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**MEDICAL SUBJECT HEADINGS**  
**AND**  
**HIGHLIGHTS-INDEX**

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**MEDICAL SUBJECT**

ABCIXIMAB (See ANTIPLATELET DRUGS)  
ABORTION  
ACUTE PHASE PROTEINS  
AIDS (See HIV)  
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CAREGIVING  
CARING FOR PATIENTS

**HEADINGS 1999**

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CELIAC DISEASE  
CERVICAL CANCER  
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SUBSTANCE ABUSE

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THROMBOEMBOLIC DISEASE

THYROID DISEASE

TOBACCO (See SMOKING)

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VACCINES-VACCINATION (See IMMUNIZATION)

VALVULAR HEART DISEASE (See MITRAL VALVE

PROLAPSE)

VARICELLA-ZOSTER VIRUS

VARICOSE VEINS

VENOUS THROMBOEMBOLISM

VENTRICULAR HYPERTROPHY

VITAMINS

WEIGHT (See OBESITY)

WHITE COAT NORMOTENSION (See HYPERTENSION)

WRITING

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## A

### ABORTION

#### 11-20 CAFFEINE – FILTERING THE FACTS

Reports a risk of spontaneous abortion in women who consume up to 6 cups of coffee a day. NEJM November 25, 1999; 341: 1688-89

### ACUTE PHASE PROTEINS

#### 2-9 ACUTE PHASE PROTEINS AND OTHER SYSTEMIC RESPONSES TO INFLAMMATION

"Acute phase changes reflect the presence and intensity of inflammation. They have long been used as a clinical guide to diagnosis and management. For this purpose, determination of serum C-reactive protein has advantages over the traditional strategy of measuring the erythrocyte sedimentation rate." NEJM February 11, 1999; 340: 448-54

### ALCOHOL

#### 1-13 THE PROTECTIVE EFFECT OF MODERATE ALCOHOL CONSUMPTION ON ISCHEMIC STROKE

Moderate alcohol consumption was independently associated with a decreased risk of ischemic stroke. Heavy alcohol consumption was deleterious. JAMA January 6, 1999; 281: 53-60

#### 7-9 ALCOHOL INTAKE AND THE RISK OF CORONARY HEART DISEASE MORTALITY IN PERSONS WITH OLDER-ONSET DIABETES MELLITUS

This study suggests an overall beneficial effect of alcohol consumption on decreasing risk of death from CHD in people with older-onset diabetes. JAMA July 21, 1999; 282: 239-46

#### 7-10 SHOULD PATIENTS WITH DIABETES DRINK TO THEIR HEALTH?

What is true for most patients with diabetes is true for other patients at high risk for CHD — light to moderate alcohol consumption likely provides benefit, but is contraindicated in anyone who, for whatever reason, cannot restrict his or her drinking to light or moderate levels. Judicious recommendations can be made in individual cases when the patient is well known to the clinician. But, the recommendation to drink should not be generalized. JAMA July 21, 1999; 282: 279-80

#### 8-9 HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION IN PRIMARY CARE

The article defines hazardous and harmful drinking which are recognized as common, distinct entities. And do not yet reach the definition of abuse or dependence. Routine screening is recommended. Brief physician counseling is effective therapy Archives Int Med August 9/23, 1999; 159: 1681-89

## 9-6 ASSOCIATION BETWEEN ALCOHOL CONSUMPTION AND MORTALITY, MYOCARDIAL INFARCTION, AND STROKE IN 25 YEAR FOLLOW UP OF 49 618 YOUNG SWEDISH MEN

Alcohol clearly had a negative net effect on health up to age 45. This supports a restrictive alcohol policy with recommendations for little or no alcohol consumption by young men. *BMJ* September 25, 1999; 319: 821-22

## 10-16 BRIEF PHYSICIAN- AND NURSE PRACTITIONER- DELIVERED COUNSELING FOR HIGH-RISK DRINKERS: *Does it work?*

Screening and very brief (5 to 10 minute) advice and counseling delivered by a physician or nurse practitioner as part of routine primary care significantly reduced alcohol consumption by high-risk drinkers. *Archives Int. Med.* October 11, 1999; 159: 2198-2295

## 11-14 EARLY ONSET DRUNK DRIVING, VIOLENT CRIMINALITY, AND MENTAL DISORDERS

“The younger the drunk driver is, the greater the probability is of the driver being a violent offender with co-morbid mental disorder.” *Lancet* November 20, 1999; 354: 1788

## ALLERGIC RHINITIS

### 8-19 LONG-TERM CLINICAL EFFECTIVENESS OF GRASS-POLLEN IMMUNOTHERAPY

Immunotherapy for grass-pollen allergy induced prolonged clinical remission which continued for at least 3 years after discontinuation of therapy. *NEJM* August 12, 1999; 341: 468-75

### 8-20 IMMUNOTHERAPY FOR ALLERGIC RHINITIS

Immunotherapy continues to be an attractive therapeutic option for selected patients because it provides benefits that cannot be achieved with pharmacotherapy. *NEJM* August 12, 1999; 341: 522-24

## ALTERNATIVE MEDICINE

### 7-18 USE OF ALTERNATIVE MEDICINE BY WOMEN WITH EARLY-STAGE BREAST CANCER

Among women with newly diagnosed early-stage breast cancer who had been treated with standard therapies, new-use of alternative medicine was a marker of greater psychosocial distress and worse quality of life. *NEJM* June 3, 1999; 340: 1733-39

## ALZHEIMER'S DISEASE

### 5-22 A CONSENSUS-BASED APPROACH TO PROVIDING PALLIATIVE CARE TO PATIENTS WHO LACK DECISION-MAKING CAPACITY

The palliative care strategy described by the authors is grounded in the theory that decisions are the result of dialogue and consensus building. The physician's duty is to teach all participants that the patient has a chronic, irreversible, and ultimately fatal disease, at the same time learning from those who participate about the patient's values and quality of life. This frames decisions about hospitalization, antibiotics, and enteral nutritional support as medical choices that ultimately shape the way the patient will live in the last phase of life. *Annals Int. Med.* May 18, 1999; 130 835-40

## ANEMIA

### 4-11 RECENT ADVANCES IN HAEMATOLOGY

Now, a new test (the serum transferrin receptor assay) is available, enabling more accurate differentiation. Transferrin is a protein that carries plasma iron. In iron deficiency anemia, the number of receptors increases. In anemia of chronic disease the number of receptors remains normal. *BMJ* April 10, 1999; 318: 991-94

### 5-12 THE DEFINITION OF ANEMIA IN OLDER PERSONS

Anemia (hemoglobin concentrations below 12 g/dL for women and below 13 g/dL for men) was associated with increased mortality in individuals over age 85. These criteria for diagnosing anemia are appropriate for older persons. A lower hemoglobin at old age signifies disease. *JAMA* May 12, 1999; 281: 1714-17

### 11-12 REVERSAL OF IRON DEFICIENCY ANEMIA AFTER *HELICOBACTER PYLORI* ERADICATION IN PATIENTS WITH ASYMPTOMATIC GASTRITIS

In this cohort of adult patients with iron deficiency associated with chronic pangastritis due to *H pylori*, cure of the infection cured the anemia. *Annals Int Med* November 2, 1999; 131: 668-72

#### ANGINA (See also UNSTABLE ANGINA)

##### 5-10 META-ANALYSIS OF TRIALS COMPARING BETA-BLOCKERS, CALCIUM ANTAGONISTS, AND NITRATES FOR STABLE ANGINA

In this meta-analysis of randomized trials of patients who had stable angina, beta-blockers provided similar clinical outcomes — and they were associated with fewer adverse effects than calcium blockers. *JAMA* May 26, 1999; 281: 1927-36

##### 7-1 AGGRESSIVE LIPID-LOWERING THERAPY COMPARED WITH ANGIOPLASTY IN STABLE CORONARY ARTERY DISEASE

In low-risk patients with stable coronary artery disease, aggressive lipid lowering is at least as effective as angioplasty and usual care in reducing incidence of ischemic events. *NEJM* July 8, 1999; 341:70-76

#### ANTIBIOTICS

##### 12-13 QUINUPRISTIN/DALFOPRISTIN, A NEW ADDITION TO THE ANTIMICROBIAL ARSENAL

A new drug, quinupristin/dalfopristin (*Synercid*), is now licensed in the US. It is active against gram-positive bacteria, including difficult organisms such as methicillin-resistant *Staphylococcus aureus*, and vancomycin-resistant *Enterococcus faecium*, and penicillin-resistant and macrolide-resistant pneumococci. Its activity is exclusively against gram-positive pathogens.

The drug is specifically indicated when no other antibacterial agents are suitable. When mixed infections are suspected, quinupristin/dalfopristin should be used in combination with one or more agents active against nosocomial gram-negative bacteria. *Lancet* December 11, 1999; 354: 2012-13

#### ANTICOAGULATION

##### 3-9 A COMPARISON OF THREE MONTHS OF ANTICOAGULATION WITH EXTENDED ANTICOAGULATION FOR A FIRST EPISODE OF IDIOPATHIC VENOUS THROMBOEMBOLISM

Patients with a first episode of idiopathic thromboembolism should be treated with anticoagulation for longer than 3 months. How long? – to be determined later. *NEJM* March 25, 1999; 340: 901-07

#### ANTIPHOSPHOLIPID ANTIBODIES

##### 4-20 ANTIPHOSPHOLIPID ANTIBODIES AND THROMBOSIS

Autoantibodies specific for phospholipids (antiphospholipid antibodies) have long been recognized in systemic lupus erythematosus. They are associated with thrombotic complications and miscarriage. The terms "lupus anti-coagulant" and "anticardiolipin" are used to describe these antibodies. The autoantibodies are heterogeneous. Their pathogenic role is not clear.

*Lancet* April 17, 1999; 353: 1348-53

#### ANTIPLATELET DRUGS

##### 5-14 BENEFIT OF ABCIXIMAB IN PATIENTS WITH REFRACTORY UNSTABLE ANGINA IN RELATION TO SERUM TROPONIN T LEVELS

Troponin T may serve as a surrogate marker of active thrombus formation. Patients with unstable angina and high levels are at high risk for cardiac events. They benefited from abciximab therapy. (an antiplatelet drug — monoclonal antibody to platelet glycoprotein IIb/IIIa receptor)

A new diagnostic test (troponin T) and a therapeutic advance (abciximab) can be combined to benefit patients with acute coronary syndromes. *NEJM* May 2, 1999; 340: 1623-29

#### APPENDICITIS

##### 9-8 ULTRASONOGRAPHY AND LIMITED COMPUTED TOMOGRAPHY IN THE DIAGNOSIS AND MANAGEMENT OF APPENDICITIS

CT following a negative or indeterminate ultrasound was highly accurate in the diagnosis of appendicitis.

*JAMA* September 15, 1999; 282: 1041-46

## ASTHMA

### 7-8 RANDOMIZED, PLACEBO CONTROLLED TRIAL OF EFFECT OF LEUKOTRIENE RECEPTOR ANTAGONIST, MONTELUKAST, ON TAPERING INHALED CORTICOSTEROIDS IN ASTHMATIC PATIENTS.

Montelukast reduced the need for inhaled corticosteroids among patients with chronic asthma who required moderate to high doses of corticosteroids.

Leukotriene receptor antagonists such as montelukast may be useful for long term treatment. BMJ July 10, 1999; 319: 87-90

### 9-12 HOME MADE SPACERS FOR BRONCHODILATOR THERAPY IN CHILDREN WITH ACUTE ASTHMA

A 500 mL plastic bottle is an effective alternative to a conventional spacer. It may be a valuable application in developing countries. Lancet September 18, 1999; 354: 979-82

### 12-17 TREATMENT OF ALLERGIC ASTHMA WITH MONOCLONAL ANTI-IGE ANTIBODY

A recombinant humanized monoclonal antibody directed against IgE has potential as a treatment for patients with asthma. NEJM December 23, 1999; 341: 1966-73

## ATHEROSCLEROSIS

### 2-2 PREVALENCE AND EXTENT OF ATHEROSCLEROSIS IN ADOLESCENTS AND YOUNG PEOPLE: Implications for Prevention from the Pathobiological Determinants of Atherosclerosis in Youth (PADY) Study

Atherosclerosis begins in youth. Fatty streaks and clinically significant raised lesions increase rapidly in prevalence and extent during the 15 to 34-year age span. Primary prevention of clinically manifest atherosclerotic disease must begin in childhood or adolescence. JAMA February 24, 1999; 281: 727-35

### 12-11 SMOKING AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE IN MEN WITH LOW LEVELS OF CHOLESTEROL

Current cigarette smoking was a major, independent risk factor for ASCVD in Korea despite the relatively low levels of cholesterol in the population. A low cholesterol conferred no protection against risks of smoking JAMA December 8, 1999; 282: 2149-55

## ATRIAL FIBRILLATION

### 4-10 MANAGING ATRIAL FIBRILLATION IN ELDERLY PEOPLE

The most effective way of minimizing the increased thromboembolic risk and treating symptoms is to return the rhythm to sustained sinus rhythm by electrical or chemical cardioversion. Restoration of sinus rhythm and maintenance of sinus rhythm after successful cardioversion may be enhanced by anti-arrhythmic drug therapy. "The optimal drug therapy has yet to be determined." BMJ April 24, 1999; 318: 1088-89

### 9-13 DIGOXIN IN THE TREATMENT OF PAROXYSMAL ATRIAL FIBRILLATION

1. In the absence of HF, digoxin has no effect on the conversion rate of AF of recent (< 7 days) onset.
2. Digoxin has a significant, albeit clinically modest, effect on reducing mean ventricular rate in symptomatic attacks. (Eg, reduction to 125 beats/min compared with 138 for placebo.) However, digoxin does not slow heart rate during moderate exercise.
3. Digoxin reduces the frequency of symptomatic paroxysmal attacks to a modest extent.

During a 24 hour period, heart rate control is insufficient and may not protect the heart against potential risks of HF or cardiomyopathy associated with a persistent tachycardia. Lancet September 11, 1999; 882-83

## **B**

## BACK PAIN

### 7-11 RANDOMISED CONTROLLED TRIAL OF EXERCISE FOR LOW BACK PAIN

For subacute and recurrent low back pain, exercise class was more clinically effective than traditional general practitioner management and was cost effective. BMJ July 31, 1999; 319: 279-83

## BAYESIAN METHODS

### 8-22 AN INTRODUCTION TO BAYESIAN METHODS IN HEALTH TECHNOLOGY ASSESSMENT.



The authors suggest a definition of the Bayesian method: "The explicit quantitative use of external evidence in the design, monitoring, analysis, interpretation, and reporting of a health technology assessment." BMJ August 21, 1999; 508-12

## BENZODIAZEPINES

### 11-5 FACILITATION OF BENZODIAZEPINE DISCONTINUATION BY MELATONIN

Controlled-release melatonin may effectively facilitate discontinuation of benzodiazepine therapy while maintaining good sleep quality. Archives Intern Med November 8, 1999; 159: 2456-60

### 11-6 MELATONIN THERAPY: FROM BENZODIAZEPINE-DEPENDENT INSOMNIA TO AUTHENTICITY AND AUTONOMY

"Choosing benzodiazepine-free treatment for insomnia can help patients sleep, dream, remember, and continue to have access to both the continuity of autobiographical memories relevant to authenticity and the procedural memories essential to autonomy." Archives Int Med November 8, 1999; 159: 2393-95

## BEREAVEMENT

### 7-17 GENERAL PRACTITIONERS' BELIEFS AND ATTITUDES ABOUT HOW TO RESPOND TO DEATH AND BEREAVEMENT:

Qualitative Study

GPs need support and learning methods to manage their own and their patients' bereavement. BMJ July 31, 1999; 319: 293-96

## BITES (ANIMAL)

### 1-5 BACTERIOLOGIC ANALYSIS OF INFECTED DOG AND CAT BITES

Infected dog and cat bites have a complex microbiologic mix that usually includes pasteurella species and may include many other organisms not previously recognized as bite-wound pathogens.

NEJM January 14, 1999; 340: 85-92

### 1-6 THE MANAGEMENT OF BITE WOUNDS

Whether antibiotics prevent infection remains controversial. Five of 8 studies reported prophylactic antibiotics reduced rate of infection, but in only 1 (amoxicillin-clavulanate [Augmentin]) was the difference statistically significant. A meta-analysis found the relative risk of infection after prophylactic antibiotics was 0.56. "Currently antibiotics are not given routinely, but they are almost always recommended for high-risk wounds (deep punctures, and those requiring surgical repair and those involving the hands)."

For empirical treatment of infection, in most cases a beta-lactam combined with a beta-lactamase inhibitor [eg, amoxicillin-clavulanate] should be the appropriate choice. NEJM January 14, 1999; 340: 138-40

### 2-19 SUCCESSFUL TREATMENT OF LATRODECTISM WITH ANTIVENIN AFTER 90 HOURS

Anecdotal report which reminds us of the availability and use of antivenin. NEJM February 25, 1999; 340: 657

## BLOOD PRESSURE

### 10-1 CARDIAC AND ARTERIAL TARGET ORGAN DAMAGE IN ADULTS WITH ELEVATED AMBULATORY AND NORMAL OFFICE BLOOD PRESSURE

White coat normotension is the converse of white coat hypertension – in the former, clinic (office) BP is higher than ambulatory BP; in the latter, clinic BP is higher than the ambulatory BP.

White coat normotension was associated with increased left ventricular mass and carotid wall thickness. The association of white coat normotension with prognostically important target organ damage may partly explain the ability of high normal clinic BP to predict subsequent hypertension and cardiovascular events. Annals Int Med October 19, 1999; 131: 564-72

## BRAIN ACTIVATION

### 4-15 EFFECT OF ESTROGEN ON BRAIN ACTIVATION PATTERNS IN POSTMENOPAUSAL WOMEN DURING WORKING MEMORY TESTS.

Therapeutic doses of estrogen altered activation of specific brain regions during the performance of the sorts of memory function that are called upon frequently during any given day. JAMA April 7, 1999; 281: 1197-1202

## BREAST CANCER

### 5-5 RISK OF BREAST CANCER IN WOMEN WITH PALPABLE BREAST CYSTS

Women with breast cysts were at increased risk of breast cancer, especially at ages below 45. This may be a reasonable indication for screening in age 40-49. Lancet May 22, 1999; 353: 1742-45

### 6-9 THE EFFECT OF RALOXIFENE ON RISK OF BREAST CANCER IN POSTMENOPAUSAL WOMEN: Results of the MORE Randomized Trial

Among postmenopausal women with osteoporosis, the risk of invasive breast cancer was decreased by 76% during 3 years of primary preventive treatment with raloxifene. JAMA June 16, 1999; 281: 2189-97

### 6-10 TAMOXIFEN IN TREATMENT OF INTRADUCTAL BREAST CANCER: National Surgical Adjuvant Breast and Bowel Project B-24 Randomised Controlled Trial

Tamoxifen, added to lumpectomy and radiation therapy, was more beneficial than lumpectomy plus radiation. Lancet June 12, 1999; 353:1993-2000

### 6-11 TAMOXIFEN HITS THE TARGET IN SITU

Tamoxifen reduces incidence of metastatic disease from breast cancer. It is effective in primary prevention of breast cancer. Now, effectiveness is reported for use in reducing recurrent DCIS. Lancet June 12, 1999; 353: 1986-87

### 7-18 USE OF ALTERNATIVE MEDICINE BY WOMEN WITH EARLY-STAGE BREAST CANCER

Among women with newly diagnosed early-stage breast cancer who had been treated with standard therapies, new-use of alternative medicine was a marker of greater psychosocial distress and worse quality of life. NEJM June 3, 1999; 340: 1733-39

## BREAST CYSTS

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## C

## CAFFEINE

### 11-20 CAFFEINE – FILTERING THE FACTS

Reports a risk of spontaneous abortion in women who consume up to 6 cups of coffee a day. NEJM November 25, 1999; 341: 1688-89

## CARBOHYDRATES

### 3- 19 GLYCEMIC INDEX AS A DETERMINANT OF SERUM HDL-CHOLESTEROL CONCENTRATION

High glycemic index carbohydrate diets (increasing postprandial blood glucose concentrations) were associated with lower HDL-cholesterol concentrations; low glycemic index diets (lower postprandial blood glucose) with higher HDL-cholesterol concentrations.

