presence of unrecognized hemochromatosis. Serum iron is not as reliable as serum ferritin or transferrin saturation for assessing iron overload. Serum ferritin is markedly elevated in most patients with hemochromatosis. A case can be made that all people should be screened for hemochromatosis, so that treatment can be started before organ damage develops. If a patient has never had their serum ferritin measured, they should do so before supplementing with iron.

Perez Roldan F, et al. Hemochromatosis presenting as acute liver failure after iron supplementation. *N Engl J Med* 1998;339:269-270.

Gluten-free diet for AIDS-related diarrhea

The effect of a gluten-free diet was studied in five men with AIDS-associated enteropathy. Each patient had been suffering for 6-15 weeks with chronic diarrhea for which no cause could be found. The patients consumed a normal diet for one week, followed by a gluten-free diet for one week, then a normal diet during week three, and a gluten-free diet during week four. The mean number of bowel movements was 48 during week one, compared with only 18 during week two (62% reduction; p = 0.006). Mean body weight increased from 53 kg after the first week to 56 kg after the second week (p = 0.01). During the third week (normal diet), the mean number of bowel movements increased to 45 and mean body weight fell to 53 kg. During week four (second gluten-free period), these values again improved significantly: 15 bowel movements (p = 0.006), mean body weight of 55 kg (p = 0.01).

Comment: The results of this preliminary study suggest that consumption of a gluten-free diet may relieve diarrhea and promote weight gain in patients with AIDS-associated enteropathy. Although it is not known why a gluten-free diet might be helpful, it has been observed that abnormalities of intestinal structure and function are similar in patients with HIV enteropathy and those with celiac disease (gluten-induced enteropathy). While AIDS-related diarrhea may have many different causes, a gluten-free diet (medically supervised to ensure adequate nutrient intake) is worth considering in selected cases.

Nellen H, et al. Treatment of human immunodeficiency virus enteropathy with a gluten-free diet. *Arch Intern Med* 2000;160:244.

Olive oil: maintain her virginity

Twenty-four patients with peripheral vascular disease were randomly assigned to consume extra-virgin or refined olive oil for 3 months, and then the other oil for 3 months, with a 3-month washout period between treatments. The oils differed in their antioxidant profile (alpha-tocopherol: 300 vs. 200 mg/kg; phenolic compounds 800 vs. 60) but not in their fatty acid composition. Patients consumed their usual diet, and the oil was added, as desired, for cooking. The rate of copper-induced LDL oxidation was significantly higher after ingestion of the refined oil than after the extra-virgin oil.

Comment: These results indicate that, in men with peripheral vascular disease, consumption of extra-virgin olive oil increased the resistance of LDL to oxidation, compared with refined olive oil. It is generally accepted that inhibiting LDL oxidation may prevent the development or progression of atherosclerosis. Olives contain a number of phenols and flavonoids with antioxidant properties, including hydroxytyrosol, oleuropein, vanillic acid, and verbascoside. Apparently, the refining of olive oil results in the loss of cardioprotective antioxidants.

Ramirez-Tortosa MC, et al. Extra-virgin olive oil increases the resistance of LDL to oxidation more than refined olive oil in free-living men with peripheral vascular disease. *J Nutr* 1999;129:2177-2183.

Melatonin aids in benzodiazepine withdrawal

Thirty-four patients (mean age, 68 years; range, 40-90) receiving benzodiazepine therapy for insomnia were enrolled in a 2-period study. In period 1, patients were randomly assigned to receive, in double-blind fashion, 2 mg of controlled-release melatonin or placebo 2 hours before bedtime for 6 weeks. They were encouraged to reduce their benzodiazepine dosage by 50% during week 2, by 75% during weeks 3 and 4, and to discontinue benzodiazepines completely during weeks 5 and 6. In period 2, melatonin was administered (single-blinded) for 6 weeks to all patients, and attempts to discontinue benzodiazepine therapy were resumed. By the end of period 1, 14 of 18 patients who had received melatonin, compared with only 4 of 16 in the placebo group, had discontinued benzodiazepines (p = 0.006). Sleep-quality scores were significantly higher in the melatonin group than in the placebo group (p = 0.04). Six additional patients in the placebo group discontinued benzodiazepine therapy when given melatonin in period 2. All 24 patients who had discontinued benzodiazepines elected to continue melatonin. After 6 months, 19 of these 24 patients (79%) continued to experience good sleep quality with melatonin and did not resume benzodiazepines. The other 5 patients (21%) resumed benzodiazepine therapy.

Comment: Insomnia is a common problem, particularly in the elderly. While short-term treatment of insomnia with benzodiazepines is considered safe, long-term therapy (greater than 2 weeks) is not recommended. However, many patients are unable to discontinue benzodiazepines because of the development of physical and/or psychological dependence, including rebound insomnia during attempts at discontinuation. The present study provides evidence that treatment with controlled-release melatonin can safely facilitate withdrawal from benzodiazepines while maintaining good sleep quality.

Garfinkel D, et al. Facilitation of benzodiazepine discontinuation by melatonin: a new clinical approach. *Arch Intern Med* 1999;159:2456-2460.

Can burning candles cause lead poisoning?

In February 2000, 285 different types of candles were purchased from 12 stores in the Baltimore-Washington area. Eighty-six (30%) of the candles contained metallic wicks and 9 of these (10%) contained lead (which is used to stiffen the wick). The total lead content per wick ranged from approximately 24,000 mcg to 118,000 mcg. It was estimated that burning the lead-containing candles for 3 hours would result in average 24-hour ambient air lead levels of 10 to 36 times the US Environmental Protection Agency standard of 1.5 mcg/m^3.

Comment: Because of the many toxic effects of lead, especially in children, the candle industry agreed in 1974 to voluntarily stop making candles with lead-containing wicks. However, according to this recent study, as many as 10% of candles that contain metallic wicks (3% of the total number of candles purchased) contained enough lead to produce toxic levels of lead in the air. As there is no reliable method for the consumer to distinguish wicks that contain lead from those that do not, candles with metal wicks should not be used, unless they are guaranteed to be lead-free. The authors of this report have petitioned the Consumer Product Safety Commission to ban and recall all candles containing wicks with lead.

Sobel, HL, et al. Lead exposure from candles. *JAMA* 2000;284:180.

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