

**ANNALS OF INTERNAL MEDICINE  
VOL. 142, NO. 4, FEBRUARY 15 ; 2005**

Articles	
<p>The Effects of a Smoking Cessation Intervention on 14.5-Year Mortality: A Randomized Clinical Trial            Nicholas R. Anthonisen, Melissa A. Skeans, Robert A. Wise, Jure Manfreda, Richard E. Kanner, John E. Connett for the Lung Health Study Research Group*</p> <p>This article provides long-term mortality results of a randomized trial of a smoking cessation program. Only 21.7% in the intervention group had stopped smoking at 5 years (compared with 5.4% of controls). Nonetheless, all-cause mortality per 1000 person-years was 8.83 deaths in the intervention group and 10.38 deaths in the control group. Smoking cessation programs substantially reduce mortality even when only a minority of patients stop smoking.</p>	233
<p>A Randomized, Controlled Trial of Combination Therapy for Chronic Hepatitis B: Comparing Pegylated Interferon-2b and Lamivudine with Lamivudine Alone            Henry Lik-Yuen Chan, Nancy Wai-Yee Leung, Alex Yui Hui, Vincent Wai-Sun Wong, Choong-Tsek Liew, Angel Mei-Ling Chim, Francis Ka-Leung Chan, Lawrence Cheung-Tsui Hung, Yuk-Tong Lee, John Siu-Lun Tam, Christopher Wai-Kei Lam, and Joseph Jao-Yiu Sung</p> <p>In patients with hepatitis B e antigen–positive chronic hepatitis B, combination treatment with pegylated interferon-2b and lamivudine may lead to a higher rate of virologic response than lamivudine monotherapy. The rate of sustained virologic response was 36% for combination therapy and 14% for lamivudine monotherapy.</p>	240
<p>A Cost-Effectiveness Analysis of Combination Antiplatelet Therapy for High-Risk Acute Coronary Syndromes: Clopidogrel plus Aspirin versus Aspirin Alone            Mark D. Schleinitz and Paul A. Heidenreich</p> <p>In patients with high-risk acute coronary syndromes, 1 year of therapy with clopidogrel plus aspirin followed by life-long aspirin results in greater life expectancy than life-long aspirin alone. The cost-effectiveness of adding clopidogrel—\$15 400 per quality-adjusted life-year—is similar to that of many well-accepted interventions.</p>	251
Improving Patient Care	
<p>Systematic Review: The Relationship between Clinical Experience and Quality of Health Care            Niteesh K. Choudhry, Robert H. Fletcher, and Stephen B. Soumerai</p> <p>The authors systematically reviewed studies relating medical knowledge and health care quality to years in practice and physician age. Seventy-three percent of the evaluations showed decreasing performance with increasing years in practice for all or some of the outcomes assessed. Four percent of evaluations showed improving performance with increasing experience. Physicians who have been in practice longer may be at risk for providing lower-quality care.</p>	260
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Martin J. Tobin This year's Update in Pulmonary Diseases incorporates articles on mechanical ventilation, obstructive lung disease, and pulmonary infection.	283
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Narrative Review: Celiac Disease: Understanding a Complex Autoimmune Disorder Armin Alaedini and Peter H.R. Green This review discusses current concepts in the clinical presentation and diagnosis of celiac disease. It describes the pathogenesis of the disease; the diagnostic usefulness of serologic markers, including the sensitivity and specificity of available tests; and the association of celiac disease with other disorders.	289
Editorials	
Smoking Kills: Experimental Proof from the Lung Health Study Jonathan M. Samet The new results from the Lung Health Study, reported in this issue, confirm again that smoking cessation prolongs life. In addition to their public health importance, these findings remind clinicians that interventions do increase the rate of successful quitting. The implications are obvious: Physicians should obtain a smoking history from all patients, and they should help smokers quit.	299
"Practice Makes Perfect" ... Or Does It? Steven E. Weinberger, F. Daniel Duffy, and Christine K. Cassel The medical profession cannot ignore the striking findings reported by Choudhry and colleagues and their implications: Practice does not make perfect. Physicians must make an ongoing vigorous effort to maintain their knowledge and skills, and they must work actively to sustain the quality of care in their practice.	302
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She Is a Beautiful Lady Sara Sasha Battar Dean, 87, and his wife Donna, 78, would ritualistically arrive every 3 months in my geriatrics clinic, rain or shine. They had been married for 61 years. From the beginning, Donna ably presumed the spokesperson's role and impressed me as a reliable and caring informant who knew Dean more than he knew himself.	304
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The Cost-Effectiveness of Lifestyle Modification or Metformin in Preventing Type 2 Diabetes in Adults with Impaired Glucose Tolerance William H. Herman, Thomas J. Hoerger, Michael Brandle, Katherine Hicks, Stephen Sorensen, Ping Zhang, Richard F. Hamman, Ronald T. Ackermann, Michael M. Engelgau, Robert E. Ratner for the Diabetes Prevention Program Research Group* This cost-effectiveness analysis estimates that the Diabetes Prevention Program's lifestyle intervention would cost society about \$8800 per quality-adjusted life-year saved. The corresponding result for metformin was \$29 900. The lifestyle intervention was cost-effective at any adult age; metformin was not cost-effective after age 65 years.	323
Antibody Levels and Protection after Hepatitis B Vaccination: Results of a 15-Year Follow-up Brian J. McMahon, Dana L. Bruden, Kenneth M. Petersen, Lisa R. Bulkow, Alan J. Parkinson, Omana Nainan, Marina Khristova, Carolyn Zanis, Helen Peters, and Harold S. Margolis The duration of protection afforded by hepatitis B vaccination is unknown. In this cohort of Alaska Natives who received vaccination against hepatitis, antibody levels decreased over a 15-year period, but breakthrough hepatitis B virus infection was very infrequent in all age groups.	333

