

Quality of life in patients with locally advanced head and neck cancer treated with chemoradiotherapy. Comparison of two protocols using the EORTC questionnaires (QLQ-C30, H and N35)

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Introduction. The objective of this study is to assess the quality of life (QoL) of two groups of patients during treatment for locally advanced head and neck (H and N) cancer.

Material and methods. Two samples of 30 patients each in AJCC stages III and IV undergoing either of two chemo-radiotherapy protocols completed the EORTC QLQ-C30 general questionnaire and the QLQ-H and N35 H and N module on three occasions during the treatment and follow-up periods. We also collected clinical data. The QoL scores and their evolution over the three measurements were calculated

and both protocols were compared during the treatment period.

Results. The QoL scores are acceptable in general. Limitations were observed in relation to toxicity, psychosocial and some functional areas during the treatment. QoL improved in the follow-up period. The clinical and QoL data are better in one of the two treatment protocols.

Discussion. The QoL scores indicate that the condition of the patients receiving the protocols was acceptable, considering the severity of their disease. The treatments were reasonably well tolerated. (*Clin Transl Oncol 2005; 7: 398-403*).

A mediterranean dietary style influences TNF-alpha and VCAM-1 coronary blood levels in unstable angina patients

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Background. A mediterranean dietary pattern has been associated with a reduced risk of coronary heart disease, as well as a reduction of oxidative stress, but studies indicating possible interactions between food intake and inflammatory mediators production at specific sites are lacking.

Aim of the study. To assess the relationship between mediterranean diet consumption and inflammatory related molecules production in coronary vessels.

Methods. A previously reported mediterranean-diet score was computed summing-up the quintiles of eight dietary components from a validated food frequency questionnaire in 24 patients with unstable angina. Tumor necrosis factor (TNF-alpha) and vascular cell adhesion molecule (VCAM-1) concentrations were measured in coronary sinus blood.

Results. Both biomarkers showed an inverse association with the Mediterranean-diet score. The association between VCAM-1 and the mediterranean-diet score had an adjusted beta coefficient of -35.1 ng/ml (95% coefficient interval, CI: -63.5 to -6.7). The adjusted beta coefficient using TNF-alpha as the dependent variable was -41.6 pg/ml (95% CI: -76.2 to -7.1). The consumption of olive oil as a single item showed a significant inverse association, and a Mediterranean-diet score excluding olive oil was also inversely associated with TNF-alpha and VCAM-1 serum levels in coronary venous blood.

Conclusions. Adherence to a Mediterranean dietary pattern may protect against coronary artery wall production of inflammatory mediators. This finding could provide a novel mechanistic explanation for the recognized lower coronary risk associated with a Mediterranean diet. (*Eur J Nutr 2005; 44: 348-354*).

Quality of life assessment in patients with chronic anal fissure after lateral internal sphincterotomy

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Background. The aim of this study was to compare quality of life of patients with chronic anal fissure before and after open lateral internal sphincterotomy.

Methods. A prospective study was undertaken of 108 consecutive patients with a history of chronic anal fissure who underwent lateral internal sphincterotomy. Quality of life was measured before and 6 months after operation with the Short-Form 36 (SF-36) Health Survey.

Results. Quality of life improved significantly in six of the eight scales of the SF-36 questionnaire: physical functioning, role physical, bodily pain, energy, social functioning and mental health. There were no significant differences between the 70 patients who had no

change in continence after operation and the 38 patients with continence disturbances after sphincterotomy. However, there were significant improvements in four scales in patients without changes in continence compared with improvements in only two scales in those with continence disturbances.

Conclusion. Patients with chronic anal fissure showed an improvement in quality of life 6 months after internal lateral sphincterotomy. Patients with postoperative continence disturbances showed improvement in fewer scales of the SF-36 questionnaire than those without changes in continence. (*Br J Surg* 2005; 92: 881-885).

Clinical outcome of patients with venous thromboembolism and recent major bleeding: findings from a prospective registry (RIETE)

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Background. Patients who have experienced a recent major bleeding episode are usually excluded from clinical studies of venous thromboembolism (VTE) treatment. Therefore, recommendations based on evidence from clinical trials may not be suitable for these patients. The Registro Informatizado de la Enfermedad TromboEmbolica (RIETE) is a multicenter, observational registry designed to gather and analyze data on VTE treatment practices and clinical outcomes in patients with acute VTE.

