

Alcoholics lose some VA benefits

The Supreme Court entered the contentious debate over the nature of alcoholism last week when it ruled 4 to 3 that the Veterans Administration (VA) can define alcoholism as the result of "willful misconduct" rather than as a disease in determining veterans' eligibility for education benefits.

The decision is fairly restricted, involving the extension of education coverage under the G.I. Bill. It is not expected to alter VA medical benefits or alcoholism treatment provided to veterans. Whether other government agencies or private insurance companies will consider denying benefits to alcoholics because of the ruling remains uncertain.

The case involves two veterans, both recovered alcoholics. Veterans generally must use education benefits within 10 years of discharge from active duty, with extensions allowed in cases of "physical or mental disability" not caused by "willful misconduct." Eugene Traynor and James P. McKelvey sought extensions on grounds their alcoholism was a disease that had disabled them during much of the 10-year eligibility period. The VA denied their claims, arguing the two were "primary alcoholics" whose drinking was not rooted in physical or mental illness.

In the majority opinion, the high court said Congress had "reasonably determined" that the federal government could classify primary alcoholics as "at least partly responsible" for their condition and that this does not constitute discrimination against the handicapped. The dissenting opinion contends the federal law protecting handicapped people requires individual determinations of whether a veteran's alcoholism flows from willful misconduct.

In the dissent, Justice Harry A. Blackmun writes that "these cases are not concerned with whether alcoholism, simplistically, is or is not a disease," a viewpoint echoed in the majority opinion.

Steroids stir mental backlash

Large doses of steroids taken by athletes to increase muscle size and strength also pack a psychiatric punch. In interviews with 41 bodybuilders and football players who use steroids, psychiatrists Harrison G. Pope and David L. Katz of McLean Hospital in Belmont, Mass., found one-third of them developed severe psychiatric complications during prior periods of steroid exposure.

The athletes routinely took steroids in dosages 10 to 100 times greater than those used in medical studies of these drugs, note the investigators in the April *AMERICAN JOURNAL OF PSYCHIATRY*. Study participants also reported using as many as five or six steroids simultaneously in cycles lasting from 4 to 12 weeks. The researchers say this practice, known as "stacking," appears to be common and may be responsible both for psychiatric effects and muscle gains far beyond those witnessed in research settings.

Steroid users were recruited from 38 gyms in Massachusetts and Los Angeles and interviewed about their behavior and feelings during and between periods of steroid use. Nine athletes experienced episodes of severe depression or mania only during steroid exposure. Some subjects said that, at the time, they believed that nothing in the world could hurt them. One man deliberately drove into a tree at 40 miles per hour while a friend videotaped him. Another five subjects reported psychotic symptoms in association with steroid use, including auditory hallucinations of voices.

These observations may not represent the experiences of all steroid users, say the researchers, since only a minority of those contacted were willing to be interviewed. They suspect, however, that "we were getting only a glimpse of a large underground subculture."

Report raises blood pressure awareness

When it comes to high blood pressure, the wise patient should cut alcohol intake to no more than two drinks a day, and the prudent physician should prescribe lower initial doses of drugs. These recommendations are among a number released this month by the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure. The fourth report of its kind issued since 1972 through the federal National High Blood Pressure Education Program, it seeks to streamline and update blood pressure guidelines to physicians. Its recommendations are based on current information on drugs and risk factors, says committee chairman Aram V. Chobanian, dean of Boston University School of Medicine. During a briefing held at the National Heart, Lung and Blood Institute in Bethesda, Md., Chobanian summarized the committee's conclusions, which appear in the May *ARCHIVES OF INTERNAL MEDICINE*.

Since the previous report in 1984, the committee has added two new classes of pressure-lowering drugs to be considered for initial treatment. The two drug groups — calcium antagonists and angiotensin-converting enzyme inhibitors — join diuretics and beta blockers. Studies suggest the newer drugs, while more expensive, have fewer side effects. The 1988 drug doses are about half those recommended in 1984, and should further reduce the incidence of adverse reactions to drug treatment. "It is important we bring back into the fold those who have discontinued their medication [because of side effects like impotence and fatigue]," Chobanian says.

Because many patients do stop drug therapy within a year of diagnosis, the committee's report places increased emphasis on nondrug approaches such as salt-intake reduction, as well as on greater patient involvement in making treatment decisions. It also suggests physicians pay more attention to "individualizing" treatment for special populations such as pregnant women and the elderly. By considering individual needs and being more aware of the total costs of treatment, physicians could increase patient compliance, Chobanian says.

The report also reflects better evidence that a direct relationship exists between alcohol and a rise in blood pressure. In 1984, the committee limited the recommended intake to 3 to 4 ounces of hard liquor, or 3 to 4 glasses of wine or bottles of beer. Now those limits are reduced to 2 ounces of liquor, 2 glasses of wine or 2 bottles of beer.

No longer recommended are the mass blood-pressure screening programs that helped reduce the incidence of stroke in the United States, because most people now have their blood pressure checked in routine exams. Under the new guidelines, however, specific screening should still target high-risk groups, which include blacks and overweight individuals.

Suspended THA trials are on again

Enthusiasm over the potential of tetrahydroaminoacridine (THA) as a treatment for Alzheimer's disease waned last fall, amid questions about the original research and the suspension of a large clinical trial because of serious side effects (SN: 11/7/87, p.292). But now that study is being resurrected, with federal approval. Warner-Lambert Co. of Morris Plains, N.J. — which manufactures the drug for other purposes — had started its own clinical trial last year after scientists began questioning earlier research suggesting THA slows memory loss in Alzheimer's patients. But after eight patients in the Warner-Lambert study developed high levels of liver enzymes, the company discontinued the trial, which at the time included about 50 patients. Now the Food and Drug Administration says that, because the patients' enzyme levels returned to normal after drug use stopped, it will allow resumption of the THA trials under different guidelines and at reduced doses.