<p>The Effect of a Lower Target Blood Pressure on the Progression of Kidney Disease: Long-Term Follow-up of the Modification of Diet in Renal Disease Study  Mark J. Sarnak, Tom Greene, Xuelei Wang, Gerald Beck, John W. Kusek, Allan J. Collins, and Andrew S. Levey  The optimal blood pressure to slow progression of chronic kidney disease is not known. In this report of long-term follow-up of patients with a moderately to severely decreased glomerular filtration rate in the Modification of Diet in Renal Disease Study, random assignment to a low target blood pressure slowed the progression of nondiabetic kidney disease.</p>	342
Improving Patient Care	
<p>Fumbled Handoffs: One Dropped Ball after Another  Tejal K. Gandhi  This article, part of the Quality Grand Rounds series, examines the case of a patient whose diagnosis of tuberculosis was substantially delayed because of systems problems, including poor continuity of care, failure to communicate test results and other clinical information, and several mismanaged handoffs. The article discusses strategies to ensure adequate communication of critical information and follow-up of test results.</p>	352
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<p>Meta-Analysis: Test Performance of Ultrasonography for Giant-Cell Arteritis  Fotini B. Karassa, Miltiadis I. Matsagas, Wolfgang A. Schmidt, and John P.A. Ioannidis  This meta-analysis shows a sensitivity and specificity of 86% when the halo sign or occlusion or stenosis is present. The post-test probability is low if none of these findings are present and the pretest probability is low. Ultrasonography can be useful for giant-cell arteritis if interpreted in light of the patient's clinical presentation.</p>	359
<p>Narrative Review: Aspirin Resistance and Its Clinical Implications  Simon Sanderson, Jon Emery, Trevor Baglin, and Ann-Louise Kinmonth  Aspirin is an important drug for the secondary prevention of cardiovascular disease, but recurrent vascular events are common even when patients take aspirin. This paper reviews the concept of aspirin resistance, its measurement, and its clinical consequences for patients prescribed aspirin to prevent recurrences of cardiovascular disease.</p>	370
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<p>Primary Prevention of Type 2 Diabetes: Lifestyle Intervention Works and Saves Money, but What Should Be Done with Smokers?  Jaakko Tuomilehto  Many large public health problems and epidemics have been overcome by acting on much less evidence than we have for preventing type 2 diabetes. Therefore, we should act as if vigorous measures could control the emerging epidemic of diabetes, even though we may not eradicate this disease in those with a strong genetic background.</p>	381
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Ding-Shinn Chen McMahon and colleagues' study in this issue reveals that serum levels of antibodies to hepatitis B surface antigen declined faster in persons who were immunized at 0.5 to 4 years of age. However, unless continued surveillance shows clinically significant rates of infection in adolescents or adults who were vaccinated as children, booster vaccinations will be wasteful.	
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The Risk for Myocardial Infarction with Cyclooxygenase-2 Inhibitors: A Population Study of Elderly Adults Linda E. Lévesque, James M. Brophy, and Bin Zhang This observational cohort study provides evidence that elderly people who currently use rofecoxib have a dose-related increased risk for acute myocardial infarction. Other nonsteroidal anti-inflammatory drugs, including celecoxib, were not associated with increased risk.	481
A Randomized Trial of Diagnostic Strategies after Normal Proximal Vein Ultrasonography for Suspected Deep Venous Thrombosis: D-Dimer Testing Compared with Repeated Ultrasonography Clive Kearon, Jeffrey S. Ginsberg, James Douketis, Mark A. Crowther, Alexander G. Turpie, Shannon M. Bates, Agnes Lee, Patrick Brill-Edwards, Terri Finch, and Michael Gent This randomized study compared two diagnostic strategies for suspected deep venous thrombosis. The starting point is a normal result on ultrasonography of the proximal leg veins. A strategy based on D-dimer testing followed by no further testing if the results were negative and venography if the results were positive identified substantially more cases than a strategy of repeated ultrasonography in 1 week. The rates of	490