The glycemic index was a stronger predictor of HDL-cholesterol concentrations than was dietary fat intake. Lancet March 27, 1999; 353: 1045-48

### 3-20 ARE THERE GOOD AND BAD CARBOHYDRATES FOR HDL CHOLESTEROL?

Diets low in fat necessarily have a high carbohydrate content. Low fat, high carbohydrate diets lower HDL-c (an adverse outcome) as well as LDL-c. Thus the recommendation to decrease fat and increase carbohydrate have come under scrutiny. The study suggests that not all carbohydrates lower HDL-c. Those with a low glycemic index may preserve HDL-c concentrations. Lancet March 27, 1999; 353: 1029-30

## CARDIOVASCULAR DISEASE

## 8-6 CARDIOVASCULAR DISEASE IN OLDER ADULTS WITH GLUCOSE DISORDERS: Comparison of American Diabetes Association Criteria for Diabetes Mellitus with WHO Criteria

"If the purpose of screening for diabetes mellitus is to identify the maximum number of people at risk of cardiovascular disease events or death when glucose is slightly raised, then it would seem that the WHO criteria are superior to the fasting ADA criteria." *Lancet* August 21, 1999; 354: 622-25

## 9-15 ARE SURROGATE MARKERS ADEQUATE TO ASSESS CARDIOVASCULAR DISEASE DRUGS?

Surrogate end points are thus neither consistent successes nor consistent failures. The safety concerns left unanswered by reliance on a surrogate need to be satisfied in some other way. *JAMA* August 25, 1999;282: 790-91

## 10-7 DIETARY FIBER, WEIGHT GAIN, AND CARDIOVASCULAR DISEASE RISK FACTORS IN YOUNG ADULTS.

Dietary fiber was inversely associated with insulin levels, weight gain, and other risk factors for CVD in young adults. *JAMA* October 27, 1999; 282: 1539-46

## 12-11 SMOKING AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE IN MEN WITH LOW LEVELS OF CHOLESTEROL

Current cigarette smoking was a major, independent risk factor for ASCVD in Korea despite the relatively low levels of cholesterol in the population. A low cholesterol conferred no protection against risks of smoking. (*Smoking presents its own increased risk by its adverse effects on the endothelium.* ) *JAMA* December 8, 1999; 282: 2149-55

## 12-10 DIETARY SODIUM INTAKE AND SUBSEQUENT RISK OF CARDIOVASCULAR DISEASE IN OVERWEIGHT ADULTS

High sodium intake was strongly and independently associated with an increased risk of cardiovascular disease and all-cause mortality in overweight persons. Moderate reductions in sodium intake are recommended. *JAMA* December 1, 1999; 282: 2027-34

## 12-7 LOW RISK-FACTOR PROFILE AND LONG-TERM CARDIOVASCULAR AND NON-CARDIOVASCULAR MORTALITY AND LIFE EXPECTANCY

In this very large cohort study, individuals with total cholesterol < 200, BP ≤ 120/80, and who did not smoke, experienced lower long-term mortality and longer life expectancy than those with any one of these risk factors. *JAMA* December 1, 1999; 282: 2012-18

## 12-4 THE EFFECT OF BISOPROLOL ON PERIOPERATIVE MORTALITY AND MYOCARDIAL INFARCTION IN HIGH-RISK PATIENTS UNDERGOING VASCULAR SURGERY

Bisoprolol (*Zebeta*) was associated with a marked reduction of perioperative death from cardiac causes and non-fatal MI in high-risk patients undergoing major vascular surgery. *NEJM* December 9, 1999; 1789-94

## 12-5 REDUCING CARDIAC RISK IN NONCARDIAC SURGERY

In summary, the preceding study suggests that perioperative care will be characterized by fewer tests, fewer coronary revascularization procedures, more use of beta-blockers – and fewer complications. *NEJM* December 9, 1999; 1838-40

## 12-6 IS SIMPLE CLINICAL ASSESSMENT ADEQUATE FOR CARDIAC RISK STRATIFICATION BEFORE ELECTIVE NON-CARDIAC SURGERY?

"For most patients cardiac risk stratification before elective non-cardiac surgery requires only a knowledge of the risk associated with the procedure and simple clinical assessment." Patients undergoing high-risk abdominal and thoracic surgery and who have a history of ischemic heart disease, heart failure, insulin-treated diabetes and/or elevated plasma creatinine have increased risks of major cardiovascular complications. *Lancet* November 27, 1999; 354: 1837-38

## 12-1 REDUCED CORONARY EVENTS IN SIMVASTATIN-TREATED PATIENTS WITH CORONARY HEART DISEASE AND DIABETES OF IMPAIRED FASTING GLUCOSE LEVELS.

In patients with established CHD, lowering cholesterol with simvastatin benefited patients with impaired fasting blood glucose (110 to 125) as well as patients with diabetes (FBG ≥ 126). Total and coronary mortality and major coronary events were reduced in both groups. *Archives Int Med* December 13/27 1999; 2661-67

## CAREGIVING

### 12-2 CAREGIVING AS A RISK FACTOR FOR MORTALITY

Elderly spouses acting as caregivers to their spouse were at increased risk for death. *JAMA* December 15, 1999; 282: 2215-19

## CARING FOR PATIENTS

### 1-17 THE TROUBLE WITH FAMILIES: Toward an Ethic of Accommodation

A system that saves lives or prolongs lives only to cast patients and families into the abyss of fragmented chronic care and financial and emotional ruin, while at the same time criticizing them for being "too emotional", is unjust. Many families are willing to make enormous sacrifices, but martyrdom is not a good basis for health care policies or practice.

When families are pushed beyond their limits, the patient's care is jeopardized, the caregiver's health is at risk, professionals are frustrated, and the health care system is burdened by greater costs. "Our recommendations focus on human relationships, not technology." A health care system that depends so heavily on the patient care provided by families should involve families as partners rather than define them as problems. *Annals Int. Med.* January 19, 1999; 130:148-52

### 1-3 QUALITY END-OF-LIFE CARE: Patient's Perspectives

From a patient's perspective, quality end-of-life includes: receiving adequate pain and symptom management, avoiding inappropriate prolongation of dying, achieving a sense of control, relieving burden, and strengthening relationships with loved ones. *JAMA* January 13, 1999; 281: 163-68

### 1-4 PATIENT'S PRIORITIES

"A revolution is underway in health care. After decades of patriarchal provision of services, governments are now accepting that patients should have a say in what they are provided." Patients now demand information. Providing patients with accurate, high quality up-to-date information is a priority.

Patients hold remarkably similar views about what they want from primary care. Top of the list are: 1) having enough time in the consultation, 2) being able to get quick service in an emergency, and 3) having a general practitioner who listens and provides helpful information about their illnesses and treatment, and encourages them to discuss all their problems. They also want their physicians to keep up to date, and meet their need for confidentiality and advocacy. *BMJ* January 30, 1999; 277

### 1-1 SOLICITING THE PATIENT'S AGENDA

Physicians often redirect patients' initial descriptions of their concerns before the description is fully completed. Once redirected, the list of concerns are rarely completed. Soliciting the patients' complete agenda at the outset of the interview can improve interview efficiency and yield increased data.

Ask — "What concerns do you have" and then "Anything else" to complete the agenda. *JAMA* January 20, 1999; 381: 283-87

### 2-18 CHRONIC STRESS IN ELDERLY CARERS OF DEMENTIA PATIENTS AND ANTIBODY RESPONSE TO INFLUENZA VACCINE

Elderly carers of spouses with dementia have increased activation of the hypothalamic-pituitary-adrenal axis and a poor response to influenza vaccine.

Carers may be more vulnerable to infectious disease. *Lancet* February 20, 1999; 353: 627-31

### 2-14 LOOKING BEYOND THE NEXT PATIENT: Sociology and Modern Health Care

Exclusion, isolation, and helplessness can be harmful to health. An assault must be made on factors that affect the human psyche — those that make people feel undervalued and excluded. *Lancet* February 6, 1999; 353: 486-89

### 5-6 THE LONELINESS OF THE LONG-TERM CARE GIVER

Care givers want better communication with professionals, education and training, emotional support, and advocacy. They want help in negotiating the impenetrable thicket of financing mechanisms, and the inconsistent interpretations of policies and eligibility. They want respite, too. They want professionals to appreciate how much fear and anxiety complicate the learning of new tasks. They need relief from their suffering. *NEJM* May 20, 1999; 340: 1587-90

### 8-15 BRIEF ENCOUNTERS: Speaking With Patients

"The foundation of good medical care . . . is a comfortable, evolving relationship between patient and physician." For new physicians, learning this art requires a prolonged relationship with a role-model, then adapting the art to their own personalities and practices.

The editorialist recommends 4 books to aid in learning the art. *Annals Int Med* August 3, 1999; 131: 231-34

### 9-16 PATERNALISM OR PARTNERSHIP?

Partners work together to achieve common goals. Their relationship is based on respect for each other's skills and competencies and recognition of the advantages of combining these resources to achieve beneficial outcomes.

Doctors are, or should be, experts in medical knowledge and applications. "The key to successful doctor-patients partnerships is recognizing that patients are experts too. Only the patient knows about his or her experience of illness, social circumstances, habits and behavior, attitudes to risk, values, and preferences." BMJ September 14, 1999; 319: 719-20

#### 9-17 INSTILLING PROFESSIONALISM IN MEDICAL EDUCATION

The 3 essential characteristics of a profession:

1. Expert knowledge ( as distinguished from a practical skill).
2. Self-regulation
3. Responsibility to place the needs of the client ahead of the self-interest of the practitioner. JAMA September 1, 1999; 282: 881-82

#### 10-11 DIAGNOSING SUFFERING: A PERSPECTIVE

The language that describes and defines suffering is different from the language of medicine.<sup>1</sup> There is too often a disconnect between our case history and the patient's narrative. "Herein lies one of the reasons for the inadequate relief of suffering." Physicians are trained primarily to find out what is wrong with the body in terms of diseases or pathophysiology. They do not examine what is wrong with persons. "When physicians attend to the body rather than to the person, they fail to diagnose suffering."

The care of the suffering patient (attending to the person) means more than caring about the patient or being compassionate. Lack of recognition of suffering does not come about only because of the absence of compassion, it is also the result of physicians' poor diagnostic and therapeutic knowledge and skills about persons -- that is, an inability to focus on the person rather than the disease. Annals Int. Med. October 5, 1999; 131; 531-34

#### 11-22 THE YOUNG WOMAN WITH A WART ON HER NOSE

*An Anecdote of a Tragedy "A Memorable Patient"* A narrative of a poignant personal experience. BMJ November 20, 1999; 319: 1349

#### CARPAL TUNNEL SYNDROME

##### 11-21 INJECTION WITH METHYLPREDNISOLONE PROXIMAL TO THE CARPAL TUNNEL: RANDOMIZED, DOUBLE BLIND TRIAL

A single injection of methylprednisolone close to (not into) the carpal tunnel may result in long-term improvement and should be considered before surgical decompression. BMJ October 2, 1999; 319: 884-86

#### CELIAC DISEASE

##### 7-27 COELIAC DISEASE

This reviews symptoms and signs, epidemiology, pathogenesis, diagnosis, treatment, prognosis, and complications. BMJ July 24, 1999; 319:236-40

#### CERVICAL CANCER

##### 11-7 PERNICIOUS PAPILLOMA INFECTION

"In sum, cervical cancer often begins with the sexual transmission of HPV infection to a woman who is susceptible to persistent infection. Over time, the HPV lesions progress to invasive cervical cancer." NEJM November 25, 1999; 341: 1687-88

#### CHEWING GUM

##### 12-14 THE ENERGY EXPENDED IN CHEWING GUM

Chewing led to a mean increase in energy expenditure of 11 kcal per hour, a 19% increase over baseline. In the same subjects, standing was associated with a mean increase of 11%, and walking 1 mile per hour with a mean increase of 106% above baseline.

If a person chewed gum during waking hours and changed no other component of energy balance, a yearly loss of over 10 pounds of body fat might be anticipated. NEJM December 30, 1999; 341: 2100

#### CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

## 6-14 GLUCOCORTICOID THERAPY FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Two studies concerning COPD in the issue of NEJM reported slight to moderate transient improvement in lung function with oral and inhaled corticoids.

At times patients with acute exacerbations of COPD will have increased numbers of eosinophiles in bronchial biopsy specimens. This may be caused by a respiratory virus infection which attracts eosinophiles and results in a more favorable response to corticosteroids. NEJM June 24, 1999; 340: 1990-91

## 8-18 ORAL CORTICOSTEROIDS IN PATIENTS ADMITTED TO HOSPITAL WITH EXACERBATIONS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

The data support the current practice of prescribing low-dose oral corticosteroids to all patients with non-acidotic exacerbations of COPD who require hospitalization. Lancet August 7, 1999; 354: 456-60

## CIGAR SMOKING

### 6-15 EFFECT OF CIGAR SMOKING ON THE RISK OF CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND CANCER IN MEN.

Independent of other risk factors, regular cigar smoking can increase risk of coronary heart disease, COPD, and cancers of the lung and upper aero-digestive tract. NEJM June 10, 1999, 340: 1773-80

## CLINICAL EPIDEMIOLOGY (See also BAYESIAN METHODS)

### 9-14 CAN IT WORK? DOES IT WORK? IS IT WORTH IT?

1. Efficacy is the extent to which an intervention does more good than harm under ideal circumstances in a well designed, controlled trial. (Ie, can it work?)

2. Effectiveness assesses whether an intervention does more good than harm when provided under usual circumstances in health care practice. (Does it work in practice?)

3. Efficiency measures the effect of an intervention in relation to the resources it consumes. (Is it worth it?) BMJ September 11, 1999; 319: 652-53

## CLONING

### 2-10 WOULD CLONED HUMANS REALLY BE LIKE SHEEP?

Why a clone cannot be a clone. Read the original! NEJM February 11, 1999; 340: 471-75

## CLOSTRIDIUM DIFFICILE

### 11-19 ANTIBIOTICS AND *CLOSTRIDIUM DIFFICILE*

In addition to the second- and third-generation cephalosporins and clindamycin, ampicillin and amoxicillin are associated with the highest incidence. Quinolones, aminoglycosides, macrolides (especially the newer agents clarithromycin and azithromycin), vancomycin, and extended spectrum penicillins (ticarcillin, mezlocillin, and piperacillin) are associated with the lowest risk. Trimethoprim, tetracycline, and imipenem seem to carry an intermediate risk. NEJM November 25, 1999; 341: 1690-91

## COLORECTAL ADENOMAS

### 1-21 CALCIUM SUPPLEMENTS FOR THE PREVENTION OF COLORECTAL ADENOMAS

Calcium supplementation was associated with a significant — though moderate— reduction in risk of recurrent colorectal adenomas. NEJM January 14, 1999; 340: 101-07

## COMMON COLD

### 5-23 EFFICACY OF TREMACAMRA, A SOLUBLE INTERCELLULAR ADHESION MOLECULE 1, FOR EXPERIMENTAL RHINOVIRUS INFECTION

Tremacamra, a rhinovirus receptor blocker, reduced the frequency and severity of experimental rhinovirus colds. Clinical usefulness is not yet established. JAMA May 19, 1999; 281: 1797-1804

## CONTRACEPTION

### 1-11 ORAL CONTRACEPTION AND HEALTH

The evidence suggests that women who do not smoke, who have their blood pressure checked, and do not have hypertension, have no increased risk of myocardial infarction and little risk of stroke when they use combined OCs. (BP should be always measured before starting OCs.) BMJ January 9, 1999; 318: 69-70

## CORONARY ARTERY DISEASE

### 2-11 IMPROVED DETECTION OF CORONARY ARTERY DISEASE BY EXERCISE ELECTROCARDIOGRAPHY WITH USE OF RIGHT PRECORDIAL LEADS

Exercise electrocardiography incorporating the combination of right leads along with the standard left leads greatly improved sensitivity for the diagnosis of coronary artery disease. NEJM February 4, 1999; 340: 340-45

### 2-12 THE VALUE OF THE RIGHT PRECORDIAL LEADS OF THE ELECTROCARDIOGRAM

Right ventricular infarction carries a marked increase in mortality during hospitalization. Identification of right ventricular infarction by right chest leads may select those who would benefit most from reperfusion. NEJM February 4, 1999; 340: 381-83

### 6-5 LONG-TERM INTAKE OF DIETARY FIBER AND DECREASED RISK OF CORONARY HEART DISEASE IN WOMEN

High fiber intake, particularly from cereal sources, reduced the risk of CHD. JAMA June 2, 1999; 281: 1998-2004

### 6-12 TRANS FATTY ACIDS AND CORONARY HEART DISEASE

The adverse effect of trans fats on the LDL-c / HDL-c ratio is clinically significant. The average intake of 2% of calories as trans fat in the US would be predicted to account for a substantial number of deaths from coronary heart disease. (2% of a 2000 cal diet = 40 cal = about 4 g fat. One doughnut contains 3.2 g trans fat; one large french fries, 10 g.) NEJM June 24, 1999; 340: 1994-98

### 8-12 A PROSPECTIVE STUDY OF WALKING AS COMPARED WITH VIGOROUS EXERCISE IN THE PREVENTION OF CORONARY HEART DISEASE IN WOMEN

Both walking and vigorous exercise were associated with substantial reductions in the risk of coronary events. There was a strong, graded inverse relation between energy expenditure, either walking or vigorous exercise and the incidence of coronary events. Risk was reduced equally in women who walked briskly for at least 3 hours per week and women who exercised vigorously for 1.5 hours per week.

Enormous public health benefits would accrue from the adoption of moderate intensity exercise by those who are currently sedentary. NEJM August 26, 1999; 340: 650-58

### 8-10 GEMFIBROZIL FOR THE SECONDARY PREVENTION OF CORONARY HEART DISEASE IN MEN WITH LOW LEVELS OF HIGH-DENSITY LIPOPROTEIN CHOLESTEROL

For secondary prevention in patient with demonstrated coronary heart disease whose primary lipid abnormality is a low HDL-c level (a finding commonly occurring in the context of central obesity, diabetes, and other features of the metabolic syndrome), gemfibrozil effectively prevented recurrence of myocardial infarction and death from coronary heart disease. NEJM August 5, 1999; 340: 410-18

## COX-2 INHIBITORS

### 1-14 COX-2 INHIBITORS

1. COX-1 acts constantly (not inducible). It predominates in the stomach. It is the predominant source of the gastric mucosal prostaglandins which protect the stomach. NSAIDs tend to selectively inhibit COX-1, reducing the protective effect of the prostaglandin, leading to acid-producing gastric mucosal injury.

