal failure than controls (95% CI 1.3–4.7).

The authors suggest two possible explanations for this increased risk: first, ACE inhibitors might prolong life expectancy, which would increase the opportunity for ESRD to develop; second, ACE inhibitors might cause damage to the kidney over time, and this might explain the increased incidence of ESRD. They call for long-term studies of renal as well as cardiovascular outcomes associated with ACE-inhibitor use.

Katherine Sole

Original article Suissa S *et al.* (2006) ACE-inhibitor use and the long-term risk of renal failure in diabetes. *Kidney Int* **69:** 913–919