

in a pilot implementation project, the feasibility and acceptability of introducing this screening strategy into practice.

Original article Wald DS *et al.* (2007) Child–parent screening for familial hypercholesterolaemia: screening strategy based on a meta-analysis. *BMJ* 335: 599

A case manager improves standard of care after hip fracture

Patients who suffer a hip fracture are at increased risk of further fracture, but audits suggest that <20% of these patients receive osteoporosis treatment in the year after hip fracture. Majumdar *et al.* conducted a study in which patients with a hip fracture were randomly assigned to a case manager or to usual care. The case manager provided counseling, arranged BMD tests, and arranged bisphosphonate prescriptions for patients with low BMD.

The intervention and control groups each contained 110 patients. The median age of participants was 74 years; 37% reported a previous fracture and 60% were women. Within 6 months of fracture, 88 patients in the intervention group had received a BMD test, compared with 32 patients in the control group, and 56 patients in the intervention group were receiving bisphosphonate therapy, compared with 24 patients in the control group. Appropriate care was provided to 67 patients in the intervention group versus 26 patients in the control group. The case manager spent a median of 70 min per patient, and the cost per patient was US\$50.

The authors conclude that a case manager can, at modest cost, improve considerably the standard of osteoporosis care for vulnerable patients.

Original article Majumdar SR *et al.* (2007) Use of a case manager to improve osteoporosis treatment after hip fracture. *Arch Intern Med* 167: 2110–2115

Single-analog insulin regimens have limited efficacy for type 2 diabetes

Various insulin regimens are used to treat patients with type 2 diabetes mellitus that is inadequately controlled by oral antidiabetic therapy. However, few studies have compared insulin regimens. Holman *et al.* reported interim results of a 3 year, open-label, randomized, controlled, multicenter trial comparing the efficacy and safety of adding biphasic, prandial or basal insulin to oral therapy for these patients.

Patients ($n=708$) who had suboptimal glycemic control while receiving maximally tolerated doses of metformin and sulfonylurea were randomly allocated to additional treatment with twice-daily biphasic insulin aspart ($n=235$), thrice-daily prandial insulin aspart ($n=239$) or once-daily (or twice-daily if required) basal insulin detemir ($n=234$). The study was completed by 222, 222 and 224 patients in the biphasic, prandial and basal insulin groups, respectively.

The mean HbA_{1c} level at 1 year was lower in the biphasic and prandial insulin groups than in the basal insulin group (7.3%, 7.2% and 7.6%, respectively); however, only a minority of patients in each group (17.0%, 23.9% and 8.1%, respectively) achieved a target level of $\leq 6.5\%$ at 1 year. Despite the superior performance of biphasic and prandial insulin in lowering HbA_{1c}, both regimens were associated with an increased risk of hypoglycemia and greater weight gain as compared with the basal insulin regimen.

The findings suggest that many patients may benefit from more-complex insulin regimens; the authors will examine this hypothesis in the next 2 years of their trial.

Original article Holman RR *et al.* (2007) Addition of biphasic, prandial, or basal insulin to oral therapy in type 2 diabetes. *N Engl J Med* 357: 1716–1730