

lisinopril and the RR for combined cardiovascular disease was higher for those on lisinopril, compared with subjects on chlorthalidone.

The authors conclude that, despite a less favorable metabolic profile, initial anti-hypertensive therapy with thiazide-like diuretics offers similar, and in some cases superior, cardiovascular outcomes to treatment with angiotensin-converting enzyme inhibitors or calcium-channel blockers.

Original article Black HR *et al.* (2007) Metabolic and clinical outcomes in non-diabetic individuals with the metabolic syndrome assigned to chlorthalidone, amlodipine, or lisinopril as initial treatment for hypertension: a report from the ALLHAT study. *Diabetes Care* [doi:10.2337/dc07-1452]

Interval between lanreotide injections can be increased without loss of efficacy

Somatostatin analogs such as lanreotide are used as a medical therapy for patients with acromegaly. The drug is available as a depot preparation (lanreotide Autogel®; SCRAS, Paris, France) that is usually injected at 4-weekly intervals. Abrams *et al.* conducted an open multicenter study involving 21 patients with acromegaly, to examine the effect of prolonging or reducing the time interval between injections of lanreotide Autogel®. All patients had been treated with lanreotide at 4-weekly intervals for the previous 12 weeks.

Insulin-like growth factor I and growth hormone levels were adequately controlled on 4-weekly injections in nine patients. In these patients the effect of increasing the time interval between injections to 6 weeks was evaluated. In seven out of the nine patients the biochemical control of acromegaly could be maintained when the interval between injections was increased.

In the 12 patients inadequately controlled on 4-weekly injections of lanreotide, the dose administered was increased. In those patients already receiving the maximal weekly dose, the time interval between injections was reduced to 3 weeks. The control of insulin-like growth factor I and growth hormone levels improved in only 1 out of the 12 patients.

The authors conclude that the time interval between injections of lanreotide can be

prolonged to 6 weeks in patients whose acromegaly is well-controlled on 4-weekly injections, without loss of efficacy. This can improve the patients' comfort and reduce the cost of treatment. Increasing the dose of lanreotide in patients inadequately controlled on 4-weekly injections is, however, rarely effective.

Original article Abrams P *et al.* (2007) Optimization and cost management of lanreotide-Autogel therapy in acromegaly. *Eur J Endocrinol* 157: 571–577

Dietary and lifestyle modification could prevent cases of ovulatory disorder infertility

Ovulatory problems are a major cause of infertility. Dietary and lifestyle behavior, such as low intake of animal protein and trans fats, and frequent exercise, can reduce the risk of ovulatory disorder infertility, but to what extent remains unclear. Chavarro *et al.* conducted a prospective study to evaluate the relationship between diet, weight, activity and ovulatory disorder infertility.

A cohort of 17,544 married women who had no history of infertility and who tried to become pregnant or became pregnant during the study was followed up for 8 years, from 1991 to 1999. Information on dietary patterns and lifestyle was collected via questionnaires. Scores were assigned to dietary risk factors, with the highest scores being assigned to factors of lowest risk, and were used to calculate a 'fertility diet' score.

During follow-up, 416 cases of ovulatory disorder infertility were reported. After adjustment for infertility risk factors, women with scores in the highest quintile had a 66% lower risk of ovulatory disorder infertility than those with scores in the lowest quintile. Furthermore, women who adopted five or more low-risk behaviors—including weight control (BMI 20.0–24.9 kg/m²), vigorous physical activity (30 min per day or more) and a fertility-promoting diet—had a 69% reduction in risk of ovulatory disorder infertility.

These findings suggest that many cases of ovulatory disorder infertility could be prevented in otherwise healthy women by lifestyle changes.

Original article Chavarro JE *et al.* (2007) Diet and lifestyle in the prevention of ovulatory disorder infertility. *Obstet Gynecol* 110: 1050–1058