2. COX-2 is inducible by inflammation. Its prostaglandin is associated with pain, swelling, and stiffness.

The idea then is to inhibit the "bad guy" — COX-2 while preserving the "good guy" — COX-1. Inhibiting COX-2 will relieve some symptoms of inflammation. Lancet January 23, 1999; 353: 307-14

## 11-8 ANTI-INFLAMMATORY AND UPPER GASTROINTESTINAL EFFECTS OF CELECOXIB IN RHEUMATOID ARTHRITIS: A Randomized Controlled Trial

Celecoxib (*Celebrex*, a COX-2 inhibitor) was efficacious in treatment of rheumatoid arthritis and did not affect COX-1 activity in the upper GI tract mucosa as evidenced by less frequent ulcers compared with naproxin. JAMA November 24, 1999; 282: 1921-28

## 11-9 COX-1-SPARING NSAIDs – Is the Enthusiasm Justified?

Costs are high for the new COX-1-sparing NSAIDs. The extra protection they offer the stomach must be balanced against the cost on an individual basis. JAMA November 24, 1999; 282: 1961-63

## C-REACTIVE PROTEIN

### 2-9 ACUTE PHASE PROTEINS AND OTHER SYSTEMIC RESPONSES TO INFLAMMATION

"Acute phase changes reflect the presence and intensity of inflammation. They have long been used as a clinical guide to diagnosis and management. For this purpose, determination of serum C-reactive protein has advantages over the traditional strategy of measuring the erythrocyte sedimentation rate." NEJM February 11, 1999; 340: 448-54

## CROHN'S DISEASE

### 5-13 INFlixIMAB FOR THE TREATMENT OF FISTULAS IN PATIENTS WITH CROHN'S DISEASE

Infliximab was efficacious in treatment of enterocutaneous fistulas complicating Crohn's disease. NEJM May 6, 1999; 340: 1398-1405

# D

## DEATH AND DYING

### 1-3 QUALITY END-OF-LIFE CARE: Patient's Perspectives

From a patient's perspective, quality end-of-life includes: receiving adequate pain and symptom management, avoiding inappropriate prolongation of dying, achieving a sense of control, relieving burden, and strengthening relationships with loved ones. JAMA January 13, 1999; 281: 163-68

### 7-26 FREUD'S PHYSICIAN-ASSISTED DEATH

"Freud's choice of physician-assisted suicide was not merely an interesting historical event, but one of paramount rationality, and one that is relevant to our contentious contemporary debates concerning euthanasia and physician-assisted suicide. Archives Int Med July 26, 1999; 159: 1521-23

### 7-17 GENERAL PRACTITIONERS' BELIEFS AND ATTITUDES ABOUT HOW TO RESPOND TO DEATH AND BEREAVEMENT:

Qualitative Study

GPs need support and learning methods to manage their own and their patients' bereavement. BMJ July 31, 1999; 319: 293-96

## DEPRESSION

### 3-21 THE PHYSICAL CONSEQUENCES OF DEPRESSIVE ILLNESS

There is important and accumulating evidence that the physical consequences of depression are far from benign. In particular, increased risk of coronary artery disease and osteoporosis have received attention. The most consistent biologic abnormality in major depression is increased activation of the hypothalamic-pituitary-adrenal axis.

Depression is an illness with physical as well as social and psychological consequences. BMJ March 27, 1999; 318: 826

### 8-2 SOCIAL DISENGAGEMENT AND INCIDENT COGNITIVE DECLINE IN COMMUNITY-DWELLING ELDERLY PERSONS

At 12 years, the odds ratio of experiencing cognitive decline was approximately twice as great in the most disengaged group as in the most engaged group. Continued mental stimulation staves off cognitive deterioration in old age possibly by maintaining a critical density of neocortical synapses. Annals Int Med August 3, 1999; 131: 165-73

## DIABETES



## 1-2 THE ASSOCIATION BETWEEN CARDIORESPIRATORY FITNESS AND IMPAIRED FASTING GLUCOSE AND TYPE 2 DIABETES MELLITUS IN MEN

Poor cardiorespiratory fitness was associated with increased risk for developing impaired fasting glucose and type 2 diabetes. A sedentary lifestyle may contribute to progression from normal fasting glucose to impaired fasting glucose, to diabetes. *Annals Int. Med.* January 19, 1999; 130: 89-96

## 2-20 THE NATIONAL DIABETES EDUCATION PROGRAM: Changing the Way Diabetes is Treated.

These emerging findings have prompted the National Institutes of Health and the Centers for Disease Control and Prevention to sponsor a major national initiative, the National Diabetes Education Program. This will develop strategies to improve diabetes care, promote early detection, and ultimately prevent the onset of the disease.

The Web site: <http://NDEP.NIH.gov> *Annals Int. Med.* February 16, 1999; 130: 324-26

## 2-4 SILDENAFIL FOR THE TREATMENT OF ERECTILE DYSFUNCTION IN MEN WITH DIABETES

Oral sildenafil was an effective and well-tolerated treatment for ED in men with diabetes.

*JAMA* February 3, 1999; 281: 421-26

## 3-5 COMPARISON OF BEDTIME INSULIN REGIMENS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

A simple bedtime insulin regimen in patients whose type 2 diabetes was poorly controlled with sulfonylurea achieved better control. This was attributed to education and self-adjusting insulin dose. The combination of bedtime insulin and metformin gave the best results. *Annals Int. Med.* March 2, 1999; 130: 389-96

## 3-6 TREATING TYPE 2 DIABETES WITH RESPECT

Intensive control of hypoglycemia can be achieved with relatively low risk of hypoglycemia or weight gain. *Annals Int. Med.* March 2, 1999; 120: 440-41

## 3-7 EFFECTS OF CALCIUM-CHANNEL BLOCKADE IN OLDER PATIENTS WITH DIABETES AND SYSTOLIC HYPERTENSION

Treatment of isolated systolic hypertension with the calcium-channel blocker, nitrendipine, was beneficial in older patients, especially in older patients with diabetes. These findings do not support the hypothesis that long acting calcium-channel blockers may be harmful in diabetic patients. *NEJM* March 4, 1999; 340: 67-84

## 4-1 RELATION BETWEEN FASTING PLASMA GLUCOSE AND GLYCOSYLATED HEMOGLOBIN

About 60% of a large cohort of patients newly diagnosed as having "diabetes", had a normal HbA1c. If this degree of glycemia persists, they would not be at risk of microvascular complications.

"We believe that diabetes should not be diagnosed in those with FPG levels less than 140 unless excessive glycosylation is present. Individuals without excessive glycosylation but with moderate elevations of FPG (110-139) should be treated with an appropriate diet and exercise. This diagnostic labeling achieves the goal of early intervention, without subjecting individuals to potentially negative labeling." *JAMA* April 7, 1999; 281: 1203-1210

## 4-2 WHEN IS DIABETES DIABETES?

If we agree that a FPG under 110 eliminates the risk of "diabetes" (at least for the immediate future), and that a FPG over 140 is diagnostic of "diabetes" with its risk of complications, this leaves a wide "grey zone" of 110 to 126 to 130. Where should the predictive cutpoint be set? The investigators suggest performing 2 diagnostic tests — FPG and HbA1c. This adds a measure of pathophysiologic abnormality (protein glycosylation) to the prediction of future complications. *JAMA* April 7, 1999; 281: 1222-24

## 5-2 TYPE 2 DIABETES MELLITUS: Greater Cardiovascular Risks and Greater Benefits of Therapy

This brief editorial stresses an important clinical point. Diabetic persons are much more likely to suffer myocardial infarction and stroke than non-diabetics — and at a lower level of BP and at lower levels of LDL-cholesterol. Treatment of hypertension and lipids results in more benefit than in non-diabetics. Decisions to treat with drugs should start at lower cut points for BP and LDL-cholesterol. *Archives Int. Med.* May 24, 1999; 159: 1033-34

## 6-6 GLYCEMIC CONTROL WITH DIET, SULFONYLUREA, METFORMIN, OR INSULIN IN PATIENTS WITH TYPE 2 DIABETES MELLITUS Progressive Requirement for Multiple Therapies (UKPDS 49)

Type 2 diabetes is characterized by a steady deterioration of glucose control over the years due to progressive beta-cell dysfunction. It becomes more difficult to attain near-normal glycemic control.

Compared with diet alone, insulin, sulfonylurea, or metformin as monotherapy increased by 2- to 3-fold the proportion of patients who attained HbA1c below 7%. However, the progressive deterioration of diabetes control was such that after 9 years only about 25% of patients could be controlled on monotherapy.

The majority of patients need multiple therapies to attain satisfactory glycemic control over the long-term. JAMA June 2, 1999; 281: 2005-12  
7-9 ALCOHOL INTAKE AND THE RISK OF CORONARY HEART DISEASE MORTALITY IN PERSONS WITH OLDER-ONSET DIABETES MELLITUS

This study suggests an overall beneficial effect of alcohol consumption on decreasing risk of death from CHD in people with older-onset diabetes. JAMA July 21, 1999; 282: 239-46

7-10 SHOULD PATIENTS WITH DIABETES DRINK TO THEIR HEALTH?

What is true for most patients with diabetes is true for other patients at high risk for CHD — light to moderate alcohol consumption likely provides benefit, but is contraindicated in anyone who, for whatever reason, cannot restrict his or her drinking to light or moderate levels. Judicious recommendations can be made in individual cases when the patient is well known to the clinician. But, the recommendation to drink should not be generalized. JAMA July 21, 1999; 282: 279-80

7-3 RANDOMISED CONTROLLED TRIAL OF LONG TERM EFFICACY OF CAPTOPRIL ON PRESERVATION OF KIDNEY FUNCTION IN NORMOTENSIVE PATIENTS WITH INSULIN DEPENDENT DIABETES AND MICROALBUMINURIA

The effect of ACE inhibition in preserving renal function in patients with NIDDM lasts at least 8 years. BMJ July 3, 1999; 319: 24-25

8-25 PHARMACOLOGIC THERAPY FOR TYPE 2 DIABETES

For those who would enjoy a comprehensive view of therapy. Annals Int Med August 17, 1999; 131: 281-303

8-16 HYPOGLYCEMIA AND THE DECISION TO DRIVE A MOTOR VEHICLE BY PERSONS WITH DIABETES.

Persons with type 1 diabetes may not judge correctly when their blood glucose levels are too low to permit safe driving. Many continue to drive when they are aware of low levels. Health care workers should be aware of the possible dangers and so counsel patients. JAMA August 25, 1999; 282: 750-54

8-5 GLUCOSE TOLERANCE AND MORTALITY: Comparison of WHO and American Diabetes Association Diagnostic Criteria

Fasting glucose concentrations alone do not identify individuals at increased risk of death associated with hyperglycemia. An oral glucose tolerance test, measuring the 2-hour glucose, enables detection of individuals with impaired glucose tolerance, as well as diabetes, who have the greatest attributable risk of death. Lancet August 21, 1999; 354: 617-21

8-6 CARDIOVASCULAR DISEASE IN OLDER ADULTS WITH GLUCOSE DISORDERS: Comparison of American Diabetes Association Criteria for Diabetes Mellitus with WHO Criteria

"If the purpose of screening for diabetes mellitus is to identify the maximum number of people at risk of cardiovascular disease events or death when glucose is slightly raised, then it would seem that the WHO criteria are superior to the fasting ADA criteria." Lancet August 21, 1999; 354: 622-25

8-7 NEW DIAGNOSTIC CRITERIA FOR DIABETES—Are They Doing What They Should?

The ADA and the WHO criteria do not identify the same groups of individuals. Among people with diabetes according to the ADA criteria, only 46% had a 2 hour post-glucose concentration that met the WHO criterion. And impaired fasting glucose by ADA (glucose of 110-125) was present in only 48% of individuals classified as having impaired glucose tolerance by WHO (140-199).

The ADA criteria were much less sensitive than the WHO criteria in predicting CVD mortality (sensitivity 28% vs 54%). Lancet August 21, 1999; 354: 610-11

8-8 EFFECTS OF METFORMIN IN PATIENTS WITH POORLY CONTROLLED INSULIN-TREATED TYPE 2 DIABETES.

The addition of metformin to insulin in type 2 diabetics who were poorly controlled by insulin alone resulted in better glycemic control, with a substantial decrease in HbA1c. The combination allowed insulin dose to be reduced with no weight gain.

"Metformin is an effective adjunct to insulin therapy in patients with type 2 diabetes. Annals Int Med August 3, 1999; 131: 182-188

10-13 WALKING COMPARED WITH VIGOROUS PHYSICAL ACTIVITY AND RISKS OF TYPE 2 DIABETES IN WOMEN.

These data suggest that greater physical activity is associated with substantial reduction of risk for type 2 diabetes. JAMA October 20, 1999; 282: 1433-39

11-17 NEPHROPATHY IN PATIENTS WITH TYPE 2 DIABETES

This article reviews epidemiology, pathology, genetic basis, risk factors, renal failure, and treatment. NEJM October 7, 1999; 341: 1127-33  
11-10 TWICE DAILY VERSUS FOUR TIMES DAILY INSULIN DOSE REGIMES FOR DIABETES IN PREGNANCY

Giving insulin four times daily rather than twice daily improved glycemic control in pregnancy and perinatal outcome without further risking the mother. BMJ November 6, 1999; 319: 1223-27

11-11 AN UPDATE ON PERIOPERATIVE MANAGEMENT OF DIABETES

A review of pre- intra- and post-operative care. Perioperative management is generally more of an art than a clinical science. There are many protocols for management. Homeostasis during this period is highly variable and often unpredictable. Clinical judgement remains the key. Archives Int Med November 8, 1999; 159: 2405-11

12-12 NONINVASIVE GLUCOSE MONITORING

An automatic, non-invasive glucose-monitoring machine (GlucoWatch) which makes frequent measurements demonstrated close agreement with blood glucose measurements obtained by finger stick. The machine provided more information about glucose levels than the current standard of care. (*The FDA has given the machine a conditional approval.*) JAMA November 17, 1999; 282: 1839-44

12-1 REDUCED CORONARY EVENTS IN SIMVASTATIN-TREATED PATIENTS WITH CORONARY HEART DISEASE AND DIABETES OF IMPAIRED FASTING GLUCOSE LEVELS.

In patients with established CHD, lowering cholesterol with simvastatin benefited patients with impaired fasting blood glucose (110 to 125) as well as patients with diabetes (FBG  $\geq$  126). Total and coronary mortality and major coronary events were reduced in both groups. Archives Int Med December 13/27 1999; 2661-67

DIFFICULT PATIENT

5-7 DIFFICULT PATIENT ENCOUNTERS IN THE AMBULATORY CLINIC

"Poor physician psychosocial attitude was strongly predictive of experiencing more encounters as difficult." Archives Int. Med. May 24, 1999; 159: 1069-75

DISSEMINATED INTRAVASCULAR COAGULATION

8-23 DISSEMINATED INTRAVASCULAR COAGULATION

This article reviews incidence, associated causal clinical conditions, pathogenesis, diagnosis, clinical relevance, prognosis, and management. NEJM August 19, 1999; 341: 586-92

DOMESTIC VIOLENCE

10-9 A QUALITATIVE ANALYSIS OF HOW PHYSICIANS WITH EXPERTISE IN DOMESTIC VIOLENCE APPROACH THE IDENTIFICATION OF VICTIMS

This sample of physicians' experience may help others navigate around barriers to try to help victims. Screening questions should be carefully framed. Reassure patients that asking about intimate relationships is part of the physician's job. Help the patient to understand that domestic violence is prevalent. This approach aims to normalize the process of identification and disclosure. It minimizes fear of offending patients, patient shame and denial, and fears of being identified. It places domestic violence squarely in the domain of public health. Annals Int. Med. October 19, 1999; 131: 578-84

10-10 INTEGRATING ROUTINE INQUIRY ABOUT DOMESTIC VIOLENCE INTO DAILY PRACTICE.

The Joint Commission for Accreditation of Health Care Organizations now requires hospitals and clinics to institute protocols and training to help providers identify victims of abuse, assess their needs, provide interventions, and make referrals to community-based advocacy services. "Because domestic violence is so prevalent and its presentations are so varied, inquiring only when abuse is suspected is no longer considered adequate. It is essential that questions about abuse be fully integrated into the medical history rather than viewed as optional components to be added when there is time." Annals Int. Med. October 19, 1999; 131: 619-20

## DRUG ABUSE

### 4-19 ACUTE HEROIN OVERDOSE

This reviews pharmacology, epidemiology, diagnosis, treatment, complications, and prevention.

"The concept of 'take home' naloxone as a method of preventing overdose-related deaths has recently been discussed. Despite misgivings, the potential opportunity to prevent thousands of heroin-related deaths warrants the dispassionate exploration of this option." *Annals Int Med* April 6, 1999; 130: 584-90

## DRUG METABOLISM

### 4-13 GRAPEFRUIT JUICE FOUND TO CAUSE HAVOC WITH DRUG UPTAKE

Grapefruit can both enhance absorption, perhaps to toxic levels, and reduce absorption, and lower effectiveness. No way to predict except by trial and error. *Lancet* April 17, 1999; 353: 1335

## E

## EFFICIENCY

### 4-16 DEFINITIONS OF EFFICIENCY

In healthcare, efficiency measures whether resources are being used to get the best value for the money.

"Adopting the criterion of economic efficiency implies that society makes choices which maximize the health outcomes gained from the resources allocated to healthcare. Inefficiency exists when resources could be reallocated in a way which would increase the health outcomes produced." *BMJ* April 24, 1999; 318: 1136

## ELECTROCARDIOGRAM

### 2-11 IMPROVED DETECTION OF CORONARY ARTERY DISEASE BY EXERCISE ELECTROCARDIOGRAPHY WITH USE OF RIGHT PRECORDIAL LEADS

Exercise electrocardiography incorporating the combination of right leads along with the standard left leads greatly improved sensitivity for the diagnosis of coronary artery disease. *NEJM* February 4, 1999; 340: 340-45

### 2-12 THE VALUE OF THE RIGHT PRECORDIAL LEADS OF THE ELECTROCARDIOGRAM

Right ventricular infarction carries a marked increase in mortality during hospitalization. Identification of right ventricular infarction by right chest leads may select those who would benefit most from reperfusion. *NEJM* February 4, 1999; 340: 381-83

## EPIDEMIOLOGY — CLINICAL EPIDEMIOLOGY

### 4-12 PROBABILITY AT THE BEDSIDE: The Knowing of Chances or the Chances of Knowing

"Uncertainty is inherent in medical practice because patients present individual and complex medical circumstances. Physicians can never be certain how to transpose a biomedical theory or a clinical research finding to a particular case. In an act of interpretation, not application, physicians make clinical sense of a case, rather than placing it in a general category of cases. As interpreters, physicians draw on all their knowledge, including their own experience of patients, and laboratory-science models of cause and effect." *Annals Int. Med.* April 6, 1999; 130: 604-06

## ESOPHAGEAL VARICES

### 4-17 COMPARISON OF ENDOSCOPIC LIGATION AND PROPRANOLOL FOR PRIMARY PREVENTION OF VARICEAL BLEEDING.

In patients with high-risk varices, endoscopic ligation was safe and more effective than propranolol in the primary prevention of bleeding. Propranolol is modestly effective medical therapy. *NEJM* April 1, 1999; 340: 988-93

## ESTROGEN (See also HORMONE REPLACEMENT THERAPY)

#### 4-15 EFFECT OF ESTROGEN ON BRAIN ACTIVATION PATTERNS IN POSTMENOPAUSAL WOMEN DURING WORKING MEMORY TESTS.

Therapeutic doses of estrogen altered activation of specific brain regions during the performance of the sorts of memory function that are called upon frequently during any given day. JAMA April 7, 1999; 281: 1197-1202

#### ETHICS

##### 1-17 THE TROUBLE WITH FAMILIES: Toward an Ethic of Accommodation

A system that saves lives or prolongs lives only to cast patients and families into the abyss of fragmented chronic care and financial and emotional ruin, while at the same time criticizing them for being "too emotional", is unjust. Many families are willing to make enormous sacrifices, but martyrdom is not a good basis for health care policies or practice.

When families are pushed beyond their limits, the patient's care is jeopardized, the caregiver's health is at risk, professionals are frustrated, and the health care system is burdened by greater costs. "Our recommendations focus on human relationships, not technology." A health care system that depends so heavily on the patient care provided by families should involve families as partners rather than define them as problems. Annals Int. Med. January 19, 1999; 130:148-52

##### 1-15 NARRATIVE IN MEDICAL ETHICS

Narrative ethics focuses on the patient as narrator of his or her own story, including the ethical choices that belong to their story. The doctor must work as co-author with the patient to construct a joint narrative of illness and medical care.

