

mid hypertension. 8) Early detection and treatment of proliferative retinopathy.

These aforementioned approaches will also help reduce the cost of treatment, which is currently Saudi Riyals 3 billion per month in the Kingdom of Saudi Arabia.³ Eastern Mediterranean and Middle East in the outpatient care for people with diabetes is 2.6 times that for the people without diabetes. In Europe it is 28% extra cost of diabetes. In America, it has increased many folds. In South-East Asia it may be 25% of the average family income. In Western Pacific it is 4.3 times more in non diabetics.⁷

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Effect of *Helicobacter pylori* eradication on short-term control of glycemia in patients with type 2 diabetes mellitus

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Diabetes mellitus (DM) is one of the most prevalent endocrine diseases,¹ and its precise

control is important for prevention of serious vascular complications. The importance of glycemia control has been emphasized by studies, showing that diabetic patients with higher levels of glycosylated hemoglobin (HbA_{1c}) have significantly more long-term complications of the disease, such as retinopathy, nephropathy, and neuropathy.² Infections can lead to hyperglycemia in patients with DM and increase their drug requirement; the mechanisms are unknown, but are thought to include the secretion of counter-regulatory hormones due to stress, as well as the production of cytokines. Cytokines by themselves can stimulate the secretion of insulin counter-regulatory hormones, and they can directly affect carbohydrate metabolism.³⁻⁵ Infection with *Helicobacter pylori* (*H. pylori*) induces gastric inflammation in most subjects and has been associated with an increased production of cytokines such as tumor necrosis factor, interferon- γ , and interleukins.⁵ In some studies, patients with concomitant *H. pylori* infection requires higher doses of insulin and yet had higher levels of HbA_{1c} than their uninfected counterparts.⁵ Our study designed to assess effect of *H. pylori* treatment on HbA_{1c} level (Glycemic Control Index) in diabetic patients. Patients from January to June 2005 with type 2 DM in diabetes clinic of Fatemeh Hospital, had positive urea breath test (UBT), allocated randomly into 2 equal groups. The first group treated for *H. pylori* infection and UBT test repeated in them after 6 weeks of cessation of therapy. If the result were negative, the patient enrolled into study as case. The second group patients enrolled into study as control. HbA_{1c} and fasting blood sugar (FBS) measured in all patients at the beginning of study and 3-month later. For each patient, the differences of HbA_{1c} and FBS at the beginning and at the end of study calculated and the mean of these variables compared in 2 groups. The UBT did with Model 2000, Fluorescence Inc, Ontario, Canada instrument. HbA_{1c} measured with Enzyme-linked immunosorbent assay (ELISA) method (Diaplus Company) and FBS with Glucose oxidase method (Man Company). For treatment of *H. pylori* infection, Omeprazole 20 mg (by mouth [po], twice a day [bid]), Azithromycin 250 mg (po, bid), Bismuth subcitrate 240 mg (po, bid), and Metronidazole 500 mg (bid) for 10 days was used. For randomization (allocation) of data, we used Epi Info program (Version 6.04d - January 2000, CDC U.S.A, WHO Switzerland). Before allocation, patients that need to change their diet or drug regimens and had certain sport recommendations excluded from study. For comparing demographic and clinical data in the 2 groups, we used independent T-test for quantitative and Chi-square test for qualitative data. A

Table 1 - Effect of *Helicobacter pylori* eradication on short-term control of glycemia in patients with type 2 diabetes mellitus.

Variable	Group	Number	Mean	SD	t*	df	p value
HbA _{1c} decrease (%)	Control	22	0.019	0.22	0.612	39	0.54
	Case	19	0.057	0.16			
FBS decrease (mg/dl)	Control	22	11.95	60.82	0.54	39	0.58
	Case	19	3	39.51			

HbA_{1c} - Glycosylated hemoglobin, FBS - Fasting blood sugar, SD - Standard deviation, df - degrees of freedom, *Independent T-test

statistical test was carried out with Statistical Package for the Social Sciences (SPSS) program (Version 11.5, 2002, ©SPSS Inc.) and two-sided p values lower than 0.05 were considered to be statistically significant. Nineteen cases and 22 controls enrolled in study. *H. pylori* eradication rate in patients in first group was 76% (19 from 25 patients, 95% confidence intervals: 54.4-89.8%). No significant differences observed in demographic and clinical aspects between the 2 groups (Age, Gender, Duration of DM, Oral or Insulin therapy). As shown in **Table 1**, the mean decrease of HbA_{1c} level in case (treatment) is more than control (without treatment) group, however, this difference is not statistically significant and very small. Mean decrease of FBS shows no statistically significant difference between 2 groups as well. So, this study suggests that *H. pylori* treatment in patients with type 2 DM has no roles in short-term control of the disease.

The studies have been performed up to now, have differences in following point: different populations (adult/pediatric), different groups (type 1/type 2 diabetes) and different duration of follow-up (short-term/long-term). Thus, in most studies, number and type of evaluated cases has limitations and the results are different. In future, it is required to perform more extensive studies, using randomized clinical trials with long-term follow-up, and avoidance of all confounding variables, which can affect on glycemia control.

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Arabian incense exposure among Qatari asthmatic children. A possible risk factor

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Asthma is a multifactorial disease that is likely to be the result of interactions between a genetically determined predisposition to allergic diseases and environmental factors that serve to enhance allergic inflammation and target inflammation to the lower airway. The Expert Panel of the National Asthma Education and Prevention defined asthma as a chronic inflammatory disorder of the airways, in which many cells and cellular elements play a role, in particular mast cells, eosinophils, T-lymphocytes, neutrophils, and epithelial cells.¹ People spend approximately 90% of their time indoors, where the levels of some pollutants often are higher than they are outdoors. Indoor pollutants that can trigger asthma include house dust, environmental tobacco smoke, pet dander, incense, and molds.² Incense is a traditional perfume, which is commonly used in the Arabian Gulf area. It consists of charcoal, starch, karaya gum, aromatic chemicals, plant wood, perfume, and essential oils. Incense has appeared in many forms: raw woods, wood chips, resins, powders, and even liquids or oils. The Arabian Gulf people prefer to have fragrance of incense around, and they use various