Cranberry Extract Lowers Cholesterol Levels

Thirty patients (mean age, 65 years) with type 2 diabetes who were taking oral hypoglycemic medication were randomly assigned to receive, in double-blind fashion, a cranberry extract (500 mg 3 times per day after meals) or placebo for 12 weeks. The mean LDL cholesterol level decreased by 12% (from 127.4 mg/dl to 112.0 mg/dl) in the cranberry group, and the decrease was significantly greater than that in the placebo group (p < 0.001). Mean total serum cholesterol and the ratio of total cholesterol to HDL cholesterol also decreased significantly (p = 0.02 and p = 0.04, respectively) in the cranberry group, and the reductions were significantly greater than those in the placebo group (p < 0.001 and p = 0.03, respectively). No changes were seen in fasting blood glucose or hemoglobin A1c values in either group.

Comment: Cranberry is best known for its ability to prevent urinary tract infections. The present study demonstrates that supplementation with a cranberry extract can also produce favorable changes in lipid profiles of patients with type 2 diabetes. Further studies are needed to determine whether cranberry extracts would have the same beneficial effect in people without diabetes. Cranberries have a relatively high oxalate concentration, so concerns have been raised that consumption of cranberry products might increase the risk of developing calcium oxalate kidney stones. However, cranberry consumption has also been reported to increase urinary excretion of inhibitors of stone formation (such as citrate and magnesium); those effects may counterbalance the increase in urinary oxalate.


Ginkgo Biloba Extract for Treatment-Resistant Schizophrenia

Forty-two patients with chronic, treatment-resistant schizophrenia who were maintained on optimal doses of clozapine were randomly assigned to receive 120 mg per day of Ginkgo biloba extract (ginkgo; standardized to contain 24% flavone glycosides and 6% terpene lactones) or placebo in addition to clozapine for 12 weeks. The mean percent improvement in negative symptoms (as assessed by the Scale for the Assessment of Negative Symptoms [SANS]) was significantly greater in the ginkgo group than in the placebo group (15.6% vs. 3.5%; p < 0.04). Compared with placebo, ginkgo had no significant effect on positive symptoms or overall psychopathology symptoms.

Comment: Schizophrenia is a chronic, debilitating disease that frequently fails to respond adequately to antipsychotic medication. Schizophrenia is characterized by a wide array of mental symptoms, which are classified as either “positive” or “negative.” The positive symptoms, which include delusions, paranoid thoughts, and hallucinations, frequently respond to treatment with antipsychotic drugs. The negative symptoms, on the other hand, which include blunting of the emotions, social withdrawal, and impairment of cognitive function, often fail to respond to treatment. The results of the present study suggest that ginkgo can enhance the effect of clozapine on negative symptoms in patients with treatment-resistant schizophrenia.


Good Nutrition Enhances Recovery from Strokes

One hundred-sixteen undernourished patients admitted to a stroke rehabilitation service were randomly assigned to receive, in double-blind fashion, 120 ml of a standard nutritional supplement or an intensive nutritional supplement every 8 hours in addition to the hospital diet. Each 120 ml of the standard supplement (Resource Standard; Novartis Pharmaceuticals) provided 127 calories and 5 g of protein. Each 120 ml of the intensive supplement (Novasource 2.0; Novartis Pharmaceuticals) provided 240 calories and 11 g of protein. The micronutrient content of the supplements was similar, except for more vitamin C in the intensive supplement (270 mg vs. 108 mg/day). Compared with patients receiving the standard supplement, those receiving the intensive supplement improved significantly more on measures of motor function (p < 0.002), but not on measures of cognitive function. A higher proportion of patients receiving the intensive supplement were able to return home (63% vs. 43%; p < 0.05).

Comment: Malnutrition is common in patients with strokes severe enough to require inpatient rehabilitation. The results of the present study indicate that vigorous nutritional support enhances motor recovery in undernourished patients receiving intensive inpatient rehabilitation after a stroke. For every five patients given intensive nutritional therapy, one additional patient improved sufficiently to return home. Thus, intensive nutritional support during stroke rehabilitation, in addition to improving patient outcomes, could save enormous amounts of money on long-term care.