"Narrative practice is relational and

requires the doctor to be an empathic witness to the patient's suffering." BMJ January 23, 1999; 318: 253-56

##### 3-12 MEDICAL FUTILITY IN END-OF-LIFE CARE

The council finds great difficulty in assigning an absolute definition to the term futility since it is inherently a value-laden determination. A fair process approach is favored for determining and subsequently withholding or withdrawing what is felt to be futile care, without recourse to the court system. JAMA March 10, 1999; 281; 937-41

##### 3-13 THE RULE OF DOUBLE EFFECT

The rule of double effect is the philosophical underpinning for the critically important concept of a side effect. "Clinicians opposed to euthanasia and assisted suicide can understand that they might conscientiously use potent drugs to treat terminally ill patients under circumstances in which hastening the death of a patient can be considered a morally permissible side effect." Archives Int Med March 22, 1999; 159: 545-50

##### 5-4 WHEN DOCTORS MIGHT KILL THEIR PATIENTS: Foreseeing is Not Necessarily the Same as Intending

There is a practical test of the difference between foreseeing and intending:

A. If, having relieved the patient's pain and distress, one ceases to give morphine until and unless the pain or distress recur, then one's intention has clearly not been to kill the patient.

B. If, despite relieving the pain and distress, one goes on giving more morphine until the patient does die (or gives a much higher dose than one thinks necessary) then clearly one not only foresees the patient's death — one intends it.

According to the principle of "double effect", if the patient dies after A, the intervention can be considered a side effect of treatment. If the patient dies after B, death is intended and not a side effect, and not considered ethical under the principle of "double effect". BMJ May 29, 1999; 318: 1431-32

##### 9-18 GAINING INFORMED CONSENT FOR SCREENING

"Because of the combination of benefit and harm in all procedures, the individuals being screened must receive full and accurate information about the procedure and must give their informed consent." "Failure to obtain informed consent for many current preventive interventions is clearly unethical." BMJ September 18, 1999; 319: 722-23

##### 10-12 LYING FOR PATIENTS: Physician Deception of Third Party Payers

Many physicians sanction the use of deception to secure a third-party payers' approval of medically indicated care. A new ethic of cost control in the use of limited resources conflicts with the old ethic of patient advocacy. Although using deception to solve impasses may succeed in the interim, the long-term costs in loss of integrity are high. Archives Int Med October 25, 1999; 2263-70

## EVIDENCE-BASED MEDICINE

### 1-16 NARRATIVE BASED MEDICINE IN AN EVIDENCE BASED WORLD

Appreciating the narrative nature of illness and the intuitive and subjective aspects of the clinical method does not require us to reject the principles of evidence-based medicine. Genuine evidence-based practice actually presupposes an interpretive paradigm in which patients experience illness in a unique and contextual way.

It is only within such an interpretive paradigm that a clinician can reach an integrated clinical judgement and meaningfully draw on all aspects of evidence — his or her own case based experience, the patient's individual and cultural perspectives, and the results of rigorous clinical research trials and observational studies. BMJ January 30, 1999; 318: 32325

### 3-17 EVIDENCE AND ETHICS

"Evidence-based medicine and the clinical pathways derived from it can aid, but should never supercede or replace, the judgement of a clinician who knows both the patient and the evidence."

Lancet March 6, 1999; 353: 829-31

### 3-18 EVIDENCE-BASED INTERVENTIONS AND COMPREHENSIVE TREATMENT

"The complexity of clinical practice can be clarified by distinguishing the disease dimension from the personal dimension. In general practice, the personal dimension predominates. In general practice the personal dimension offers a particularly rich potential for intervention."

Lancet March 13, 1999; 353: 916-18

## EXERCISE (See also FITNESS)

### 11-16 PLATELET ACTIVATION WITH EXERCISE AND RISK OF CARDIAC EVENTS

An individual unaccustomed to habitual physical activity has about a 50-fold increase in the risk of sudden death and a 100-fold increase in risk of acute myocardial infarction when undertaking vigorous exercise – as compared with remaining at rest. Although physical fitness does not completely remove the risk of an event associated with vigorous exertion, it greatly reduces risk. Lancet November 20, 1999; 354: 1747-48

## F

## FAMILIES

### 1-17 THE TROUBLE WITH FAMILIES: Toward an Ethic of Accommodation

A system that saves lives or prolongs lives only to cast patients and families into the abyss of fragmented chronic care and financial and emotional ruin, while at the same time criticizing them for being "too emotional", is unjust. Many families are willing to make enormous sacrifices, but martyrdom is not a good basis for health care policies or practice.

When families are pushed beyond their limits, the patient's care is jeopardized, the caregiver's health is at risk, professionals are frustrated, and the health care system is burdened by greater costs. "Our recommendations focus on human relationships, not technology." A health care system that depends so heavily on the patient care provided by families should involve families as partners rather than define them as problems. Annals Int. Med. January 19, 1999; 130:148-52

## FIBER

### 10-7 DIETARY FIBER, WEIGHT GAIN, AND CARDIOVASCULAR DISEASE RISK FACTORS IN YOUNG ADULTS.

Dietary fiber was inversely associated with insulin levels, weight gain, and other risk factors for CVD in young adults. JAMA October 27, 1999; 282: 1539-46

## FIBROMYALGIA

### 3-16 FIBROMYALGIA FALLS FOUL OF A FALLACY

"Fibromyalgia, the neurasthenia of the late 20th century, is about to follow its 19th century namesake (neurasthenia), paying yet again the penalty of a failure to distinguish between cause and effect." Lancet March 27, 1999; 353: 1092-93

## FITNESS

### 1-10 BENEFITS OF LIFESTYLE ACTIVITY VS STRUCTURED EXERCISE.

Two randomized clinical trials in the issue of JAMA 1, 2 compared the effects of lifestyle physical activity vs structured exercise on fitness, body composition, and risk factors for cardiovascular disease. The studies demonstrated that a lifestyle approach to increasing activity among previously sedentary persons can be effective and has similar effects on fitness, body composition, and blood pressure as a traditional structured exercise program. JAMA January 27, 1999, 281: 375-76

### 1-2 THE ASSOCIATION BETWEEN CARDIORESPIRATORY FITNESS AND IMPAIRED FASTING GLUCOSE AND TYPE 2 DIABETES MELLITUS IN MEN

Poor cardiorespiratory fitness was associated with increased risk for developing impaired fasting glucose and type 2 diabetes. A sedentary lifestyle may contribute to progression from normal fasting glucose to impaired fasting glucose, to diabetes. Annals Int. Med. January 19, 1999; 130: 89-96

### 10-13 WALKING COMPARED WITH VIGOROUS PHYSICAL ACTIVITY AND RISKS OF TYPE 2 DIABETES IN WOMEN.

These data suggest that greater physical activity is associated with substantial reduction of risk for type 2 diabetes. JAMA October 20, 1999; 282: 1433-39

## FOLATE – FOLIC ACID

### 6-20 LABORATORY DIAGNOSIS OF VITAMIN B12 AND FOLATE DEFICIENCY

#### A Guide for the Primary Care Physician

"The accurate diagnosis of deficiencies is a complex task. No easily performed test can reliably serve as a diagnostic gold standard." Archives Int Med., June 28, 1999; 159: 1289-98

## FRACTURES

### 4-7 OCCULT VITAMIN D DEFICIENCY IN POSTMENOPAUSAL U. S. WOMEN WITH ACUTE HIP FRACTURE

Many postmenopausal community-dwelling women presenting with hip fracture showed occult vitamin D deficiency. JAMA April 24, 1999; 281: 1505-11

## FUNCTIONAL FOODS

### 7-22 FUNCTIONAL FOODS: Health Boon or Quackery?

"The dividing line between foods and drugs is becoming increasingly blurred, In the United States a canned split pea soup features the herb St. John's Wort to 'give your mood a natural lift' and a chewing gum with phosphatidyl serine claims it 'improves concentration'. In Japan a soft drink named VegitaBeta is fortified with beta-carotene 'to support a healthy lifestyle'. And in the United Kingdom MD Foods claimed that its butter-like spread made with fish oil would benefit the heart. What is our food supply turning to?" BMJ July 24, 1999; 319: 205-06

### 9-7 FUNCTIONAL FOODS

"'Functional food' has become a buzz word both in nutrition research and the food industry. The term hints of a future in which specially developed foods will protect consumers from a variety of diseases and discomforts. How realistic is this expectation?" Lancet September 4, 1999; 354: 794

## FUNGAL INFECTIONS

### 4-8 DOUBLE BLIND, RANDOMISED STUDY OF CONTINUOUS TERBINAFINE COMPARED WITH INTERMITTENT ITRACONAZOLE IN TREATMENT OF TOENAIL ONYCHOMYCOSIS

Continuous terbinafine was significantly more effective than intermittent itraconazole in the treatment of toenail onychomycosis. It "should be the current treatment of choice for onychomycosis". *BMJ* April 17, 1999;318: 1031-35

#### 7-12 SYSTEMATIC REVIEW OF TOPICAL TREATMENTS FOR FUNGAL INFECTIONS OF THE SKIN AND NAILS OF THE FEET.

There is little evidence to differentiate between popular over-the-counter topical treatments for fungal skin infections. The most effective strategy is to initially use an over-the-counter drug and save the prescription drug to treat failures. *BMJ* July 10, 1999; 319: 79-82

#### 7-13 SKIN AND NAIL FUNGI — Almost Beaten

The editorialist believes "that the most effective treatment for a topical dermatophyte infection is topical terbinafine, and for onychomycosis is oral terbinafine." *BMJ* July 10, 1999; 319: 71-72

## G

### GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD)

#### 3-11 HEARTBURN – A SERIOUS SYMPTOM

Heartburn is the hallmark of gastroesophageal reflux, a disorder that may lead to esophagitis, progressing to metaplastic columnar mucosal changes (Barrett's esophagus), and ultimately to adenocarcinoma. Many patients with heartburn receive short-term treatment, which allows frequent relapses. "Physicians need to be aware that gastroesophageal reflux is a chronic disorder that usually calls for maintenance therapy." *NEJM* March 18, 1999; 340: 878-79

### GERIATRICS

#### 3-2 ANTIHYPERTENSIVE DRUGS IN VERY OLD PEOPLE: A Subgroup Meta-analysis of Randomised Controlled Trials

An age limit beyond which hypertension should not be treated cannot be justified. *Lancet* March 6, 1999; 353: 793-96

#### 3-3 HOW SHOULD AGE AFFECT MANAGEMENT OF ACUTE MYOCARDIAL INFARCTION?

Elderly patients with acute MI were treated less vigorously than younger patients. The prognosis was substantially influenced by left ventricular failure. Some elderly patients have better outlooks than younger patients with adverse clinical factors. Considering age independently of clinical status is inappropriate. *Lancet* March 20, 1999; 353: 955-59

#### 3-4 IS INTENSIVE DRUG THERAPY APPROPRIATE FOR OLDER PATIENTS?

The evidence from clinical trials that included older patients, however, did not support restriction of beta-blockers or thrombolytic agents from the elderly. A statistical model has shown that thrombolysis administered to patients over age 75 was cost-effective. And beta-blocker use in elderly patients was associated with lower mortality at 2 years.

"Owing to the greater incidence of comorbid illness in the elderly, physicians will have to be especially diligent in screening older patients for treatment with thrombolysis, beta-blockers, and other agents." *Lancet* March 20, 1999; 353: 940

#### 4-3 GERIATRICS AND THE LIMITS OF MODERN MEDICINE

The editorial comments on 3 problems for old people:

1) Possible harm from treatment of proto-illness — risk factors which produce no symptoms or disease but thought to possibly cause subsequent disease. 2) Overtesting to establish a diagnosis, 3) Overtreatment by multiple specialists, all feeding on Medicare. *NEJM* April 22, 1999; 340: 1283-85

#### 5-16 ORAL HEALTH OF ELDERLY OCCUPANTS IN RESIDENTIAL HOMES

This study reports poor dental health was the standard in nursing homes. There was no systematic approach to arranging dental care. Care was arranged only when the resident or family complained of acute dental problems. Few had seen a dentist in the past 2 years.

Poor dental health may contribute to eating problems, and the low nutrient and vitamin C levels found in this group — and cause weight loss, dehydration, and debility *Lancet* May 23, 1999; 353: 1721

#### 5-12 THE DEFINITION OF ANEMIA IN OLDER PERSONS

Anemia (hemoglobin concentrations below 12 g/dL for women and below 13 g/dL for men) was associated with increased mortality in individuals over age 85. These criteria for diagnosing anemia are appropriate for older persons. A lower hemoglobin at old age signifies disease. *JAMA* May 12, 1999; 281: 1714-17



## 8-1 POPULATION BASED STUDY ON SOCIAL AND PRODUCTIVE ACTIVITIES AS PREDICTORS OF SURVIVAL AMONG ELDERLY AMERICANS

Social and productive activities that involve little or no enhancement of fitness lowered the risk of all cause mortality as much as physical fitness. Activities other than physical (which increases cardiopulmonary fitness) may confer survival benefits through psychosocial pathways. Social and productive activities that require less physical exertion may constitute alternative interventions for frail elderly people. An exclusive emphasis on physical fitness activity may be overly narrow. *BMJ* August 21, 1999; 319: 478-83

## 8-2 SOCIAL DISENGAGEMENT AND INCIDENT COGNITIVE DECLINE IN COMMUNITY-DWELLING ELDERLY PERSONS

At 12 years, the odds ratio of experiencing cognitive decline was approximately twice as great in the most disengaged group as in the most engaged group. Continued mental stimulation staves off cognitive deterioration in old age possibly by maintaining a critical density of neocortical synapses. *Annals Int Med* August 3, 1999; 131: 165-73

## 8-11 CHOLESTEROL LOWERING IN THE ELDERLY POPULATION

The National Cholesterol Education Program emphasizes the need to include the elderly (age 75-80+) in clinical management of high cholesterol. The elderly carry the highest risk for CHD and the highest burden of atherosclerotic heart disease. *Archives Int Med* August 9/23 1999; 159: 1670-78

## GRAPEFRUIT JUICE

### 4-13 GRAPEFRUIT JUICE FOUND TO CAUSE HAVOC WITH DRUG UPTAKE

Grapefruit can both enhance absorption, perhaps to toxic levels, and reduce absorption, and lower effectiveness. No way to predict except by trial and error. *Lancet* April 17, 1999; 353: 1335

## H

## HEALTH CARE

### 5-21 PATIENT-PHYSICIAN RACIAL CONCORDANCE AND THE PERCEIVED QUALITY AND USE OF HEALTH CARE

Black respondents with black physicians were more likely than those with non-black physicians to rate their physicians as excellent, to report receiving preventive care, and all needed care. Hispanics with Hispanic physicians were more likely than those with non-Hispanic physicians to be very satisfied with their care. Physicians who are able to overcome this lack of concordance are indeed expert clinicians. *Archives Int. Med.* May 10, 1999; 997-1004

### 6-4 GENERAL PRACTITIONERS' PERCEPTIONS OF EFFECTIVE HEALTH CARE

"The findings of our study suggest that the central assumptions of the evidence based medicine paradigm may not be shared by many general practitioners, making its application to general practice problematic."

"The suggested routes to practicing evidence-based medicine fail to comprehend the complex nature of general practice." *BMJ* June 5, 1999; 318:1532-35

## HEALTH LITERACY

### 2-3 HEALTH LITERACY AMONG MEDICARE ENROLLEES IN A MANAGED CARE ORGANIZATION

Elderly managed care enrollees may not have the literacy skills necessary to function adequately in the health care environment. This may limit ability to care for their health problems. *JAMA* February 10, 1999; 281: 545-51

## HEART FAILURE

### 1-7 THE CARDIAC INSUFFICIENCY BISOPROLOL STUDY II (CIBIS II)

Beta-blocker therapy with bisoprolol had benefits for survival in stable heart-failure patients. *Lancet* January 2, 1999; 353; 9-13

### 2-17 INCREASED PULSE PRESSURE AND RISK OF HEART FAILURE IN THE ELDERLY

In this prospective study of community-based elderly, PP was independently and linearly associated with risk of HF. JAMA February 17, 1999; 281: 634-39

### 3-8 THE EVIDENCE FOR BETA-BLOCKERS IN HEART FAILURE

Benefit of beta-blockers equals or surpasses that for ACE inhibitors. Most patients in the trials of beta-blockers were already taking ACE inhibitors, so the benefits of beta-blockade appear additional to those of ACE inhibitors. "The evidence that beta-blockers reduce mortality in patients with left ventricular systolic dysfunction is now compelling."

They are most effectively and safely used in patients with milder symptoms to retard deterioration and increase the length and quality of life. BMJ March 27, 1999; 824-25

### 6-2 EFFECT OF METOPROLOL CR/XL IN CHRONIC HEART FAILURE: The MERIT-HF Trial

Metoprolol controlled release/long-acting once daily in addition to optimum standard therapy improved survival in patients with stable chronic heart failure. Lancet June 12, 1999; 353: 2001-07

### 6-3 BENEFIT OF BETA-BLOCKERS FOR HEART FAILURE: Proven in 1999

"The benefit of beta-blocker treatment for heart failure is now certain and substantial and should be incorporated into modern practice guidelines." Lancet June 12, 1999; 353: 1988-89

### 9-1 THE EFFECT OF SPIRONOLACTONE ON MORBIDITY AND MORTALITY IN PATIENTS WITH SEVERE HEART FAILURE

Blockade of aldosterone receptors by spironolactone, in addition to standard therapy with ACE inhibitors, loop diuretics, and digoxin substantially reduced risk of both morbidity and mortality among patients with severe HF. NEJM September 2, 1999; 341: 709-17

### 9-2 ALDOSTERONE AND SPIRONOLACTONE IN HEART FAILURE

The study indicates that the beneficial effects of spironolactone in blocking aldosterone receptors are additive to those of ACE inhibitors. This is an important therapeutic advance. Therapy of HF should be broadened to include spironolactone as long as renal function is adequate. NEJM September 2, 1999; 341: 753-54

## HELICOBACTER PYLORI

### 11-12 REVERSAL OF IRON DEFICIENCY ANEMIA AFTER *HELICOBACTER PYLORI* ERADICATION IN PATIENTS WITH ASYMPTOMATIC GASTRITIS

In this cohort of adult patients with iron deficiency associated with chronic pangastritis due to *H pylori*, cure of the infection cured the anemia. Annals Int Med November 2, 1999; 131: 668-72

## HEPATIC ENCEPHALOPATHY

### 5-17 DIETARY MANAGEMENT OF HEPATIC ENCEPHALOPATHY

The myth of protein restriction persists. Protein restriction continues to be advised. Perhaps more alarmingly, restriction therapy is used in patients with cirrhosis who have no neuropsychiatric impairment.

