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THAT ZINKING FEELING

We like zinc. We may not always be sure why but somehow it's found a place in our hearts. The problem is that, all too often, it's also found a way into our nervous system.

We doctors are not immune to its attractions. We often misdiagnose zinc deficiency, and seem to be unaware of the impact of excess zinc on the body, according to the Journal of Clinical Pathology which has published a small audit of clinical practice. The journal reminds us (he says, hoping that you, the reader, will assume I knew this in the first place and that it has temporarily slipped my mind) ... the journal reminds us that too much zinc, taken in the form of dietary supplements, may disrupt copper uptake, leading to neurological (nerve) problems and anaemia.

Zinc is an essential trace element that is required in daily quantities of 5.5-9.5 mg for men, and 4-7 mg for women. BUT – and here lies the rub – zinc supplements are usually only available in formulations of 45 or 50 mg. The US recommended tolerable limit is 40 mg/day. While there is no evidence to suggest that taking zinc supplements in the short term is harmful, this may not be the case for longer term use.

The researchers analysed the case notes of 70 patients prescribed zinc supplements at Glasgow hospitals between 2000 and 2010. In particular, they looked at the reasons for advising this treatment; whether the patients' family doctors (GPs) had been warned about the potential impact of high doses of zinc, the duration of treatment, and the development of anaemia or neurological symptoms.

Here's the technical bit ... so skip this if you don't like to be bombarded by facts and figures. Zinc supplementation was prescribed for skin healing of conditions, such as pressure sores or leg ulcers in a further 19 cases (38%); for poor nutrition in 4 cases (8%); to support alcohol withdrawal in 1, and for hair loss (alopecia) in another. Zinc levels were measured before prescribing in over half of all 70 cases (43; 61%). This was low in 37 patients, and thought to have been caused by low albumin or high CRP in 28 (76%). Yet copper level was only assessed in only two patients. And 60% (45) of patients were prescribed zinc at doses of 90-180 mg/day, say the researchers. So – it seems that little account was taken of other blood test results known to distort the zinc levels – the 'albumin' and/or 'CRP' mentioned above - so a 'low zinc' result may really have been a 'normal zinc' result if these factors had been recognised. Here's the worrying bit ... these were all hospital patients (phew!) and only one set of case notes revealed that the patient's family doctor had been warned about the potential consequences of long term use.

What happened next? I can see you've guessed already. Thirteen patients developed anaemia, a low white cell count (neutropenia), and/or neurological symptoms. What's that? *"All of these are typically associated with zinc induced copper deficiency."* OK, OK ... I knew that ... it just temporarily slipped my mind.

There is a caveat ... in six patients, these diagnoses pre-dated the zinc prescription. But what of the remaining 9 - what happened to them? What's that you say? *"Five patients variously had peripheral nerve pain (neuropathy); tingling in their fingers (paraesthesia); difficulties with balance and coordination (ataxia) and leg nerve pain."* I don't know why I bother with this ... you obviously know it all already!

The moral of the story is that all this underlines the lack of awareness of 'zinc induced copper deficiency'. The researchers warn that: "Zinc is an essential trace element, and so clinicians may consider it a safe nutrient rather than a drug carrying potential risk." This reflects an attitude of mind common in those who take supplements and vitamins ... the assumption is that, if a little of it does you some good, taking a lot does you a whole lot more good. The problem is that this way of thinking may, instead, end up doing you a whole lot more harm.

The second conclusion to be drawn is this: "Don't waste your time writing stuff for 'know-it-all-readers' who lull you into a false sense of security by pretending they're all agog and desperate to hear the latest pearls of wisdom from the scientific community when it then turns out they know a whole lot more than you do!"

LOOK OUT FOR YOUR ELDERLY RELATIVES

Many of us have felt uncomfortable about the tactics of a few of the charities. Some of us have had elderly relatives who have been 'cold called' when they're alone and asked to make donations they can't really afford. My own 'bad experience' was with 'Smile Train' which is billed as "an international children's charity that provides free cleft lip and palate repair surgery to children in 85+ developing countries." I saw what could be achieved by facial surgery when I did a Maxillo-Facial job at the Royal London – how it could change lives for the better - so this was part of the appeal. The other attraction was that I was told that I wouldn't be contacted again. Some years later I have received dozens of letters asking for more money. I haven't given again – if you give to these people you want them to use the money wisely – you don't want donations frittered away on mailings.

Anyway – it turns out that this is a petty gripe. Simon Murphy and Michael Powell have conducted a 'searing exposé' for The Mail on Sunday; it shows how some of Britain's biggest charities (including, sadly, medical charities) target the vulnerable. Here's a sample: "We don't care if she's 98... she's not dead, so get her cash". The Mail is fond of bullet points ... here are a few:

Call centre refused to remove phone numbers of people who complained

Recruits trained how to prey on 98-year-old pensioner and cancer sufferers

Secret filming by MoS reveals tactics used to squeeze cash from donors

Charities Minister demands inquiry after callous methods were exposed

The charities are going to have to clean up their acts. They do a lot of good work but tactics of this sort put off people who might otherwise have been sympathetic to their needs. Meanwhile we need to be vigilant on behalf of the elderly and vulnerable because, if they've given once in good faith, they'll be targeted again.

DOCS BAILING OUT

In case you haven't noticed, morale in the Medical Profession is at an all time low. GPs in particular complain they find themselves in the midst of a 'perfect storm' and are leaving in droves. Is the tide about to turn, though? Seemingly not. The BMA tells us "We track your workload and well-being every quarter, and our latest results show morale has dropped

again and more than a quarter of you have considered leaving the profession entirely.” Oh dearie, dearie me!

BIRTH DEFECTS ASSOCIATED WITH ANTIDEPRESSANTS

We docs try to ensure that Mums-to-be take as few drugs as possible in pregnancy ... and particularly in the first 3 months when the 'vital organs' are forming. Most women are happy to do whatever is best for their baby – including giving up smoking and alcohol – but some need medication throughout pregnancy and, in these, we have to be sure that we minimise the risk and maximise the benefits. This is, needless to say, the policy when dealing with severely depressed patients who become pregnant.

Antidepressants known as SSRIs (selective serotonin reuptake inhibitors) have been under the spotlight. This week the BMJ confirms that some of these, if taken during early pregnancy, may indeed be associated with an increased risk of birth defects.

The authors say their research provides reassuring evidence for some SSRIs - but suggest that some birth defects occur more frequently among the infants of women treated with paroxetine or fluoxetine in early pregnancy. “Although our analysis strongly supports the validity of the associations that were observed, the increase in the absolute risks, if the associations are causal, is small,” they stress.

What next? “Continued scrutiny of the association between SSRIs and birth defects is warranted,” they say, “and additional studies of specific SSRI treatments during pregnancy are needed to enable women and their healthcare providers to make more informed decisions about treatment. Meanwhile, the current analysis provides guidance to the safest treatment options during early pregnancy to minimize the risk of major birth defects, while providing adequate treatment of maternal depression,” the authors conclude.

The risks attached to NOT providing adequate treatment of maternal depression are substantial – for example, it's not uncommon to have thoughts of suicide when suffering from this condition – and the absolute risks for these birth defects are low ... but clearly the risk to the unborn child must be kept as low as possible.

Dr John Cormack