

Overactive bladder medicine and precise cognitive testing

To the Editor:

Janos et al. (1) argued in a recent editorial that multiple cognitive tests should be administered to assess the effects of overactive bladder (OAB) treatment on cognition, and criticised a recent study we conducted (2) for relying on a single measure, the Name-Face Association Test (NFA; 3). In fact, we measured multiple cognitive domains using tests from two state-of-the-art computerised test batteries, but chose NFA as the primary outcome test based on its relevance in everyday life; normative base of tens of thousands of people from around the world; demonstrated sensitivity to the effects of ageing, trauma and subtle neurological impairment; and demonstrated sensitivity to anti-cholinergic drug effects. We specifically chose Delayed Recall as the primary outcome measure on NFA because a wealth of data gathered over more than three decades demonstrates that this cognitive domain is the most vulnerable to the effects of anti-muscarinic drugs.

Whereas NFA measures statistically significant differences in cognitive performance between 25- and 35 year-old normal cohorts, as well as those 35 and 45, 45 and 55 years and so on throughout the life span (3) the two measures specifically recommended by Janos et al. for OAB studies, the Time and Change Test and Mini-Mental State Exam, are simply dementia screening instruments, entirely inappropriate for measuring cognitive change in normal adults at any age. Janos et al. appropriately pay homage to the wisdom of their parental generation, but that does not require a return to the simple and imprecise cognitive assessment techniques of earlier generations.

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Disclosure

The authors have no conflicts of interest to disclose. Gary Kay is a Consultant to Novartis, Pfizer, Allergan and Watson Pharmaceuticals.

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Politics of alternative medicine

To the Editor:

'One wonders why it is still widely used, given the lack of benefit and the potential for harm' asks G. Jackson in his brilliant editorial about the 'alternative' form of chelation therapy for arteriosclerotic diseases (1). One could ask the very same question about many other alternative or complementary therapies. My systematic reviews of chelation therapy concluded years ago that this approach should be considered obsolete (2,3). Despite the fact that these were published in major journals, this conclusion was ignored by those US enthusiasts who initiated the Trial to Assess Chelation Therapy (TACT) trial. As a consequence, US\$3 million have been wasted. Before we feel too smug about political pressure reigning over evidence in the USA, we should ask our-

selves what is happening in Britain. Here, we have a lobby group for alternative medicine, 'The Prince's Foundation for Integrated Health', that managed to obtain public funds for publishing a promotional and misleading brochure about several disproven treatments (4). And even the RCP has a committee, now called 'Integrated Health Committee' that, since its creation in 2001, seems to have all but abandoned any critical evaluation of this area.

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Disclosure

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