At the current state of knowledge it seems sensible to give enough protein (up to 1.5 g/kg/d) to maintain a good nutritional state. BMJ May 22, 1999; 318: 1364-65

## HIV

### 3-22 POSTEXPOSURE CHEMOPROPHYLAXIS FOR OCCUPATIONAL EXPOSURES TO THE HUMAN IMMUNODEFICIENCY VIRUS

This article considers: safety and efficacy of antiretroviral chemoprophylaxis and suggested clinical management. A table (p 934) presents the US Public Health Service recommendations for postexposure regimens. JAMA March 10, 1999; 281: 931-36

### 12-18 1999 USPHS/IDSA GUIDELINES FOR THE PREVENTION OF OPPORTUNISTIC INFECTIONS IN PERSONS INFECTED WITH THE HUMAN IMMUNODEFICIENCY VIRUS

In August 1999, the US Public Health Service and the Infectious Disease Society of America published these updated guidelines. They are intended primarily for health care providers who care for HIV-infected persons. The document is long and inclusive. Annals Int Med December 7, 1999; 131: 873-908

## HMOs

### 10-12 LYING FOR PATIENTS: Physician Deception of Third Party Payers

Many physicians sanction the use of deception to secure a third-party payers' approval of medically indicated care. A new ethic of cost control in the use of limited resources conflicts with the old ethic of patient advocacy. Although using deception to solve impasses may succeed in the interim, the long-term costs in loss of integrity are high. *Archives Int Med* October 25, 1999; 2263-70

## HOMOCYSTEINE

### 9-11 HOMOCYSTEINE IN HEALTH AND DISEASE

The epidemiological evidence connecting risk with elevated levels is consistent, strong, and biologically plausible. The risk is also independent of other risk factors. But data from prospective studies are weaker, with some conflicting results. Causality has not been proven. *Annals Int Med* September 7, 1999; 131: 387-88

## HORMONE REPLACEMENT THERAPY

### 6- 8 THE EFFECT OF LOW-DOSE CONTINUOUS ESTROGEN AND PROGESTERONE THERAPY WITH CALCIUM AND VITAMIN D IN ELDERLY WOMEN

Continuous oral administration of conjugated equine estrogen 0.3 mg/d and medroxyprogesterone 0.25 mg/d, combined with adequate calcium and vitamin D produced a significant bone-sparing effect in elderly women. The combination was well tolerated by most women. *Annals Int. Med.* June 1, 1999; 130: 897-904

### 7-23 HORMONE REPLACEMENT THERAPY

In June 1999, the European Institute of Oncology met at Milan Italy with the aim of synthesizing clinical data on hormone replacement therapy (HRT). Much of the data came from women who used conjugated equine estrogens or estradiol, often given with a progestagen.

Users tend to be healthier, better educated, more physically active, leaner, and to more often drink moderate amounts of alcohol than other women in the same region. Thus, data must be interpreted with caution. Bias probably influences results of studies. *Lancet* July 19, 1999; 354: 152-55

## HOSPICE

### 11-3 EVALUATION OF PROGNOSTIC CRITERIA FOR DETERMINING HOSPICE ELIGIBILITY IN PATIENTS WITH ADVANCED LUNG, HEART, AND LIVER DISEASE.

For seriously ill patients with chronic obstructive pulmonary disease, congestive heart failure, and end-stage liver disease, the recommended clinical prediction criteria were *not* effective in identifying individuals with a survival prognosis of 6 months or less. *JAMA* November 3, 1999; 282: 1638-45

### 11-4 HOW GRAVELY ILL BECOMES DYING: The Key to End-of-Life Care

The preceding study concluded that we cannot accurately predict duration of remaining life in seriously ill persons, many of whom "never experience a time during which they were clearly dying of their disease". "The sickest patients are not necessarily the ones who die first." *JAMA* November 3, 1999; 282: 1670-72

## HUMAN PAPILLOMA VIRUS

### 11-7 PERNICIOUS PAPILLOMA INFECTION

"In sum, cervical cancer often begins with the sexual transmission of HPV infection to a woman who is susceptible to persistent infection. Over time, the HPV lesions progress to invasive cervical cancer." *NEJM* November 25, 1999; 341: 1687-88

## HYPERPARATHYROIDISM

### 10-14 A 10-YEAR PROSPECTIVE STUDY OF PRIMARY HYPERPARATHYROIDISM WITH OR WITHOUT PARATHYROID SURGERY

In patients with primary hyperparathyroidism, parathyroidectomy resulted in the normalization of biochemical values and increased BMD. Most asymptomatic patients who did not undergo surgery, did not have progression of the disease over 10 years, although about 1/4 of them did. NEJM October 21, 1999; 341: 1249-55

#### 10-15 TREATMENT OF PRIMARY HYPERPARATHYROIDISM

Most patients with primary hyperparathyroidism probably have symptoms of the disease. The symptoms may be subjective, or may be due to nephrolithiasis or osteopenia. Surgery improves both types of symptoms, as well as preventing recurrent stones and reversing osteopenia. Surgical treatment is now much simpler and faster than in the past. "It should now be recommended for nearly all patients." NEJM October 21, 1999; 341: 13011-02

### HYPERTENSION

#### 3-7 EFFECTS OF CALCIUM-CHANNEL BLOCKADE IN OLDER PATIENTS WITH DIABETES AND SYSTOLIC HYPERTENSION

Treatment of isolated systolic hypertension with the calcium-channel blocker, nitrendipine, was beneficial in older patients, especially in older patients with diabetes. These findings do not support the hypothesis that long acting calcium-channel blockers may be harmful in diabetic patients. NEJM March 4, 1999; 340: 67-84

#### 3-2 ANTIHYPERTENSIVE DRUGS IN VERY OLD PEOPLE: A Subgroup Meta-analysis of Randomised Controlled Trials

An age limit beyond which hypertension should not be treated cannot be justified. Lancet March 6, 1999; 353: 793-96

#### 4-21 MINERALCORTICOID HYPERTENSION

"A high index of suspicion is needed in every hypertensive patient. Hypertensive patients with hypokalemia, together with those with severe hypertension (eg, those on triple therapy), or a family history of hypertension or stroke, should be screened for mineralcorticoid excess." Indeed, all patients with hypertension should have their electrolyte concentrations measured. Lancet April 17, 1999; 353: 1341-47

#### 4-9 LEFT VENTRICULAR HYPERTROPHY IN HYPERTENSION

When ECG evidence of left ventricular hypertrophy is present, the hypertrophy is advanced. This confers a risk of cardiac involvement several times greater than that attributed to the associated blood pressure level. Indeed, the risk is similar to that associated with a history of myocardial infarction. NEJM April 22, 1999; 340: 1221-27

#### 6-19 OPTIMISATION OF ANTIHYPERTENSIVE TREATMENT BY CROSSOVER ROTATIONS OF FOUR MAJOR CLASSES

Essential hypertension is a heterogeneous disorder. It would be surprising if the variable pathogenesis did not cause detectable variability in individual responses to different agents.

There is a marked variability in hypertensive patients' response to different antihypertensive drugs. Optimization of treatment requires systematic rotation through several therapies. An AB/CD rule is proposed in which one of each of the two pairs is initially selected to abbreviate the rotation in routine practice. "We found significant variability in the response of most patients to the four main classes of antihypertensive agents. This variability was such that only a minority of patients were likely to receive their best drug first, or to reach a conventional target for blood pressure treatment without the process of systematic rotation." Lancet June 12, 1999; 353: 2008-13

#### 6-1 THE LONG-TERM PROGNOSTIC SIGNIFICANCE OF REPEATED BLOOD PRESSURE MEASUREMENTS IN THE ELDERLY.

The study found a strong, positive, continuous, and independent association in elderly people between total and cardiovascular mortality and systolic BP, but not diastolic BP.

This suggests that diastolic BP is still overstressed in the diagnosis and treatment of older patients.

Any benefit in treatment of hypertension in the elderly might be attributed more to lowering systolic BP than to lowering diastolic BP. Indeed, effectiveness of therapy of isolated systolic hypertension is well documented. Archives Int. Med. June 14, 1999, 1203-12

#### 7-2 WALKING TO WORK AND RISK FOR HYPERTENSION IN MEN: The Osaka Health Survey

Walking to work and other types of physical activity decreased the risk for hypertension in Japanese men.

Annals Int Med July 6, 1999; 130: 21-26

#### 9-5 BRITISH HYPERTENSION SOCIETY GUIDELINES FOR HYPERTENSION MANAGEMENT 1999: Summary

This article summarizes guidelines for management of hypertension. Since previous British guidelines (1989 and 1993), new evidence has emerged on optimal BP targets; management of hypertension in diabetic persons; treatment of isolated systolic hypertension; comparison of the

antihypertensive efficacy and tolerability of different drug classes; the role of non-pharmacological measures for prevention and treatment of hypertension; and additional benefits associated with the use of aspirin and statins. *BMJ* September 4, 1999; 319: 630-35

#### 10-1 CARDIAC AND ARTERIAL TARGET ORGAN DAMAGE IN ADULTS WITH ELEVATED AMBULATORY AND NORMAL OFFICE BLOOD PRESSURE (WHITE COAT NORMOTENSION)

White coat normotension is the converse of white coat hypertension – in the former, clinic (office) BP is higher than ambulatory BP; in the latter, clinic BP is higher than the ambulatory BP.

White coat normotension was associated with increased left ventricular mass and carotid wall thickness. The association of white coat normotension with prognostically important target organ damage may partly explain the ability of high normal clinic BP to predict subsequent hypertension and cardiovascular events. *Annals Int Med* October 19, 1999; 131: 564-72

#### 11-1 RANDOMISED TRIAL OF OLD AND NEW ANTI-HYPERTENSIVE DRUGS IN ELDERLY PATIENTS: Cardiovascular Mortality and Morbidity: The Swedish Trial in Old Patients with Hypertension-2 Study

Old (diuretic and beta-blockers) and new (ACE inhibitors and calcium blockers) anti-hypertensive drugs were equally effective in preventing cardiovascular mortality or major events over 5 years in elderly patients with hypertension. *Lancet* November 20, 1999; 354: 1751-56

#### 11-2 CONVENTIONAL VERSUS NEWER ANTIHYPERTENSIVE THERAPIES – A DRAW

The prudent cost-effective prescriber who has decided that thiazide diuretics should be first-line treatment for elderly hypertensive people, will be further encouraged by this and other studies. *LANCET* November 20, 1999; 1744-45

## I

### IMMUNITY - IMMUNOTHERAPY (See also ALLERGIC RHINITIS)

#### 2-18 CHRONIC STRESS IN ELDERLY CARERS OF DEMENTIA PATIENTS AND ANTIBODY RESPONSE TO INFLUENZA VACCINE

Elderly carers of spouses with dementia have increased activation of the hypothalamic-pituitary-adrenal axis and a poor response to influenza vaccine.

Carers may be more vulnerable to infectious disease. *Lancet* February 20, 1999; 353: 627-31

### IMMUNIZATION

#### 12-8 NEW RECOMMENDATIONS FOR ADULT IMMUNIZATION

The Advisory Committee on Immunization Practices recommends the age for receiving flu vaccine be lowered from 65 to 50, in part because morbidity and mortality for influenza start to rise at age 50. *JAMA* December 15, 1999; 282: 2199

### INCONTINENCE

#### 2-8 SINGLE BLIND, RANDOMISED, CONTROLLED TRIAL OF PELVIC FLOOR EXERCISES, ELECTRICAL STIMULATION, VAGINAL CONES, AND NO TREATMENT IN MANAGEMENT OF GENUINE STRESS INCONTINENCE IN WOMEN

Training of the pelvic floor muscles with exercise was superior to electrical stimulation and vaginal cones in treatment of genuine stress incontinence. *BMJ* February 20, 1999; 318: 487-93

### INFECTIOUS DISEASE

#### 12-13 QUINUPRISTIN/DALFOPRISTIN, A NEW ADDITION TO THE ANTIMICROBIAL ARSENAL

A new drug, quinupristin/dalfopristin (*Synercid*), is now licensed in the US. It is active against gram-positive bacteria, including difficult organisms such as methicillin-resistant *Staphylococcus aureus*, and vancomycin-resistant *Enterococcus faecium*, and penicillin-resistant and macrolide-resistant pneumococci. Its activity is exclusively against gram-positive pathogens.

The drug is specifically indicated when no other antibacterial agents are suitable. When mixed infections are suspected, quinupristin/dalfopristin should be used in combination with one or more agents active against nosocomial gram-negative bacteria. *Lancet* December 11, 1999; 354: 2012-13

### INFLAMMATION

#### 2-9 ACUTE PHASE PROTEINS AND OTHER SYSTEMIC RESPONSES TO INFLAMMATION

"Acute phase changes reflect the presence and intensity of inflammation. They have long been used as a clinical guide to diagnosis and management. For this purpose, determination of serum C-reactive protein has advantages over the traditional strategy of measuring the erythrocyte sedimentation rate." NEJM February 11, 1999; 340: 448-54

## INFLUENZA

### 7-4 EFFECTIVENESS OF LIVE, ATTENUATED INTRANASAL INFLUENZA VACCINE IN HEALTHY, WORKING ADULTS

Intranasal LAIV safely and effectively reduced severity of illness, absenteeism, and use of health care. This despite poor correlation between the strain used and the strain which appeared during the year. JAMA July 14, 1999; 282: 137-44

### 7-5 INTRANASAL INFLUENZA VACCINE: Adding to the Armamentarium for Influenza Control.

The major advantage of LAIV is the ease of self-administration. It is painless and can be administered when convenient. It might be made available over the counter and be less costly.

"The Institute of Medicine has placed the administration of influenza vaccines to the general population on its list of most beneficial vaccines and strategies for the 21st century."

JAMA July 14, 1999; 282: 182-83.

### 7-6 ZANAMIVIR IN THE PREVENTION OF INFLUENZA AMONG HEALTHY ADULTS.

The neuraminidase inhibitor, zanamivir, administered by inhalation once daily for 4 weeks was efficacious and well tolerated in prevention of influenza. JAMA July 7, 1999; 282: 31-35

### 7-7 NEW OPTIONS FOR PREVENTION AND CONTROL OF INFLUENZA.

Even under ideal circumstances, in which there is a close match between vaccine and epidemic strains, inactivated (intramuscular) vaccine effectiveness is typically in the range of 30% to 50% in the elderly. Large gaps in immunity must be filled by other means. JAMA July 7, 1999; 282: 75-76

### 9-3 ZANAMIVIR FOR INFLUENZA: A Public Health Perspective

It is effective in preventing clinical influenza in healthy adults by about 66%. If infection occurs, the drug reduces duration of major symptoms by several days, and lowers complications of bronchitis and pneumonia, as well as use of antibiotics.

But, "No clear evidence exists for its safety and efficacy in patients with serious respiratory or cardiac disease as these patients have been excluded from clinical trials." BMJ September 11, 1999; 319: 655-56

### 9-4 USE OF THE ORAL NEURAMINIDASE INHIBITOR OSELTAMIVIR IN EXPERIMENTAL HUMAN INFLUENZA

Prophylaxis and early treatment with oral oseltamivir were both associated with significant antiviral and clinical effects in experimental human influenza. JAMA October 6, 1999; 282: 1240-46

### 12-8 NEW RECOMMENDATIONS FOR ADULT IMMUNIZATION

The Advisory Committee on Immunization Practices recommends the age for receiving flu vaccine be lowered from 65 to 50, in part because morbidity and mortality for influenza start to rise at age 50. JAMA December 15, 1999; 282: 2199

## INTEGRATIVE MEDICINE

### 10-17 IS INTEGRATIVE MEDICINE THE WAVE OF THE FUTURE?

*A Debate between Arnold S. Relman, MD and Andrew Weil, MD*

Dr Weil: "I feel strongly that integrative medicine is the future, not only because people want it, but because very powerful forces operating both within science and outside of science are moving in that direction."

Dr. Relman: Alternative medicine depends . . ."for its verification largely on personal belief and subjective experience". "... it makes no distinction between objective phenomena and subjective experience or between the external world and human consciousness". "Since alternative practitioners are convinced that individual experience is the ultimate verification of truth, most of them do not see the need to obtain objective statistically significant data in order to test whether their methods really work."

"Without objectively verifiable evidence, there is no reason to believe the claims of alternative medicine, particularly when there is no plausible biological mechanism by which many of its methods might work."

## INTENSIVE CARE

### 8-26 PATIENTS' PERCEPTIONS OF INTENSIVE CARE

Reflections of patients surviving intensive care. *Lancet* August 14, 1999; 354: 571-72

## K

## KIDNEY DISEASE

### 11-17 NEPHROPATHY IN PATIENTS WITH TYPE 2 DIABETES

This article reviews epidemiology, pathology, genetic basis, risk factors, renal failure, and treatment. *NEJM* October 7, 1999; 341: 1127-33

## L

## LIFE EXPECTANCY

### 12-7 LOW RISK-FACTOR PROFILE AND LONG-TERM CARDIOVASCULAR AND NON-CARDIOVASCULAR MORTALITY AND LIFE EXPECTANCY

In this very large cohort study, individuals with total cholesterol < 200, BP  $\leq$  120/80, and who did not smoke, experienced lower long-term mortality and longer life expectancy than those with any one of these risk factors. (*These are important goals to set for middle-aged and older patients.*) *JAMA* December 1, 1999; 282: 2012-18

## LIFESTYLE

### 1-10 BENEFITS OF LIFESTYLE ACTIVITY VS STRUCTURED EXERCISE.

Two randomized clinical trials in the issue of *JAMA* 1, 2 compared the effects of lifestyle physical activity vs structured exercise on fitness, body composition, and risk factors for cardiovascular disease. The studies demonstrated that a lifestyle approach to increasing activity among previously sedentary persons can be effective and has similar effects on fitness, body composition, and blood pressure as a traditional structured exercise program. *JAMA* January 27, 1999, 281: 375-76

## LIPIDS AND LIPID DISORDERS

### 3- 19 GLYCEMIC INDEX AS A DETERMINANT OF SERUM HDL-CHOLESTEROL CONCENTRATION

High glycemic index carbohydrate diets (increasing postprandial blood glucose concentrations) were associated with lower HDL-cholesterol concentrations; low glycemic index diets (lower postprandial blood glucose) with higher HDL-cholesterol concentrations.

The glycemic index was a stronger predictor of HDL-cholesterol concentrations than was dietary fat intake. *Lancet* March 27, 1999; 353: 1045-48

### 3-20 ARE THERE GOOD AND BAD CARBOHYDRATES FOR HDL CHOLESTEROL?

Diets low in fat necessarily have a high carbohydrate content. Low fat, high carbohydrate diets lower HDL-c (an adverse outcome) as well as LDL-c. Thus the recommendation to decrease fat and increase carbohydrate have come under scrutiny. The study suggests that not all carbohydrates lower HDL-c. Those with a low glycemic index may preserve HDL-c concentrations. *Lancet* March 27, 1999; 353: 1029-30

### 5-15 REDUCTION OF SERUM CHOLESTEROL WITH SITOSTANOL-ESTER MARGARINE IN MILDLY HYPERCHOLESTEROLEMIC POPULATIONS

Substituting sitostanol margarine (Benechol) for part of the daily fat intake in subjects with mild hypercholesterolemia effectively lowered serum total cholesterol and LDL-cholesterol *NEJM* November 16, 1995; 333: 1308-12

### 6-12 TRANS FATTY ACIDS AND CORONARY HEART DISEASE

The adverse effect of trans fats on the LDL-c / HDL-c ratio is clinically significant. The average intake of 2% of calories as trans fat in the US would be predicted to account for a substantial number of deaths from coronary heart disease. (2% of a 2000 cal diet = 40 cal = about 4 g fat. One doughnut contains 3.2 g trans fat; one large french fries, 10 g.) *NEJM* June 24, 1999; 340: 1994-98

### 6-13 EFFECTS OF DIFFERENT FORMS OF DIETARY HYDROGENATED FATS ON SERUM LIPOPROTEIN CHOLESTEROL LEVELS

The consumption of products low in trans fats and saturated fat has beneficial effects on serum lipoprotein cholesterol levels. *NEJM* June 24, 1999; 340: 40

#### 7-1 AGGRESSIVE LIPID-LOWERING THERAPY COMPARED WITH ANGIOPLASTY IN STABLE CORONARY ARTERY DISEASE

In low-risk patients with stable coronary artery disease, aggressive lipid lowering is at least as effective as angioplasty and usual care in reducing incidence of ischemic events. NEJM July 8, 1999; 341:70-76

#### 8-21 DRUG TREATMENT OF LIPID DISORDERS

This review discusses mechanisms of atherogenesis; target serum lipoprotein concentrations above which diet and drug therapy should be initiated; dietary treatment; drug treatment (statins, bile-acid-binding resins, nicotinic acid, fibrates); and other therapies (fiber, sitostanol, n-3 fatty acids, estrogen). NEJM August 12, 1999; 341: 498- 511

#### 8-10 GEMFIBROZIL FOR THE SECONDARY PREVENTION OF CORONARY HEART DISEASE IN MEN WITH LOW LEVELS OF HIGH-DENSITY LIPOPROTEIN CHOLESTEROL

For secondary prevention in patient with demonstrated coronary heart disease whose primary lipid abnormality is a low HDL-c level (a finding commonly occurring in the context of central obesity, diabetes, and other features of the metabolic syndrome), gemfibrozil effectively prevented recurrence of myocardial infarction and death from coronary heart disease. NEJM August 5, 1999; 410-18

#### 8-11 CHOLESTEROL LOWERING IN THE ELDERLY POPULATION

The National Cholesterol Education Program emphasizes the need to include the elderly (age 75-80+) in clinical management of high cholesterol. The elderly carry the highest risk for CHD and the highest burden of atherosclerotic heart disease. Archives Int Med August 9/23 1999; 159: 1670-78

#### 12-1 REDUCED CORONARY EVENTS IN SIMVASTATIN-TREATED PATIENTS WITH CORONARY HEART DISEASE AND DIABETES OF IMPAIRED FASTING GLUCOSE LEVELS.

