

Clinical Trials Update

Vitamin D and Calcium Prevent Recurrent Vertigo

Vitamin D and calcium supplements reduced vertigo recurrence after successful vestibular rehabilitation, especially among patients with subnormal vitamin D levels, a [trial in *Neurology*](#) reported.

The multicenter study included 957 people in South Korea with benign paroxysmal positional vertigo who had undergone canalith repositioning maneuvers—head movements that shift displaced calcium carbonate crystals in the inner ear. The intervention group included patients who received 400 IU vitamin D and 500 mg calcium carbonate twice daily for 1 year when their baseline serum vitamin D level was below 20 ng/mL along with patients who had higher baseline levels and took no supplements. An observation group had no baseline testing or interventions.

The supplements significantly reduced the annual vertigo recurrence rate by 24%. There were 0.83 recurrences per 1 person-year in the intervention group compared with 1.10 in the observation group. Patients with greater vitamin D deficiencies at baseline derived the most benefit.

No Mortality Differences Among Localized Prostate Cancer Treatments

Compared with active monitoring, radical treatment of localized prostate cancer does not improve disease-specific or overall survival at 10 years, a multicenter UK [trial in *Health Technology Assessment*](#) found.

After prostate-specific antigen testing, 1643 men with localized prostate cancer were randomized to receive active monitoring, radical prostatectomy, or radical radiotherapy.

No statistically significant differences occurred regardless of treatment among 17 men who died of prostate cancer and 169 who died of other causes. At a 10-year median follow-up, almost all the men in each group were alive. Radical treatment, however, reduced disease progression by approximately 50% compared with active monitoring; 55% of men receiving active monitoring eventually received radical treatment.

Surgery resulted in greater urinary incontinence and erectile symptoms, and

radiotherapy caused erectile and bowel symptoms. Men in the active monitoring group had a general decline in their urinary and sexual function with age and subsequent radical treatments. Quality of life, anxiety, and depression were similar among all groups. The study will observe the men for a median of 15 years total to determine the treatments' longer-term effects.

Daily Aspirin Increases Gastrointestinal Bleeding Among Older Adults

People aged 70 years or older who took daily aspirin had an increased risk of clinically significant gastrointestinal (GI) bleeding in the Aspirin in Reducing Events in the Elderly (ASPREE) [trial](#), researchers reported in *Gut*.

The study's 19 114 participants were part of the primary prevention trial that evaluated whether 100 mg of aspirin daily improved disability-free survival for older adults compared with placebo. Investigators stopped the [trial](#) early after 4.7 years for lack of benefit.

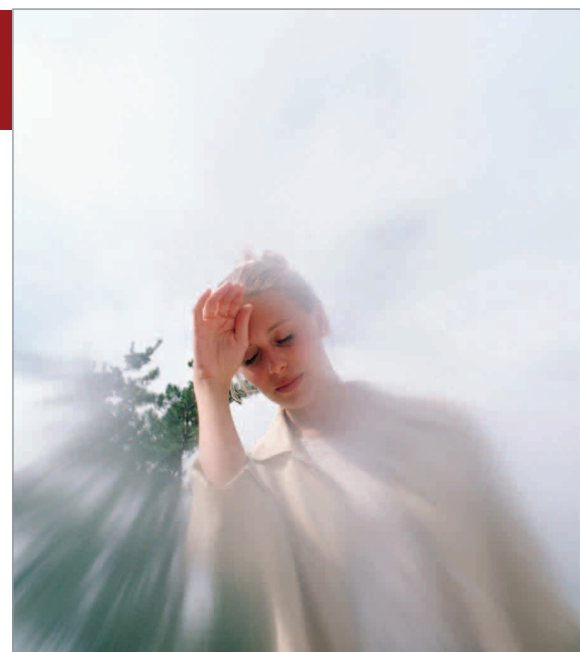
Aspirin use increased serious GI bleeding by 60%, with a larger effect on upper GI bleeding. There were 162 GI bleeding events in the aspirin group and 102 in the placebo group. Two fatal GI bleeds also occurred in the placebo group.

Age and other risk factors—hypertension, smoking, chronic kidney disease, obesity, and nonsteroidal anti-inflammatory drug use—increased bleeding risk.

Colchicine Reduces Cardiovascular Events in Chronic Coronary Disease

The anti-inflammatory drug colchicine has been shown to [reduce](#) cardiovascular events after recent myocardial infarction. Now, a [trial in the *New England Journal of Medicine*](#) reports that daily low-dose colchicine also significantly reduces the cardiovascular event risk among patients with chronic coronary disease.

The recent study included 5522 patients in Australia and the Netherlands who were randomly assigned to receive either 0.5 mg of colchicine once daily or placebo. The primary end point was a composite of cardiovascular death, spontaneous myocar-



Patients with recurrent vertigo responded to vitamin D and calcium supplements in a recent trial.

dial infarction, ischemic stroke, or ischemia-driven coronary revascularization.

After a median 28.6 months, a primary end point event occurred in 6.8% of the colchicine group and in 9.6% of the placebo group—a 31% lower relative risk of cardiovascular events for patients receiving colchicine.

Continuing Prednisone Offers Stable Rheumatoid Arthritis Control

For patients with rheumatoid arthritis, continuing low-dose glucocorticoids is safer and controls disease better than tapering them off, a [trial in *The Lancet*](#) concluded.

At baseline, the study's 259 participants were stable with tocilizumab and at least 24 weeks of low-dose prednisone treatment. Patients were randomly assigned to continue 5 mg of prednisone daily for 24 weeks or to taper off the drug by week 16. All patients continued taking tocilizumab during the 24-week study.

Seventy-seven percent of patients who continued prednisone maintained low disease activity compared with 65% in the taper group. But two-thirds of patients in the taper group discontinued prednisone without experiencing flares—a finding that can help patients and physicians make decisions about reducing glucocorticoid use, according to the authors. — **Anita Slomski**

Note: Source references are available through embedded hyperlinks in the article text online.