serial killers. In contrast, by ruling out harm reduction strategies, the Swedish approach exposes prostitutes to harm.1

John Lowman
Department of Criminology
Simon Fraser University
Vancouver, BC

References
1. Barrett T. Old dogs, no tricks. Vancouver Sun 2000 May 22:{section}E1.
2. Benoît C, Millar A. Dispelling myths and understanding realities: working conditions, health status, and exiting experiences of sex workers. Victoria; 2001. Available: http://web.uvic.ca/~cbenoit/papers/OmgMyths.pdf (accessed 2004 Nov 16).
3. Statham A. Street prostitution control in Vancouver, 1997–2003 [BA honours thesis]. Vancouver; Simon Fraser University; 2004.
4. Östergren P. Sex workers critique of Swedish prostitution policy. Self-published; posted 2004 Feb 6. Available: www.petreoster.com/english/studer.magnster.asp (accessed 2004 Nov 16).

DOI:10.1503/cmaj.1041531

Risks and benefits of β-blockade

P. J. Devereaux and associates’ state that the current situation with respect to evidence for β-blocker therapy before surgery is similar to the situation that existed 12 years ago when estrogen replacement was widely recommended.

I disagree. Estrogen has been implicated in the genesis of many fatal diseases, including breast cancer and thromboembolic diseases.2 The same material risks do not exist for β-blockers. Furthermore, the authors do not disclose or discuss the theoretical or empirical life-threatening risks of β-blockade.

Devereaux and associates’ also argue that the benefits of preoperative β-blockade in small studies completed to date are “too good to be true.” They base this assessment upon the long-term benefits of β-blockade in coronary artery disease and congestive heart failure. However, for these conditions the drugs are administered over long periods, and in combination with many other drugs, to modify the long-term outcome of progressive and often fatal diseases. A more analogous situation is the relative risk of a myocardial infarction induced by another acute stressor, strenuous exercise. One study found that the relative risk of myocardial infarction during or immediately after vigorous exercise was increased 100-fold for habitually sedentary individuals.4 Most of the patients whom I am asked to see preoperatively are sedentary and thus very likely to benefit from preoperative β-blockade.

Stephen R. Workman
Associate Professor
Department of Medicine
Division of General Internal Medicine
Dalhousie University
Halifax, NS

References
1. Devereaux PJ, Yusuf S, Yang H, Choi PTL, Guyatt GH. Are the recommendations to use perioperative β-blocker therapy in patients undergoing noncardiac surgery based on reliable evidence? [editorial]. CMAJ 2004;171(3):245-7.
2. Henderson BE, Bernstein L. The international variation in breast cancer rates: an epidemiological assessment. Breast Cancer Res Treat 1991;18 (Suppl 1):S11-7.
3. Goldhaber SZ. Epidemiology of pulmonary embolism. Semin Vasc Med 2001;1(2):139-46.
4. Mintleman MA, Machure M, Toller GH, Sherwood JB, Goldberg RJ, Muller JE. Triggering of acute myocardial infarction by heavy physical exertion: protection against triggering by regular exertion. N Engl J Med 1993;329:1677–81.

DOI:10.1503/cmaj.1041425

[The authors respond:]

Contrary to Stephen Workman’s experience in treating patients perioperatively, our review suggested that the true effects of β-blocker therapy in patients undergoing noncardiac surgery remain uncertain because of a lack of adequately powered, blinded randomized controlled trials (RCTs).

Members of our group recently reported results from a new RCT of perioperative β-blocker therapy.2 The Metoprolol after Vascular Surgery (MaVS) trial randomly assigned 496 patients undergoing elective vascular surgery to receive metoprolol or placebo starting 2 hours before surgery and continuing for 5 days. This blinded trial is the largest perioperative β-blocker trial reported to date, with more than 4 times as many patients as an unblinded RCT by Poldermans and colleagues2 of β-blocker therapy for vascular surgery. Those authors reported a statistically significant 90% relative risk reduction with β-