In patients with established CHD, lowering cholesterol with simvastatin benefited patients with impaired fasting blood glucose (110 to 125) as well as patients with diabetes (FBG  $\geq$  126). Total and coronary mortality and major coronary events were reduced in both groups. (*This practical point stresses the importance of considering fasting blood glucose levels below the usual cut point for "diabetes".*) Archives Int Med December 13/27 1999; 2661-67

### LUNG CANCER

#### 7-15 EARLY LUNG CANCER ACTION PROJECT: Overall Design and Findings from Baseline Screening

Low-dose CT can greatly improve detection of small non-calcified modules, and lung cancer at an earlier and potentially more curable stage. Lancet July 10,1999; 354: 99-105

#### 7-16 SCREENING FOR LUNG CANCER: Time To Think Positive

The prevalence rate of lung cancer in the study was 2.7%. This was 4 times higher than the 0.7% detected by chest X-ray. "And incidentally about five-fold higher than for first-round breast-cancer screening."

CT scanning detected cancers when they were small. It would be strange if cancers detected at this stage did not prove to have a high cure rate. Lancet July 10, 1999; 354: 86

### LYING FOR PATIENTS

#### 10-12 LYING FOR PATIENTS: Physician Deception of Third Party Payers

Many physicians sanction the use of deception to secure a third-party payers' approval of medically indicated care. A new ethic of cost control in the use of limited resources conflicts with the old ethic of patient advocacy. Although using deception to solve impasses may succeed in the interim, the long-term costs in loss of integrity are high. Archives Int Med October 25, 1999; 2263-70

## M

### MAMMOGRAPHY

#### 4-6 SCREENING MAMMOGRAPHY UNDER AGE 50



Advise women age 40-49 about the benefits and harms of mammography screening. (Young women overestimate their risk of dying of BC.)  
Screen those who are eager for screening. Screen those with substantial risk factors, especially family history.  
Those without particular risk factors might begin screening between age 45-50. JAMA April 28, 1999; 1470-72

## MELATONIN

### 11-5 FACILITATION OF BENZODIAZEPINE DISCONTINUATION BY MELATONIN

Controlled-release melatonin may effectively facilitate discontinuation of benzodiazepine therapy while maintaining good sleep quality.  
Archives Intern Med November 8, 1999; 159: 2456-60

### 11-6 MELATONIN THERAPY: FROM BENZODIAZEPINE-DEPENDENT INSOMNIA TO AUTHENTICITY AND AUTONOMY

“Choosing benzodiazepine-free treatment for insomnia can help patients sleep, dream, remember, and continue to have access to both the continuity of autobiographical memories relevant to authenticity and the procedural memories essential to autonomy.” Archives Int Med November 8, 1999; 159: 2393-95

## MEMORY

### 4-15 EFFECT OF ESTROGEN ON BRAIN ACTIVATION PATTERNS IN POSTMENOPAUSAL WOMEN DURING WORKING MEMORY TESTS.

Therapeutic doses of estrogen altered activation of specific brain regions during the performance of the sorts of memory function that are called upon frequently during any given day. JAMA April 7, 1999; 281: 1197-1202

## MENINGOCOCCAL DISEASE

### 3-14 UNCLOAKING THE MENINGOCOCCUS: Dynamics of Carriage and Disease

"An increase in the incidence of meningococcal disease in the population is largely a reflection of the introduction, transmission, and acquisition of new meningococcal strains of a virulent clonal group or groups, the introduction of a large number of susceptibles into a population with circulating virulent clonal groups, and factors (eg, close contact) that enhance transmission or invasion of these strains." Lancet March 20, 1999; 353: 941-42

## MITRAL VALVE PROLAPSE

### 7-24 PREVALENCE AND CLINICAL OUTCOME ON MITRAL VALVE PROLAPSE

In a large community-based sample of the population, the prevalence of MVP was lower than previously reported. The prevalence of adverse sequelae commonly associated with MVP was also low. NEJM July 1, 1999; 341: 1-7

### 7-25 PERSPECTIVES ON MITRAL-VALVE PROLAPSE

Now MVP is understood, not as a single entity, but as a spectrum of abnormalities with varied clinical, echo-cardiographic, and pathological features. At one end of the spectrum are patients with leaflet redundancy as a result of marked myxomatous proliferation of the spongiosa, and elongation of the chordal apparatus. At the other end are those with morphologically normal appearing leaflets that bulge into the left atrium.

The prevalence of MVP in the general population is low. NEJM July 1, 1999; 341: 48-50

## MONOCLONAL ANTIBODIES

### 5-13 INFlixIMAB FOR THE TREATMENT OF FISTULAS IN PATIENTS WITH CROHN'S DISEASE

Infliximab was efficacious in treatment of enterocutaneous fistulas complicating Crohn's disease. NEJM May 6, 1999; 340: 1398-1405

### 5-14 BENEFIT OF ABCIXIMAB IN PATIENTS WITH REFRACTORY UNSTABLE ANGINA IN RELATION TO SERUM TROPONIN T LEVELS

Troponin T may serve as a surrogate marker of active thrombus formation. Patients with unstable angina and high levels are at high risk for cardiac events. They benefited from abciximab therapy. (an antiplatelet drug — monoclonal antibody to platelet glycoprotein IIb/IIIa receptor)

A new diagnostic test (troponin T) and a therapeutic advance (abciximab) can be combined to benefit patients with acute coronary syndromes. NEJM May 2, 1999; 340: 1623-29

## MYOCARDIAL INFARCTION

### 3-3 HOW SHOULD AGE AFFECT MANAGEMENT OF ACUTE MYOCARDIAL INFARCTION?

Elderly patients with acute MI were treated less vigorously than younger patients. The prognosis was substantially influenced by left ventricular failure. Some elderly patients have better outlooks than younger patients with adverse clinical factors. Considering age independently of clinical status is inappropriate. Lancet March 20, 1999; 353: 955-59

### 8-14 DIETARY SUPPLEMENTATION WITH N-3 POLYUNSATURATED FATTY ACIDS AND VITAMIN E AFTER MYOCARDIAL INFARCTION

Dietary supplementation with n-3 PUFA led to a clinically important and statistically significant benefit in patients who recently had a myocardial infarction. (Secondary prevention) The benefit occurred in patients already receiving up to date pharmacological interventions.

Vitamin E had no benefit. Lancet August 7, 1999; 354: 447-55

### 11-15 CLINICAL AND ANGIOGRAPHIC CHARACTERISTICS OF EXERTION-RELATED MYOCARDIAL INFARCTION

Exertion-related MI occurs predominantly during unaccustomed physical activity in habitually inactive individuals with risk factors. These results should reassure individuals who exercise regularly, and public health advocates of physical activity. Habitually inactive adults with elevated cardiac risk factors should avoid unaccustomed vigorous exertion. JAMA November 10, 1999; 282: 1731-36

### 11-16 PLATELET ACTIVATION WITH EXERCISE AND RISK OF CARDIAC EVENTS

An individual unaccustomed to habitual physical activity has about a 50-fold increase in the risk of sudden death and a 100-fold increase in risk of acute myocardial infarction when undertaking vigorous exercise – as compared with remaining at rest. Although physical fitness does not completely remove the risk of an event associated with vigorous exertion, it greatly reduces risk. Lancet November 20, 1999; 354: 1747-48

## N

## NARRATIVE IN MEDICINE

### 1-15 NARRATIVE IN MEDICAL ETHICS

Narrative ethics focuses on the patient as narrator of his or her own story, including the ethical choices that belong to their story. The doctor must work as co-author with the patient to construct a joint narrative of illness and medical care. "Narrative practice is relational and requires the doctor to be an empathic witness to the patient's suffering." BMJ January 23, 1999; 318: 253-56

### 1-16 NARRATIVE BASED MEDICINE IN AN EVIDENCE BASED WORLD

Appreciating the narrative nature of illness and the intuitive and subjective aspects of the clinical method does not require us to reject the principles of evidence-based medicine. Genuine evidence-based practice actually presupposes an interpretive paradigm in which patients experience illness in a unique and contextual way.

It is only within such an interpretive paradigm that a clinician can reach an integrated clinical judgement and meaningfully draw on all aspects of evidence — his or her own case based experience, the patient's individual and cultural perspectives, and the results of rigorous clinical research trials and observational studies. BMJ January 30, 1999; 318: 32325

## NEURALGIA

### 5-3 PREVENTION OF POSTHERPETIC NEURALGIA

This brief commentary calls attention to trials which suggested that addition of small daily doses of the antidepressant amitriptyline [Elavil] to antiviral drugs early in the course significantly reduced prevalence of post-herpetic neuralgia at 6 months. Lancet May 15, 1999; 353: 1636-37

## NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs) (See also Cox-2 inhibitors)

### 7-20 GASTROINTESTINAL TOXICITY OF NONSTEROIDAL ANTIINFLAMMATORY DRUGS

Billions are spent on these drugs every year (including over-the-counter). Billions more are spent on complications — dyspepsia, gastroduodenal ulcers, GI bleeding, perforation. "It has been estimated conservatively that 16 500 NSAID-related deaths occur among patients with rheumatoid

arthritis or osteoarthritis every year in the United States." Almost equal to the number of deaths due to AIDS. NEJM June 17, 1999; 340: 1888-1899

## O

### OBESITY

#### 1-12 WEIGHT CONTROL AND RISK REDUCTION IN OBESE SUBJECTS TREATED FOR 2 YEARS WITH ORLISTAT

Partial inhibition of fat absorption by orlistat combined with a mildly controlled energy diet over 2 years in obese subjects promoted weight loss, lessened weight regain, and improved some obesity-related risk factors. JAMA January 20, 1999; 281: 235-42

#### 9-10 GUIDELINES FOR HEALTHY WEIGHT

BMI 19 to 25; waist circumference 40 inches in men, 35 in women; no more than 10 pound weight gain after age 21. Even small gains in weight within the range of healthy weights can carry health risks. Physicians should counsel their adult patients to make small but permanent adjustments in physical activity and eating patterns if they approach the upper limit of the range for healthy weight. NEJM August 5, 1999; 427-34

#### 10-5 BODY MASS INDEX AND MORTALITY IN A PROSPECTIVE COHORT OF U.S. ADULTS

The risk of death was substantially modified by smoking and the presence of disease. In healthy people who had never smoked, the nadir of the curve for BMI and mortality was at 23.5 to 24.9 for men and 22 to 23.4 for women. Relative risk of death was not significantly elevated for the range of BMI up to 26.4 for men and 24.9 for women. NEJM October 7, 1999; 341: 1097-1105

#### 10-6 THE PREVENTION OF OBESITY

It has been proposed that adults who have gained 10 pounds in weight or 2 inches in waist circumference should be counseled to make small but permanent adjustments in physical activity and eating patterns. The role of primary care physicians in prevention of obesity needs to be taken seriously. NEJM October 7, 1999; 341: 1140-41

#### 12-14 THE ENERGY EXPENDED IN CHEWING GUM

Chewing led to a mean increase in energy expenditure of 11 kcal per hour, a 19% increase over baseline. In the same subjects, standing was associated with a mean increase of 11%, and walking 1 mile per hour with a mean increase of 106% above baseline.

If a person chewed gum during waking hours and changed no other component of energy balance, a yearly loss of over 10 pounds of body fat might be anticipated. (*This emphasizes the importance of small intermittent expenditures of energy [eg, walking up stairs instead of taking the elevator] in maintaining fitness.*) NEJM December 30, 1999; 341: 2100

#### 12-10 DIETARY SODIUM INTAKE AND SUBSEQUENT RISK OF CARDIOVASCULAR DISEASE IN OVERWEIGHT ADULTS

High sodium intake was strongly and independently associated with an increased risk of cardiovascular disease and all-cause mortality in overweight persons. Moderate reductions in sodium intake are recommended.

(*This does not lead to the conclusion that salt restriction would reduce risk. However, it seems a reasonable biologically-based conclusion. Compliance would be difficult, but overweight patients should be informed of the possible benefit since the harm-cost would be nil.*) JAMA December 1, 1999; 282: 2027-34

#### 12-9 A PROSPECTIVE STUDY OF WEIGHT CHANGE AND HEALTH-RELATED QUALITY OF LIFE IN WOMEN

These longitudinal data indicated a strong association between weight change and change in health related quality of life among normal weight and overweight middle-aged women. Weight loss in overweight women can substantially improve physical functioning, vitality and bodily pain. Weight gain is associated with the declines. (*Even young women can be assured that their quality of life will be enhanced if they do not gain weight.*) JAMA December 8, 1999; 282: 2136-42

### ORAL HEALTH

#### 5-16 ORAL HEALTH OF ELDERLY OCCUPANTS IN RESIDENTIAL HOMES

This study reports poor dental health was the standard in nursing homes. There was no systematic approach to arranging dental care. Care was arranged only when the resident or family complained of acute dental problems. Few had seen a dentist in the past 2 years.

Poor dental health may contribute to eating problems, and the low nutrient and vitamin C levels found in this group — and cause weight loss, dehydration, and debility Lancet May 23, 1999; 353: 1721

### ORTHOSTATIC HYPOTENSION

## 7-14 HAEMODYNAMIC ANALYSIS OF EFFICACY OF COMPRESSION HOSIERY IN ELDERLY FALLERS WITH ORTHOSTATIC HYPOTENSION

The investigators concluded that compression hosiery effectively reduced OH. Whether falls will be prevented in the long term remains to be studied. *Lancet* July 3, 1999; 354: 45-46

## OSTEOPOROSIS

### 4-7 OCCULT VITAMIN D DEFICIENCY IN POSTMENOPAUSAL U. S. WOMEN WITH ACUTE HIP FRACTURE

Many postmenopausal community-dwelling women presenting with hip fracture showed occult vitamin D deficiency. *JAMA* April 24, 1999; 281: 1505-11

### 8-3 REDUCTION OF VERTEBRAL FRACTURE RISK IN POSTMENOPAUSAL WOMEN WITH OSTEOPOROSIS TREATED WITH RALOXIFENE

In postmenopausal women with osteoporosis, raloxifene increased BMD and reduced risk of vertebral fracture in postmenopausal women with osteoporosis. (Secondary prevention) *JAMA* August 18, 1999; 282: 637-45

### 8-4 THERAPY FOR FRACTURE PREVENTION

"It may no longer be ethical to subject patients with previous fractures, whose risk of a new spine fracture is more than 5% per year to a 3- to 5-year interval of treatment with calcium and cholecalciferol alone." *JAMA* August 18, 1999; 282: 687-89

### 12-3 ALENDRONATE AND ESTROGEN-PROGESTIN IN THE LONG-TERM PREVENTION OF BONE LOSS: Four-year Results from the Early Postmenopausal Intervention Cohort Study.

Four years of alendronate or estrogen-progestin was more effective than placebo in preserving bone mass in early postmenopausal women. (Primary prevention.) Two years after discontinuation, there was a residual, although waning, benefit of alendronate.

Estrogen-progestin was equally effective as alendronate in maintaining hip and total BMD, and more effective in maintaining spine and wrist BMD.

Alendronate was well tolerated and can be used as an alternative to estrogen-progestin for prevention of osteoporosis.

All women at the menopause should adopt a program of osteoporosis prevention. *Annals Int Med* December 21, 1999; 131: 935-43

## P

## PAIN CONTROL

### 5-8 ASSESSMENT OF PATIENTS' REPORTING OF PAIN: An Integrated Perspective

"Because of their inherent subjectivity, pain, suffering and disability are difficult to prove, disprove, or quantify. An individual's report of pain reflects multiple contributing factors, such as cultural conditioning, expectations, social contingencies, mood state, and perceptions of control. Disease or tissue injury is only one factor that contributes to the experience of pain. If one hopes to understand and treat a patient with pain, especially persistent pain, the patient who reports pain must be assessed, and not just his or her physical pathology and pain severity." *Lancet* May 22, 1999; 353: 1784-88

## PALLIATIVE CARE

### 5-22 A CONSENSUS-BASED APPROACH TO PROVIDING PALLIATIVE CARE TO PATIENTS WHO LACK DECISION-MAKING CAPACITY

The palliative care strategy described by the authors is grounded in the theory that decisions are the result of dialogue and consensus building. The physician's duty is to teach all participants that the patient has a chronic, irreversible, and ultimately fatal disease, at the same time learning from those who participate about the patient's values and quality of life.

This frames decisions about hospitalization, antibiotics, and enteral nutritional support as medical choices that ultimately shape the way the patient will live in the last phase of life. *Annals Int. Med.* May 18, 1999; 130 835-40

### 5-9 DISCUSSING PALLIATIVE CARE WITH PATIENTS

"Uncovering painful emotions does not seem to increase short-term suffering. In the long-term, exploring such difficult issues may lessen feelings of aloneness and raise opportunities to find comfort and resolution."

As patients struggle to find closure to their lives, active listening and empathy have therapeutic value in and of themselves. *Annals Int. Med.* May 4, 1999; 130: 744-49

#### 5-4 WHEN DOCTORS MIGHT KILL THEIR PATIENTS: Foreseeing is Not Necessarily the Same as Intending

There is a practical test of the difference between foreseeing and intending:

A. If, having relieved the patient's pain and distress, one ceases to give morphine until and unless the pain or distress recur, then one's intention has clearly not been to kill the patient.

B. If, despite relieving the pain and distress, one goes on giving more morphine until the patient does die (or gives a much higher dose than one thinks necessary) then clearly one not only foresees the patient's death — one intends it.

According to the principle of "double effect", if the patient dies after A, the intervention can be considered a side effect of treatment. If the patient dies after B, death is intended and not a side effect, and not considered ethical under the principle of "double effect". *BMJ* May 29, 1999; 318: 1431-32

#### 10-4 THE LEGACY OF SUPPORT

"Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments" *JAMA* 1995;274;1541-48. (SUPPORT) explored a fundamental human concern by understanding and attempting to correct problems identified among severely ill, hospitalized patients.

