Clinical shorts

Booklet for vestibular rehabilitation in chronic dizziness: Vestibular rehabilitation using a booklet may be an effective approach for treating chronic dizziness. In a single-blind, parallel group randomized trial, 337 adults with chronic dizziness of vestibular origin (mean duration 5 years) were randomized to receive standard care, vestibular rehabilitation using a self-management booklet, or the booklet with telephone support from a vestibular therapist. At the primary end point of 12 weeks, there was no difference between the groups in self-reported symptoms of vertigo using a validated symptom scale scoring 0 to 60. At 1 year, however, those in the booklet-only and telephone-support groups improved significantly relative to routine care (adjusted mean difference for telephone support –2.52, 95% confidence interval [CI] –4.52 to –0.51; for booklet-only –2.43, 95% CI –4.27 to –0.60). Both interventions were cost-effective. See *BMJ* 2012;344:e2237 doi:10.1136/bmj.e2237.

Alcohol use disorders after bariatric surgery: Alcohol use disorder is more common in the second year after bariatric surgery than before or 1 year after surgery. A prospective cohort study included 1945 adults who were followed for 2 years after bariatric surgery for obesity (mean body mass index 45.8). Using a validated tool, the prevalence of alcohol use disorders in this group was similar 1 year before (7.6%) and 1 year after (7.3%) surgery. However, the prevalence was significantly higher (9.6%) 2 years after surgery. Risk factors for alcohol use disorder included male sex, younger age, previous alcohol use disorder, smoking and recreational drug use. Alcohol use disorder was more common in those undergoing a Roux-en-Y procedure than a laparoscopic adjustable gastric band procedure (adjusted odds ratio 2.07, 95% confidence interval [CI] 1.40 to 3.08), which may be related to an increase in alcohol sensitivity. Over 60% of postoperative alcohol use disorder was reported by those who did not report the disorder at the preoperative assessment. See *JAMA* 2012;307:2516-25.

© 2012 Thinkstock

Ciprofloxacin for 7 or 14 days in acute pyelonephritis: Acute pyelonephritis in women can be treated successfully with oral ciprofloxacin for 7 days. This is the conclusion of a double-blind, placebo-controlled noninferiority trial that compared 7 days of oral ciprofloxacin to the standard 14-day course in 248 women with acute pyelonephritis. Those with an initial treatment culture showing resistance to ciprofloxacin were excluded. The first week of treatment was open label for both groups. Participants could receive a dose of intravenous ciprofloxacin at the start of treatment at the discretion of the investigator (19% in the 7-day group and 13% in the 14-day group). At 10 to 14 days after completion of treatment, there were no differences in clinical cure (i.e., complete resolution of symptoms with no recurrence during follow-up) between the 7-day (97% cure) and 14-day (96% cure) groups (difference –0.9%, 95% confidence interval –6.5 to 4.8). Both regimens were well tolerated. See *Lancet* 2012; doi:10.1016/S0140-6736(12)60608-4.

Preventing intrapartum HIV infection after delivery: A 2- or 3-drug regimen is superior to zidovudine alone for preventing intrapartum HIV transmission in neonates whose mothers did not receive antiretroviral therapy during pregnancy and who were not breastfeeding. In this randomized open-label study, 1684 formula-fed neonates born to women with a peripartum diagnosis of HIV-1 infection were randomized within 48 hours after birth to receive zidovudine for 6 weeks, zidovudine plus nevirapine, or zidovudine plus nelfinavir and lamivudine. At 3 months, 140 (8.3%) of infants had HIV infection, with an overall rate of intrapartum infection of 3.2%. The rate of intrapartum transmission was significantly higher in the zidovudine-alone group (4.8%, 95% confidence interval [CI] 3.2 to 7.1) than in the other groups (2-drug group 2.2%, 95% CI 1.2 to 3.9, and 3-drug group 2.4%, 95% CI 1.4 to 4.3). Neutropenia and other serious adverse events were more common in those receiving the 3-drug regimen. See *N Engl J Med* 2012;366:2368-79.

Diane Kelsall MD MEd
Deputy Editor, Clinical Practice
CMAJ

***CMAJ* 2012. DOI:10.1503/cmaj.121151**