patients with both conditions. A large proportion of stroke cases thought to be related to hypertension might also be attributable to unrecognized type 2 diabetes.

Kate Matthews

Original article Hu G *et al.* (2005) The impact of history of hypertension and type 2 diabetes at baseline on the incidence of stroke and stroke mortality. *Stroke* 36: 2538–2543

Risks could outweigh the benefits of sedative hypnotics for insomnia in the elderly

Sedative hypnotics are commonly prescribed for the treatment of insomnia in the elderly, but a new meta-analysis of clinical trials on their use in this population indicates that the risks might outweigh the benefits.

Glass and colleagues analyzed the benefits and adverse events reported in 24 randomized placebo-controlled trials of sedative hypnotics, involving a total of 2,417 patients with insomnia (mean age 60 years). Patients had been treated for at least five consecutive nights with a sedative hypnotic—an antihistamine, a benzodiazepine or a benzodiazepine receptor agonist. Benefits included improvements in sleep quality or total sleep time; adverse events were categorized as cognitive, psychomotor, or morning hangover effects.

Overall, sleep quality was found to improve with the use of any sedative hypnotic compared with placebo, but the effect size (0.14) was small ($P < 0.005$). Total sleep time also increased by a mean 25.2 min ($P = 0.001$). Adverse cognitive events were 4.78 times more common with the use of sedatives than with placebo ($P < 0.01$), and psychomotor-type side effects were 2.25 times more common (not significant, $P = 0.07$).

The authors conclude that, although their study found that use of sedative hypnotics resulted in a statistically significant improvement in sleep outcomes in the elderly, the improvement was small and could be outweighed by the risk of adverse events in older patients who might already be at higher risk of cognitive impairment or falls.

Christine Kyme

Original article Glass J *et al.* (2005) Sedative hypnotics in older people with insomnia: meta-analysis of risks and benefits. *BMJ* [doi: 10.1136/bmj.38623.768588.47]

Common psychiatric disorders and the use of prescription opioids

A recent study investigated whether there is an association between common psychiatric disorders such as depression and the regular use of prescribed opioids. Opioids are increasingly prescribed for the treatment of patients with chronic noncancer pain, but information regarding the clinical epidemiology of opioid use in this patient population is sparse.

Sullivan *et al.* analyzed data on 9,279 individuals gathered for a cross-sectional health survey. As part of the survey, participants had been asked to list all prescribed medicines taken several times a week for at least 1 month during the past 12 months. Of these medications, opioids were used by 282 participants (3%).

Regression analysis revealed that participants with major depression, dysthymia, generalized anxiety disorder or panic disorder had higher rates of prescription opioid use than those with none of these disorders (odds ratios 4.13–8.46; $P < 0.001$). Individuals with one or two common mental disorders ($n = 1,480$) were five times more likely to use opioids than those with none ($P < 0.001$), and presence of three or four mental disorders ($n = 263$) increased the odds to nine times more likely ($P < 0.001$). Mental illness remained a significant predictor of prescription opioid use among those with low levels of pain interference in their daily activities ($n = 8,307$; $P < 0.001$).

The authors propose that further studies are required to ascertain whether the need for chronic opioid therapy in patients with depression or anxiety could be reduced if their conditions were better recognized and treated.

Christine Kyme

Original article Sullivan MD *et al.* (2005) Regular use of prescribed opioids: association with common psychiatric disorders. *Pain* 119: 95–103

Long-term effects of deep brain stimulation in advanced PD

Deep brain stimulation (DBS) of the subthalamic nucleus (SN) can greatly ameliorate symptoms in patients with advanced Parkinson's disease (PD) and motor complications, but is associated with a number of adverse effects.