Phase II of the study was an attempt to improve conditions. It offered the medical team 3 kinds of help: 1) models attempting to predict with precision the likelihood of death, 2) specially trained nurses who talked with patients and families to try to understand their wishes, and 3) supplying physicians with detailed instructions about patient and family wishes regarding pain control, use of "heroic" measures, and cardiopulmonary resuscitation. Experts were convinced that targeted interventions would work. They were wrong. The experimental group did no better than controls. SUPPORT failed to identify how to improve care at the end of life. "But out of that failure came a greater understanding of the complexity of care of terminal illness." *Annals Int Med* November 16, 1999; 131: 780-82

#### 10-2 TUBE FEEDING IN PATIENTS WITH ADVANCED DEMENTIA

"We found no direct data to support tube feeding of demented patients with eating difficulties for any of the commonly cited conditions." Tube feeding is a risk factor for aspiration pneumonia. "To our knowledge, it has never been shown to be effective treatment. Neither regurgitated gastric contents, nor contaminated oral secretions can be kept out of the airways with a feeding tube. Survival has not been shown to be prolonged. Periprocedure mortality is substantial. Tubes cause serious local and systemic infections. Functional status is not improved. Demented patients are not made more comfortable. *JAMA* October 13, 1999; 282: 1356-70

#### 10-3 LACK OF EVIDENCE ABOUT TUBE FEEDING – Food For Thought

It is easy to lose sight of the fact that not eating may be one of the many facets of the dying process, and not the cause. Abnormal swallowing is often a marker for severe, multisystem illness. It carries a high mortality regardless of intervention by artificial feeding.

Despite the limitations of observational and retrospective evidence, the preceding article presents convincing arguments that clinicians should consider before initiating tube feedings, and if tube feedings have been initiated, highlights the importance of periodically reviewing the goals of treatment. If tube feeding is instituted, such an intervention should be made with very specific goals in mind, and the benefits and burdens of therapy must be reassessed regularly. *JAMA* October 13, 1999; 273: 1380-81

### PATERNALISM

#### 9-16 PATERNALISM OR PARTNERSHIP?

Partners work together to achieve common goals. Their relationship is based on respect for each other's skills and competencies and recognition of the advantages of combining these resources to achieve beneficial outcomes.

Doctors are, or should be, experts in medical knowledge and applications. "The key to successful doctor-patients partnerships is recognizing that patients are experts too. Only the patient knows about his or her experience of illness, social circumstances, habits and behavior, attitudes to risk, values, and preferences." *BMJ* September 14, 1999; 319: 719-20

### POISONING

#### 4-19 ACUTE HEROIN OVERDOSE

This reviews pharmacology, epidemiology, diagnosis, treatment, complications, and prevention.

"The concept of 'take home' naloxone as a method of preventing overdose-related deaths has recently been discussed. Despite misgivings, the potential opportunity to prevent thousands of heroin-related deaths warrants the dispassionate exploration of this option." *Annals Int Med* April 6, 1999; 130: 584-90

## PROFESSIONALISM

### 9-17 INSTILLING PROFESSIONALISM IN MEDICAL EDUCATION

The 3 essential characteristics of a profession:

1. Expert knowledge ( as distinguished from a practical skill).
2. Self-regulation
3. Responsibility to place the needs of the client ahead of the self-interest of the practitioner. *JAMA* September 1, 1999; 282: 881-82

## PROBABILITY

### 4-12 PROBABILITY AT THE BEDSIDE: The Knowing of Chances or the Chances of Knowing

"Uncertainty is inherent in medical practice because patients present individual and complex medical circumstances. Physicians can never be certain how to transpose a biomedical theory or a clinical research finding to a particular case. In an act of interpretation, not application, physicians make clinical sense of a case, rather than placing it in a general category of cases. As interpreters, physicians draw on all their knowledge, including their own experience of patients, and laboratory-science models of cause and effect." *Annals Int. Med.* April 6, 1999; 130: 604-06

## PROSTATE CANCER

### 5-18 NATURAL HISTORY OF PROGRESSION AFTER PSA ELEVATION FOLLOWING RADICAL PROSTATECTOMY

Radical prostatectomy for PC provided excellent long-term cure rates at 15 years.

Many men who develop PSA elevations after radical prostatectomy remained free of metastatic disease for an extended period after initial biochemical recurrence — without other forms of therapy. "This has important implications in the selection of systemic therapies that are not curative and have no demonstrated impact on eventual outcome." *JAMA* May 5, 1999; 281: 1591-97

### 5-19 MANAGEMENT OF PROSTATE CANCER AFTER PROSTATECTOMY: Treating the Patient, Not the PSA

What are the implications of the preceding study? The long interval between documentation of biochemical progression and clinical metastatic disease suggests that much of the testing currently performed at the time of biochemical relapse can be eliminated, particularly for patients who experience biochemical recurrence late. *JAMA* May 5, 1999; 281: 1642-44

## PULSE PRESSURE

### 2-17 INCREASED PULSE PRESSURE AND RISK OF HEART FAILURE IN THE ELDERLY

In this prospective study of community-based elderly, PP was independently and linearly associated with risk of HF. *JAMA* February 17, 1999; 281: 634-39

# Q

## QUALITY OF LIFE

### 12-9 A PROSPECTIVE STUDY OF WEIGHT CHANGE AND HEALTH-RELATED QUALITY OF LIFE IN WOMEN

These longitudinal data indicated a strong association between weight change and change in health related quality of life among normal weight and overweight middle-aged women. Weight loss in overweight women can substantially improve physical functioning, vitality and bodily pain. Weight gain is associated with the declines. (*Even young women can be assured that their quality of life will be enhanced if they do not gain weight.*) *JAMA* December 8, 1999; 282: 2136-42

## R

### RANDOMIZED, CONTROLLED TRIALS

#### 2-15 CAN RANDOMISED TRIALS INFORM CLINICAL DECISIONS ABOUT INDIVIDUAL PATIENTS?

The paradox of RCTs is that they are the best way to assess whether an intervention works, but it is a poor way to assess who will benefit. "Clinical decision making requires evidence of applicability from clinical trials and evidence of applicability to individual patient from observational studies."

"Most general practice depends on 'interpreting personally unique patterns of illness, rather than recognizing generalized patterns of disease'." There are grey zones where scientific evidence is incomplete or conflicting. "What is black and white in the abstract may become grey in practice". Lancet February 27,1999; 353: 743-46

#### 2-16 APPLICATION OF EVIDENCE FROM RANDOMISED TRIALS TO GENERAL PRACTICE.

"There is no simple answer to the question as to whether all advice or interventions provided by family physicians should be evidence based." Using a patient-centered approach to clinical practice is most likely to achieve the best possible outcome for evidence based medicine. Lancet February 20,1999; 353: 661-64

### RAYNAUDS'S SYNDROME

#### 11-18 EFFECT OF NITRIC-OXIDE-GENERATING SYSTEM ON MICROCIRCULATORY BLOOD FLOW IN THE SKIN OF PATIENTS WITH SEVERE RAYNAUDS'S SYNDROME

In Raynaud's syndrome topical application of a nitric-oxide-generating system can stimulate an increase in both microcirculatory volume and flux. The NO generating gel was formed by mixing a solution of KY jelly and sodium nitrate with a solution of KY jelly and vitamin C. Lancet November 13, 1999; 354: 1670-75

### RECOMMENDED READING

- 1-15 NARRATIVE IN MEDICAL ETHICS
- 1-16 NARRATIVE BASED MEDICINE IN AN EVIDENCE BASED WORLD
- 1-17 THE TROUBLE WITH FAMILIES: Toward an Ethic of Accommodation
- 2-10 WOULD CLONED HUMANS REALLY BE LIKE SHEEP?
- 2-15 CAN RANDOMISED TRIALS INFORM CLINICAL DECISIONS ABOUT INDIVIDUAL PATIENTS?
- 2-16 APPLICATION OF EVIDENCE FROM RANDOMISED TRIALS TO GENERAL PRACTICE.
- 3-16 FIBROMYALGIA FALLS FOUL OF A FALLACY
- 3-17 EVIDENCE AND ETHICS
- 3-18 EVIDENCE-BASED INTERVENTIONS AND COMPREHENSIVE TREATMENT
- 4-3 GERIATRICS AND THE LIMITS OF MODERN MEDICINE
- 4-12 PROBABILITY AT THE BEDSIDE
- 4-16 DEFINITIONS OF EFFICIENCY
- 5-4 WHEN DOCTORS MIGHT KILL THEIR PATIENTS: Foreseeing is Not Necessarily the Same as Intending
- 5-6 THE LONELINESS OF THE LONG-TERM CARE GIVER
- 5-8 ASSESSMENT OF PATIENTS' REPORTING OF PAIN: An Integrated Perspective
- 5-9 DISCUSSING PALLIATIVE CARE WITH PATIENTS
- 5-22 A CONSENSUS-BASED APPROACH TO PROVIDING PALLIATIVE CARE TO PATIENTS WHO LACK DECISION-MAKING CAPACITY
- 6-4 GENERAL PRACTITIONERS' PERCEPTIONS OF EFFECTIVE HEALTH CARE
- 6-7 FUNCTIONAL SOMATIC SYDROMES
- 7-17 GENERAL PRACTITIONERS' BELIEFS AND ATTITUDES ABOUT HOW TO RESPOND TO DEATH AND BEREAVEMENT
- 7-21 STORIES AT WORK: Reflective Writing for Practitioners
- 7-26 FREUD'S PHYSICIAN-ASSISTED DEATH

8-24 PARTNERSHIP FOR GOOD DYING  
9-9 FUNCTIONAL SOMATIC SYNDROMES: One or Many?  
9-14 CAN IT WORK? DOES IT WORK? IS IT WORTH IT?  
9-15 ARE SURROGATE MARKERS ADEQUATE TO ASSESS CARDIOVASCULAR DISEASE DRUGS?  
9-17 INSTILLING PROFESSIONALISM IN MEDICAL EDUCATION  
9-18 GAINING INFORMED CONSENT FOR SCREENING  
10-11 DIAGNOSING SUFFERING: A PERSPECTIVE  
10-12 LYING FOR PATIENTS: Physician Deception of Third Party Payers  
10-17 IS INTEGRATIVE MEDICINE THE WAVE OF THE FUTURE?  
11-22 THE YOUNG WOMAN WITH A WART ON HER NOSE

#### REFERENCE ARTICLES

1-14 COX-2 INHIBITORS  
1-19 RECENT ADVANCES IN THE PHARMACOTHERAPY OF SMOKING  
2-1 SOMATIZATION RECONSIDERED  
2-21 THE MENOPAUSE  
3-1 PREVENTION OF A FIRST STROKE  
3-12 MEDICAL FUTILITY IN END-OF-LIFE CARE  
3-13 THE RULE OF DOUBLE EFFECT  
3-22 POSTEXPOSURE CHEMOPROPHYLAXIS FOR OCCUPATIONAL EXPOSURES TO HIV  
4-11 RECENT ADVANCES IN HAEMATOLOGY  
4-18 VENOUS THROMBOSIS  
4-19 ACUTE HEROIN OVERDOSE  
4-20 ANTIPHOSPHOLIPID ANTIBODIES AND THROMBOSIS  
4-21 MINERALCORTICOID HYPERTENSION  
5-1 NEW PERSPECTIVES ON THE MANAGEMENT OF LOW LEVELS OF HIGH-DENSITY LIPOPROTEIN CHOLESTEROL  
6-16 RECENT ADVANCES IN VARICELLA-ZOSTER VIRUS INFECTION  
6-18 STANDING STATISTICS RIGHT SIDE UP  
6-20 LABORATORY DIAGNOSIS OF VITAMIN B12 AND FOLATE DEFICIENCY  
7-20 GASTROINTESTINAL TOXICITY OF NSAIDs  
7-23 HORMONE REPLACEMENT THERAPY  
7-27 COELIAC DISEASE  
8-9 HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION IN PRIMARY CARE  
8-11 CHOLESTEROL LOWERING IN THE ELDERLY POPULATION  
8-15 BRIEF ENCOUNTERS: Speaking With Patients  
8-21 DRUG TREATMENT OF LIPID DISORDERS  
8-22 AN INTRODUCTION TO BAYESIAN METHODS IN HEALTH TECHNOLOGY ASSESSMENT.  
8-23 DISSEMINATED INTRAVASCULAR COAGULATION  
8-25 PHARMACOLOGIC THERAPY FOR TYPE 2 DIABETES  
9-5 BRITISH HYPERTENSION SOCIETY GUIDELINES FOR HYPERTENSION MANAGEMENT 1999:  
9-10 GUIDELINES FOR HEALTHY WEIGHT  
9-11 HOMOCYSTEINE IN HEALTH AND DISEASE  
10-9 -A QUALITATIVE ANALYSIS OF HOW PHYSICIANS WITH EXPERTISE IN DOMESTIC  
VIOLENCE APPROACH THE IDENTIFICATION OF VICTIMS  
11-3 EVALUATION OF PROGNOSTIC CRITERIA FOR DETERMINING



## HOSPICE ELIGIBILITY IN PATIENTS WITH ADVANCED LUNG, HEART, AND LIVER DISEASE.

11-4 HOW GRAVELY ILL BECOMES DYING: The Key to End-of-Life Care

12-15 THE YEAR IN REVIEW: THE THYROID

12-18 1999 USPHS/IDSA GUIDELINES FOR THE PREVENTION OF OPPORTUNISTIC INFECTIONS IN PERSONS INFECTED WITH THE HUMAN IMMUNODEFICIENCY SYNDROME

## RENAL DISEASE

7-3 RANDOMISED CONTROLLED TRIAL OF LONG TERM EFFICACY OF CAPTOPRIL ON PRESERVATION OF KIDNEY FUNCTION IN NORMOTENSIVE PATIENTS WITH INSULIN DEPENDENT DIABETES AND MICROALBUMINURIA

The effect of ACE inhibition in preserving renal function in patients with NIDDM lasts at least 8 years. *BMJ* July 3, 1999; 319: 24-25

## RHEUMATOLOGY

1-8 A TRIAL OF ETANERCEPT, A RECOMBINANT TUMOR NECROSIS FACTOR RECEPTOR:Fc FUSION PROTEIN, IN PATIENTS WITH RHEUMATOID ARTHRITIS RECEIVING METHOTREXATE.

In patients with persistently active RA while on a stable dose of methotrexate, addition of etanercept was safe and well tolerated, and provided significantly greater clinical benefit than methotrexate alone. *NEJM* January 28, 1999; 340: 253-59

1-9 ANTICYTOKINE THERAPY — A New Era in the Treatment of Rheumatoid Arthritis?

Two TNF receptor blockers are under investigation: 1) infliximab is an antibody to TNF, 2) etanercept is a TNF receptor which, when administered locally, binds TNF, and prevents its action. Infliximab combined with methotrexate also leads to substantial improvement in RA. It has recently been approved for use in Crohn's disease.

"On the basis of data currently available, it appears that patients who have suboptimal response to methotrexate are the best candidates for etanercept or infliximab." *NEJM* January 28, 1999; 340: 310-12

## S

### SCIATICA

2-13 LACK OF EFFECTIVENESS OF BED REST FOR SCIATICA

Among patients with symptoms and signs of lumbosacral radicular syndrome, bed rest was not a more effective therapy than watchful waiting. *NEJM* February 11, 1999; 340: 418-23

### SCREENING

9-18 GAINING INFORMED CONSENT FOR SCREENING

"Because of the combination of benefit and harm in all procedures, the individuals being screened must receive full and accurate information about the procedure and must give their informed consent." "Failure to obtain informed consent for many current preventive interventions is clearly unethical." *BMJ* September 18, 1999; 319: 722-23

### SMOKING

1-18 NICOTINE NASAL SPRAY WITH NICOTINE PATCH FOR SMOKING CESSATION:

Combination nicotine spray plus patch used for 1 year was more effective than the patch used alone. Most subjects attaining cessation had stopped using the spray at 1 year. *BMJ* January 30, 1999; 318: 285-88

1-19 RECENT ADVANCES IN THE PHARMACOTHERAPY OF SMOKING

Physicians should remind patients that most smokers make many (often over 5) attempts to stop before they succeed.

"All currently available therapies appear to be equally efficacious, approximately doubling the quit rate compared with placebo.

"Concomitant behavioral or supportive therapy increases quit rates and should be encouraged but not required.

Combining patch with gum or patch with bupropion [Zyban] may increase the quit rate compared with any single treatment. *JAMA* January 6, 1999; 281: 72-76

## 1-20 MANAGING SMOKING CESSATION

Most time and resources should be spent on individuals who are motivated to stop. After raising the issue of smoking clinicians should assess smokers' motivation to stop and tailor any further discussion accordingly. *BMJ* January 16, 1998; 318: 138-39

### 3-15 A CONTROLLED TRIAL OF SUSTAINED-RELEASE BUPROPION, A NICOTINE PATCH, OR BOTH FOR SMOKING CESSATION

Treatment with bupropion alone, or in combination with nicotine patch, resulted in significantly higher rates of cessation at one year than either patch alone or placebo. *NEJM* March 4, 1999; 340: 685-91

### 6-15 EFFECT OF CIGAR SMOKING ON THE RISK OF CARDIOVASCULAR DISEASE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND CANCER IN MEN.

Independent of other risk factors, regular cigar smoking can increase risk of coronary heart disease, COPD, and cancers of the lung and upper aero-digestive tract. *NEJM* June 10, 1999, 340: 1773-80

### 11-13 ADVERSE CHILDHOOD EXPERIENCES AND SMOKING DURING ADOLESCENCE AND ADULTHOOD.

Smoking was strongly associated with adverse childhood experiences. Primary prevention of adverse childhood experiences and improved treatment of exposed children could reduce smoking among both adolescents and adults. *JAMA* November 3, 1999; 282: 1652-58

### 12-11 SMOKING AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE IN MEN WITH LOW LEVELS OF CHOLESTEROL

Current cigarette smoking was a major, independent risk factor for ASCVD in Korea despite the relatively low levels of cholesterol in the population. A low cholesterol conferred no protection against risks of smoking. (*Smoking presents its own increased risk by its adverse effects on the endothelium.* ) *JAMA* December 8, 1999; 282: 2149-55

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## SNAKE BITES

### 4-14 LOW DOSE SUBCUTANEOUS ADRENALINE TO PREVENT ADVERSE REACTIONS TO ANTIVENOM SERUM IN PEOPLE BITTEN BY SNAKES

Use of 0.25 mL adrenaline subcutaneously immediately before iv antivenom significantly reduced incidence of adverse reactions. *BMJ* April 17, 1999; 318: 1041-43

## SOCIOLOGY AND HEALTH CARE

### 2-14 LOOKING BEYOND THE NEXT PATIENT: Sociology and Modern Health Care

Exclusion, isolation, and helplessness can be harmful to health. An assault must be made on factors that affect the human psyche — those that make people feel undervalued and excluded. *Lancet* February 6, 1999; 353: 486-89

## SOMATIZATION

### 2-1 SOMATIZATION RECONSIDERED: Incorporating The Patient's Experience Of Illness

"All illnesses in all patients have emotional and social considerations. While most physicians would agree with this, their clinical practice speaks otherwise." Rather than invoking emotions and social factors in only those illnesses whose solutions remain unexplained, simultaneously explore symptoms, pathological findings, life context, and emotions in all cases. *Archives Int Med* February 8, 1999; 159: 215-222.

### 9-9 FUNCTIONAL SOMATIC SYNDROMES: One or Many?

This article reviews the concept and importance of somatic symptoms and syndromes. On the basis of a literature review, the authors conclude that a substantial overlap exists between the individual syndromes, and that similarities between them outweigh the differences. Many patients with different functional syndromes also share non-symptom characteristics.

Similarities are apparent in case definition, reported symptoms, and in non-symptom associations such as patients' sex, outlook, and response to treatment. *Lancet* September 11, 1999; 354: 963-39

## STATISTICS

## 6-18 STANDING STATISTICS RIGHT SIDE UP

Two articles in this issue of the Annals review the "P value" and Bayes theorem. The editor comments: "In our view, the articles will contribute importantly to the task of standing statistical inference right side up, We recommend it to our readers' most serious attention" *Annals Int. Med.* June 15, 1999; 130: 1019-21

## STRESS

### 2-18 CHRONIC STRESS IN ELDERLY CARERS OF DEMENTIA PATIENTS AND ANTIBODY RESPONSE TO INFLUENZA VACCINE

Elderly carers of spouses with dementia have increased activation of the hypothalamic-pituitary-adrenal axis and a poor response to influenza vaccine.

