

## Vitamin B<sub>6</sub>, alcohol and colorectal cancer risk in women

Vitamin B<sub>6</sub> has numerous functions, including an important role in 1-carbon metabolism, and it has been suggested that insufficient intake of this vitamin might enhance colorectal carcinogenesis. It is possible that by disrupting the absorption and degradation of vitamin B<sub>6</sub> and folate and by reducing the activity of methionine synthase, alcohol might impede 1-carbon metabolism. Larsson and colleagues carried out a prospective population-based study to investigate the association between vitamin B<sub>6</sub> intake and the risk of colorectal cancer, and how this risk is affected by the consumption of alcohol.

In total, 61,433 women from the Swedish Mammography Cohort were included in the analysis. The participants completed a food-frequency questionnaire at baseline (1987–1990) and again in 1997. This questionnaire recorded the frequency of consumption of food and beverages during the previous 6-month period. The average follow-up was 14.8 years, during which time 805 women from the cohort were diagnosed with colorectal cancer.

The results indicate a significant inverse association between vitamin B<sub>6</sub> intake and colorectal cancer risk, with a relative risk value of 0.66 for women in the top quintile of vitamin B<sub>6</sub> intake. In women who consumed 30 g or more of alcohol a week, this association was particularly prominent.

The authors conclude that “a high vitamin B<sub>6</sub> intake may reduce the risk of colorectal cancer, particularly among women who consume alcohol,” and highlight the need for further research.

Katy Cherry

**Original article** Larsson SC *et al.* (2005) Vitamin B<sub>6</sub> intake, alcohol consumption, and colorectal cancer: a longitudinal population-based cohort of women. *Gastroenterology* **128**: 1830–1837

## Prevalence of upper gastrointestinal symptoms and impact on disability days

Although the epidemiology of upper gastrointestinal symptoms has been well documented, epidemiological studies regarding such symptoms have been limited by a number

of factors, including sample size and methods. The US Upper Gastrointestinal Study by Camilleri and colleagues was carried out to gain insight into the prevalence of upper gastrointestinal symptoms, their groupings and their influence on the number of disability days, in a representative sample of the North American population.

The presence of upper gastrointestinal symptoms over the 3 months prior to the study and the number of days of work, leisure activity and household activity lost because of illness, were determined by means of a telephone survey of 21,128 English-speaking adults. Participants were then classified as symptomatic ( $\geq 1$  symptom per month) or asymptomatic.

The results indicated that 44.9% of participants were symptomatic during the past 3 months and that early satiety, heartburn and postprandial fullness were the most prevalent upper gastrointestinal symptoms. Factor and cluster analyses identified four symptom groupings (heartburn/regurgitation, nausea/vomiting, bloating/abdominal pain, and early satiety/loss of appetite) and five respondent clusters, the largest of which was early satiety/fullness. Compared with asymptomatic participants, significantly more work, leisure and household activity days were missed by symptomatic participants.

The authors concluded that the naturally occurring symptom groupings and clusters identified might help physicians in the clinical treatment of upper gastrointestinal disorders, and that upper gastrointestinal symptoms are related to a greater number of disability days in the US population.

Katy Cherry

**Original article** Camilleri M *et al.* (2005) Prevalence and socioeconomic impact of upper gastrointestinal disorders in the United States: results of the US Upper Gastrointestinal Study. *Clin Gastroenterol Hepatol* **3**: 543–552

## Perioperative care for colorectal cancer patients—avoidance of best practice

Evidence-based guidelines have suggested that perioperative care for patients undergoing surgery for colorectal cancer can affect recovery time and patient comfort. Lassen *et al.* surveyed the 200 head surgeons of the digestive surgery centers in the five countries