Objectives. The aim of this analysis was to study outcomes of patients with VTE who had experienced recent major bleeding (< 30 days prior to VTE diagnosis).

Methods. Patients with objectively confirmed symptomatic acute VTE are consecutively enrolled into the RIETE registry. Patient characteristics, details of antithrombotic therapy, and clinical outcomes at 3 months were recorded.

RESULTS. Of 6361 patients enrolled up to January 2004, 170 (2.7%) had experienced recent major bleeding: 69 (40.6%) gastrointestinal tract, 60 (35.3%) intracranial, 41 (24.1%) other. The incidences of major bleeding (4.1%) and recurrent pulmonary embolism (PE) (2.4%) were significantly higher in patients with recent major bleeding. Among them, patients with cancer had an increased incidence of major bleeding [odds ratio (OR) 10.0, 95% confidence interval (CI) 2.3, 50; P < 0.001] and fatal PE (OR 4.1, 95% CI 0.98, 17; P < 0.05).

Conclusions. Patients with VTE and recent major bleeding prior to VTE diagnosis (2.7% of total enrolled patients) had poorer clinical outcomes compared with those who had not experienced recent major bleeding. In patients who had recent major bleeding prior to enrollment, those with cancer had a poorer clinical outcome than those without cancer. (*J Thromb Haemost* 2005; 3: 703-709).

Incidence and mutation rates of Huntington's disease in Spain: experience of 9 years of direct genetic testing

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Background. Prior to the discovery of the Huntington's disease (HD) mutation, the prevalence, incidence, and new mutation rates for this disease were based on the presence of progressive choreic movements and a positive family history.

Objective. To evaluate the uptake of the HD genetic analysis in Spain, and to provide additional information on the epidemiology of this disease from the experience of 9 years of direct genetic testing.

Methods. From 1994 to 2002, CAG repeat length was determined in 317 patients with symptoms compatible with HD. In all cases, demographic, clinical, and family data were carefully reviewed.

Results. HD diagnosis (CAG repeat length ≥ 36) was confirmed in 166 (52%) symptomatic cases. Of these, 76 (45.8%) reported a positive family history and in 21 cases (12.7%) family history was negative. New muta-

tion events were genetically proven in three families and highly suspected in another, estimating that the minimum new mutation rate for HD in our population is $>4\%$, with a potential mutation rate of 8%. More than 16% of all HD cases had late onset (>59 years) of symptoms, and in three quarters of these the family history was negative. The incidence rate for the autonomous communities of Navarra and the Basque country, based on the number of newly diagnosed cases by genetic testing, was 4.7 per million per year.

Conclusions. Direct HD genetic testing shows that the incidence and mutation rates of the disease are 2-3 times higher than previously reported. We also demonstrated the relevance of CAG repeat length assessment in diagnosing patients with late onset of symptoms and negative family history for HD. (*J Neurol Neurosurg Psychiatry* 2005; 76: 337-342).

Memoria y funciones ejecutivas

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Introducción. 'Funcionamiento ejecutivo' o 'control ejecutivo' hacen referencia a una serie de mecanismos implicados en la optimización de los procesos cognitivos para orientarlos hacia la resolución de situaciones complejas. Los lóbulos frontales como estructura y los procesos ejecutivos como función operan con contenidos de la memoria, trabajando estratégicamente con información que se halla en estructuras diencefálicas y del lóbulo temporal medial. En términos generales podemos afirmar que múltiples trabajos relacionan el daño frontal con déficit de memoria específicos como la afectación de la memoria de trabajo, los problemas de metamemoria, la amnesia de la fuente o las dificultades en la memoria prospectiva.

Desarrollo. Se plantea una revisión crítica del concepto de memoria de trabajo para proponer el de

sistema atencional operativo que trabaja con contenidos de la memoria. En lo referente a la metamemoria los lóbulos frontales son fundamentales para los procesos de monitorización en general y para los juicios tales como los de 'sensación de que se conoce' en particular.

Conclusiones. Los pacientes con daño prefrontal muestran una desproporcionada afectación en la memoria para recordar la fuente de la información. Así la información es correctamente recordada, pero el contexto espaciotemporal en el que dicha información se adquirió ha quedado olvidado. Para terminar, la memoria prospectiva hace referencia al recuerdo de hacer algo en un momento concreto del futuro y la ejecución del plan previamente formulado. (*Rev Neurol* 2005; 41: 475-484).