Carers may be more vulnerable to infectious disease. *Lancet* February 20, 1999; 353: 627-31

### 4-5 EFFECTS OF STRESSFUL EXPERIENCES ON SYMPTOM REDUCTION IN PATIENTS WITH ASTHMA AND RHEUMATOID ARTHRITIS

Patients with mild to moderately severe asthma or rheumatoid arthritis who wrote about stressful life experiences had clinically relevant improvements in health status. These gains were beyond those attributable to the standard medical care participants were receiving. *JAMA* April 14, 1999; 281: 1304-09

## STEATOHEPATITIS

### 5-11 NON-ALCOHOLIC STEATOHEPATITIS: Another Disease of Affluence

Patients with persistent, commonly quite marked, abnormalities of liver function are increasingly being referred to gastroenterologists. Many are picked up by routine biochemical screening panels. In western countries, once hepatitis C has been excluded, and heavy alcohol consumption is unlikely, the diagnosis is probably non-alcoholic steatohepatitis (NASH). NASH is now the second or third commonest liver disease in outpatient hepatology practice in North America. *Lancet* May 15, 1999; 353: 1634-36

## STROKE

### 1-13 THE PROTECTIVE EFFECT OF MODERATE ALCOHOL CONSUMPTION ON ISCHEMIC STROKE

Moderate alcohol consumption was independently associated with a decreased risk of ischemic stroke. Heavy alcohol consumption was deleterious. *JAMA* January 6, 1999; 281: 53-60

### 3-1 PREVENTION OF A FIRST STROKE

This article identified six important stroke risk factors for a first stroke: hypertension; myocardial infarction (MI); atrial fibrillation; diabetes; blood lipids; and asymptomatic carotid stenosis.

Four lifestyle risk factors were also identified: cigarette smoking; alcohol use; physical activity; and diet.

Several interventions can reduce risk of a first stroke. *JAMA* March 24/31, 1999; 281: 1112-20

### 6-17 REHABILITATION OF HEMIPARESIS AFTER STROKE WITH A MIRROR

A novel approach to physiotherapy. *Lancet* June 12, 1999; 2053-54

### 7-19 PREDICTED IMPACT OF INTRAVENOUS THROMBOLYSIS ON PROGNOSIS OF GENERAL POPULATION OF STROKE PATIENTS: Simulation Model

"Treatment with alteplase may benefit single patients but will have no impact on the general prognosis of stroke." Alteplase therapy requires a specialist setting. It would require large investments and reorganization of the care of stroke patients. This marginally effective treatment, which is also potentially harmful, requires more study before being widely offered. *BMJ* July 31, 1999; 319: 288-89

### 10-8 FRUIT AND VEGETABLE INTAKE IN RELATION TO RISK OF ISCHEMIC STROKE

These data support a protective relationship between consumption of fruit and vegetables and ischemic stroke, particularly cruciferous and green leafy vegetables and citrus fruits. But, intake beyond 6 servings per day provided little further protection. *JAMA* October 6, 1999; 282: 1233-39

### 12-16 RECOMBINANT TISSUE-TYPE PLASMINOGEN ACTIVATOR (ALTEPLASE) FOR ISCHEMIC STROKE 3 TO 5 HOURS AFTER SYMPTOM ONSET.

There was no significant benefit from t-PA given within 3 to 5 hours after symptom onset. The study does not support use beyond 3 hours. JAMA December 1, 1999; 282: 2019-26

## SUBSTANCE ABUSE

### 1-22 SEVERE MENTAL ILLNESS AND SUBSTANCE ABUSE

"Evidence suggests that half of all patients with schizophrenia also have a substance misuse disorder." In one inner district in London, 36% of psychotic patients misused drugs or alcohol. BMJ January 16, 1999; 318: 137-38

### 4-19 ACUTE HEROIN OVERDOSE

This reviews pharmacology, epidemiology, diagnosis, treatment, complications, and prevention.

"The concept of 'take home' naloxone as a method of preventing overdose-related deaths has recently been discussed. Despite misgivings, the potential opportunity to prevent thousands of heroin-related deaths warrants the dispassionate exploration of this option." Annals Int Med April 6, 1999; 130: 584-90

## SURGERY

### 12-4 THE EFFECT OF BISOPROLOL ON PERIOPERATIVE MORTALITY AND MYOCARDIAL INFARCTION IN HIGH-RISK PATIENTS UNDERGOING VASCULAR SURGERY

Bisoprolol (*Zebeta*) was associated with a marked reduction of perioperative death from cardiac causes and non-fatal MI in high-risk patients undergoing major vascular surgery. NEJM December 9, 1999; 1789-94

### 12-5 REDUCING CARDIAC RISK IN NONCARDIAC SURGERY

In summary, the preceding study suggests that perioperative care will be characterized by fewer tests, fewer coronary revascularization procedures, more use of beta-blockers – and fewer complications. NEJM December 9, 1999; 1838-40

### 12-6 IS SIMPLE CLINICAL ASSESSMENT ADEQUATE FOR CARDIAC RISK STRATIFICATION BEFORE ELECTIVE NON-CARDIAC SURGERY?

"For most patients cardiac risk stratification before elective non-cardiac surgery requires only a knowledge of the risk associated with the procedure and simple clinical assessment." Patients undergoing high-risk abdominal and thoracic surgery and who have a history of ischemic heart disease, heart failure, insulin-treated diabetes and/or elevated plasma creatinine have increased risks of major cardiovascular complications. (*They will benefit from beta-blocker protection.*) Lancet November 27, 1999; 354: 1837-38

## SUFFERING

### 10-11 DIAGNOSING SUFFERING: A PERSPECTIVE

The language that describes and defines suffering is different from the language of medicine.<sup>1</sup> There is too often a disconnect between our case history and the patient's narrative. "Herein lies one of the reasons for the inadequate relief of suffering." Physicians are trained primarily to find out what is wrong with the body in terms of diseases or pathophysiology. They do not examine what is wrong with persons. "When physicians attend to the body rather than to the person, they fail to diagnose suffering."

The care of the suffering patient (attending to the person) means more than caring about the patient or being compassionate. Lack of recognition of suffering does not come about only because of the absence of compassion, it is also the result of physicians' poor diagnostic and therapeutic knowledge and skills about persons — that is, an inability to focus on the person rather than the disease. Annals Int. Med. October 5, 1999; 131; 531-34

## SURROGATE MARKERS

### 9-15 ARE SURROGATE MARKERS ADEQUATE TO ASSESS CARDIOVASCULAR DISEASE DRUGS?

Surrogate end points are thus neither consistent successes nor consistent failures. The safety concerns left unanswered by reliance on a surrogate need to be satisfied in some other way. JAMA August 25, 1999; 282: 790-91

## TENDINITIS

### 5-20 ULTRASOUND THERAPY FOR CALCIFIC TENDINITIS OF THE SHOULDER

Ultrasound helped resolve calcifications and was associated with short-term clinical improvement as compared with sham treatment. NEJM May 20 1999; 340: 1533-38

## TERMINAL CARE (See also PALLIATIVE CARE)

### 8-24 PARTNERSHIP FOR GOOD DYING □

A 52-year old woman facing death from metastatic adenocarcinoma of the lung wrote this editorial. After receiving the usual surgery, chemo, and radiation, and had been offered a complementary health regimen, she decided not to try any longer "to beat cancer and live". It didn't work.

She now comments on her acceptance of death and physicians' role in the dying process of their patients. JAMA August 18, 1999; 282: 615-16

### 10-2 TUBE FEEDING IN PATIENTS WITH ADVANCED DEMENTIA

"We found no direct data to support tube feeding of demented patients with eating difficulties for any of the commonly cited conditions." Tube feeding is a risk factor for aspiration pneumonia. "To our knowledge, it has never been shown to be effective treatment. Neither regurgitated gastric contents, nor contaminated oral secretions can be kept out of the airways with a feeding tube. Survival has not been shown to be prolonged.

Periprocedure mortality is substantial. Tubes cause serious local and systemic infections. Functional status is not improved. Demented patients are not made more comfortable. JAMA October 13, 1999; 282: 1356-70

### 10-3 LACK OF EVIDENCE ABOUT TUBE FEEDING – Food For Thought

It is easy to lose sight of the fact that not eating may be one of the many facets of the dying process, and not the cause. Abnormal swallowing is often a marker for severe, multisystem illness. It carries a high mortality regardless of intervention by artificial feeding.

Despite the limitations of observational and retrospective evidence, the preceding article presents convincing arguments that clinicians should consider before initiating tube feedings, and if tube feedings have been initiated, highlights the importance of periodically reviewing the goals of treatment. If tube feeding is instituted, such an intervention should be made with very specific goals in mind, and the benefits and burdens of therapy must be reassessed regularly. JAMA October 13, 1999; 273: 1380-81

### 10-4 THE LEGACY OF SUPPORT

"Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments" JAMA 1995;274;1541-48. (SUPPORT) explored a fundamental human concern by understanding and attempting to correct problems identified among severely ill, hospitalized patients.

Phase II of the study was an attempt to improve conditions. It offered the medical team 3 kinds of help: 1) models attempting to predict with precision the likelihood of death, 2) specially trained nurses who talked with patients and families to try to understand their wishes, and 3) supplying physicians with detailed instructions about patient and family wishes regarding pain control, use of "heroic" measures, and cardiopulmonary resuscitation. Experts were convinced that targeted interventions would work. They were wrong. The experimental group did no better than controls. SUPPORT failed to identify how to improve care at the end of life. "But out of that failure came a greater understanding of the complexity of care of terminal illness." Annals Int Med November 16, 1999; 131: 780-82

### 11-3 EVALUATION OF PROGNOSTIC CRITERIA FOR DETERMINING HOSPICE ELIGIBILITY IN PATIENTS WITH ADVANCED LUNG, HEART, AND LIVER DISEASE.

For seriously ill patients with chronic obstructive pulmonary disease, congestive heart failure, and end-stage liver disease, the recommended clinical prediction criteria were *not* effective in identifying individuals with a survival prognosis of 6 months or less. JAMA November 3, 1999; 282: 1638-45

### 11-4 HOW GRAVELY ILL BECOMES DYING: The Key to End-of-Life Care

The preceding study concluded that we cannot accurately predict duration of remaining life in seriously ill persons, many of whom "never experience a time during which they were clearly dying of their disease". "The sickest patients are not necessarily the ones who die first." JAMA November 3, 1999; 282: 1670-72

## THROMBOEMBOLIC DISEASE

### 4-20 ANTIPHOSPHOLIPID ANTIBODIES AND THROMBOSIS

Autoantibodies specific for phospholipids (antiphospholipid antibodies) have long been recognized in systemic lupus erythematosus. They are associated with thrombotic complications and miscarriage. The terms "lupus anti-coagulant" and "anticardiolipin" are used to describe these antibodies. The autoantibodies are heterogeneous. Their pathogenic role is not clear.

Lancet April 17, 1999; 353: 1348-53

#### 4-18 VENOUS THROMBOSIS

Thrombosis is a multicausal disease. Several coagulation defects may combine in one individual. There are thrombophilic families. The presence of genetic alterations in the coagulation process increases risk of thrombosis when combined with an acquired risk. Lancet April 3, 1999; 353: 1167-73

#### THYROID DISEASE

##### 2-6 EFFECTS OF THYROXINE AS COMPARED WITH THYROXINE PLUS TRIIODOTHYRONINE IN PATIENTS WITH HYPOTHYROIDISM

In patients with hypothyroidism, partial substitution by triiodothyronine for thyroxine may improve mood and neuropsychological function. This suggests that the normal thyroidal secretion of triiodothyronine is physiologically important. NEJM February 11, 1999; 340: 424-49

##### 12-15 THE YEAR IN REVIEW: THE THYROID

Review of some pointers about screening, thyroid eye disease, antithyroid drug therapy, and treatment of hypothyroidism and thyroid nodules. Annals Int Med December 21, 1999; 131: 959-962

#### TRACHOMA

##### 8-17 AZITHROMYCIN IN CONTROL OF TRACHOMA

Community-wide treatment with oral azithromycin markedly reduced *C trachomatis* infection and clinical trachoma in endemic areas. Oral treatment may have advantages over topical ointment. Lancet August 21, 1999; 345: 630-35

#### TRAVELER'S DIARRHEA

##### 3-10 EPIDEMIOLOGY, ETIOLOGY, AND IMPACT OF TRAVELER'S DIARRHEA IN JAMAICA

The incidence of TD remains high. Travelers should avoid the known risk factors. JAMA March 3, 1999; 281: 811-17

#### TROPONIN

##### 5-14 BENEFIT OF ABCIXIMAB IN PATIENTS WITH REFRACTORY UNSTABLE ANGINA IN RELATION TO SERUM TROPONIN T LEVELS

Troponin T may serve as a surrogate marker of active thrombus formation. Patients with unstable angina and high levels are at high risk for cardiac events. They benefited from abciximab therapy. (an antiplatelet drug — platelet glycoprotein IIb/IIIa receptor blocker)

A new diagnostic test (troponin T) and a therapeutic advance (abciximab) can be combined to benefit patients with acute coronary syndromes. NEJM May 2, 1999; 340: 1623-29

#### TUBE FEEDING

##### 10-2 TUBE FEEDING IN PATIENTS WITH ADVANCED DEMENTIA

"We found no direct data to support tube feeding of demented patients with eating difficulties for any of the commonly cited conditions." Tube feeding is a risk factor for aspiration pneumonia. "To our knowledge, it has never been shown to be effective treatment. Neither regurgitated gastric contents, nor contaminated oral secretions can be kept out of the airways with a feeding tube. Survival has not been shown to be prolonged.

Periprocedure mortality is substantial. Tubes cause serious local and systemic infections. Functional status is not improved. Demented patients are not made more comfortable. JAMA October 13, 1999; 282: 1356-70

##### 10-3 LACK OF EVIDENCE ABOUT TUBE FEEDING – Food For Thought

It is easy to lose sight of the fact that not eating may be one of the many facets of the dying process, and not the cause. Abnormal swallowing is often a marker for severe, multisystem illness. It carries a high mortality regardless of intervention by artificial feeding.

Despite the limitations of observational and retrospective evidence, the preceding article presents convincing arguments that clinicians should consider before initiating tube feedings, and if tube feedings have been initiated, highlights the importance of periodically reviewing the goals of treatment. If tube feeding is instituted, such an intervention should be made with very specific goals in mind, and the benefits and burdens of therapy must be reassessed regularly. *JAMA* October 13, 1999; 273: 1380-81

## U

### UNSTABLE ANGINA

#### 5-14 BENEFIT OF ABCIXIMAB IN PATIENTS WITH REFRACTORY UNSTABLE ANGINA IN RELATION TO SERUM TROPONIN T LEVELS

Troponin T may serve as a surrogate marker of active thrombus formation. Patients with unstable angina and high levels are at high risk for cardiac events. They benefited from abciximab therapy. A new diagnostic test (troponin T) and a therapeutic advance (abciximab) can be combined to benefit patients with acute coronary syndromes. *NEJM* May 2, 1999; 340: 1623-29

## V

### VARICELLA-ZOSTER VIRUS

#### 6-16 RECENT ADVANCES IN VARICELLA-ZOSTER VIRUS INFECTION

This article addresses molecular biology and immunology of the VZV; transmission; clinical features; and diagnosis; management of varicella, zoster, and postherpetic neuralgia; and prevention of varicella and zoster. *Annals Int. Med.* June 1, 1999; 130: 922-32

### VARICOSE VEINS

#### 2-5 WHAT ARE THE SYMPTOMS OF VARICOSE VEINS? Edinburgh Vein Study Cross Sectional Population Survey

The presence of so called venous symptoms was extremely high in this population, especially in women. However, agreement between symptoms and signs of varicose veins is so poor that it may be of little value in determining whether symptoms are of venous origin, or whether surgery will relieve them. *BMJ* February 6, 1999; 318: 353-56

### VENOUS THROMBOEMBOLISM

#### 3-9 A COMPARISON OF THREE MONTHS OF ANTICOAGULATION WITH EXTENDED ANTICOAGULATION FOR A FIRST EPISODE OF IDIOPATHIC VENOUS THROMBOEMBOLISM

Patients with a first episode of idiopathic thromboembolism should be treated with anticoagulation for longer than 3 months. How long? – to be determined later. *NEJM* March 25, 1999; 340: 901-07

#### 4-18 VENOUS THROMBOSIS

Thrombosis is a multicausal disease. Several coagulation defects may combine in one individual. There are thrombophilic families. The presence of genetic alterations in the coagulation process increases risk of thrombosis when combined with an acquired risk. *Lancet* April 3, 1999; 353: 1167-73

### VENTRICULAR HYPERTROPHY

#### 4-9 LEFT VENTRICULAR HYPERTROPHY IN HYPERTENSION

When ECG evidence of left ventricular hypertrophy is present, the hypertrophy is advanced. This confers a risk of cardiac involvement several times greater than that attributed to the associated blood pressure level. Indeed, the risk is similar to that associated with a history of myocardial infarction. *NEJM* April 22, 1999; 340: 1221-27

## VITAMINS

### 4-7 OCCULT VITAMIN D DEFICIENCY IN POSTMENOPAUSAL U. S. WOMEN WITH ACUTE HIP FRACTURE

Many postmenopausal community-dwelling women presenting with hip fracture showed occult vitamin D deficiency. JAMA April 24, 1999; 281: 1505-11

### 4-4 CRITERIA AND RECOMMENDATIONS FOR VITAMIN C INTAKE

Recommendations for vitamin C intake are under revision by the Food and Nutrition Board of the National Academy of Sciences.

"Adequate intake" (AI) is an intake level based on an observed or experimentally determined approximation of nutrient intake by a group of healthy people.

The primary use of the AI is a goal for the nutrient intake of individuals.

One AI calculation for vitamin C is 200 mg/d. . "For patients unable or unwilling to consume fruits, vegetables, or vitamin C-fortified foods, a supplement containing 200 mg should suffice." JAMA April 21, 1999; 281: 1415-23

### 6-20 LABORATORY DIAGNOSIS OF VITAMIN B12 AND FOLATE DEFICIENCY

A Guide for the Primary Care Physician

"The accurate diagnosis of deficiencies is a complex task. No easily performed test can reliably serve as a diagnostic gold standard." Archives Int Med., June 28, 1999; 159: 1289-98

### 8-14 DIETARY SUPPLEMENTATION WITH N-3 POLYUNSATURATED FATTY ACIDS AND VITAMIN E AFTER MYOCARDIAL INFARCTION

Dietary supplementation with n-3 PUFA led to a clinically important and statistically significant benefit in patients who recently had a myocardial infarction. (Secondary prevention) The benefit occurred in patients already receiving up to date pharmacological interventions.

Vitamin E had no benefit. Lancet August 7, 1999; 354: 447-55

## W

## WRITING

### 4-5 EFFECTS OF STRESSFUL EXPERIENCES ON SYMPTOM REDUCTION IN PATIENTS WITH ASTHMA AND RHEUMATOID ARTHRITIS

Patients with mild to moderately severe asthma or rheumatoid arthritis who wrote about stressful life experiences had clinically relevant improvements in health status. These gains were beyond those attributable to the standard medical care participants were receiving. JAMA April 14, 1999; 281: 1304-09

### 7-21 STORIES AT WORK: Reflective Writing for Practitioners

Reflective writing is part of a deep and valuable tradition of stories in medicine. Doctors temporarily become co-authors of their patients' life-narrative. They may become a central character, and sometimes help patients write the last chapter of their narrative. Lancet July 17, 1999; 354: 243-