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<p>Cystatin C Concentration as a Risk Factor for Heart Failure in Older Adults</p> <p>Mark J. Sarnak, Ronit Katz, Catherine O. Stehman-Breen, Linda F. Fried, Nancy Swords Jenny, Bruce M. Psaty, Anne B. Newman, David Siscovick, Michael G. Shlipak and the Cardiovascular Health Study*</p> <p>Cystatin C, a cysteine proteinase inhibitor produced by all nucleated cells, is a new and promising marker of kidney dysfunction. Its serum concentration is an independent risk factor for onset of heart failure in older adults and provides a better measure of risk than serum creatinine.</p>	497
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<p>Meta-Analysis: Low-Dose Dopamine Increases Urine Output but Does Not Prevent Renal Dysfunction or Death</p> <p>Jan O. Friedrich, Neill Adhikari, Margaret S. Herridge, and Joseph Beyene</p> <p>Surveys show that physicians continue to prescribe low-dose dopamine for acute renal dysfunction, even though neither evidence nor editorials and reviews support its use. This meta-analysis found that low-dose dopamine has no benefit for acute renal dysfunction.</p>	510
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<p>Ethics Manual: Fifth Edition</p> <p>Lois Snyder, Cathy Leffler for the Ethics and Human Rights Committee, American College of Physicians*</p> <p>The fifth edition of the American College of Physicians' Ethics Manual covers emerging issues in medical ethics and revisits old ones. It reflects on many of the ethical tensions faced by internists and their patients and attempts to shed light on how existing principles extend to emerging concerns. In addition, by reiterating ethical principles that have provided guidance in resolving past ethical problems, the Manual may help physicians avert future problems.</p>	560
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<p>Pharmacologic and Surgical Management of Obesity in Primary Care: A Clinical Practice Guideline from the American College of Physicians</p> <p>Vincenza Snow, Patricia Barry, Nick Fitterman, Amir Qaseem, Kevin Weiss for the Clinical Efficacy Assessment Subcommittee of the American College of Physicians*</p> <p>This guideline provides recommendations for the pharmacologic and surgical treatment of obesity. The target audience is all clinicians caring for patients with a body mass index of 30 kg/m<sup>2</sup> or greater.</p>	525
<p>Meta-Analysis: Pharmacologic Treatment of Obesity</p> <p>Zhaoping Li, Margaret Maglione, Wenli Tu, Walter Mojica, David Arterburn, Lisa R. Shugarman, Lara Hilton, Marika Suttorp, Vanessa</p>	532

Solomon, Paul G. Shekelle, and Sally C. Morton This meta-analysis of studies of pharmacologic treatment of obesity supports the American College of Physicians' clinical guideline in this issue. Sibutramine, orlistat, phentermine, bupropion, and topiramate—and probably fluoxetine and diethylpropion—promote modest weight loss when given along with recommendations for diet.	
Meta-Analysis: Surgical Treatment of Obesity Melinda A. Maggard, Lisa R. Shugarman, Marika Suttorp, Margaret Maglione, Harvey J. Sugarman, Edward H. Livingston, Ninh T. Nguyen, Zhaoping Li, Walter A. Mojica, Lara Hilton, Shannon Rhodes, Sally C. Morton, and Paul G. Shekelle This meta-analysis on surgical treatment of obesity supports the American College of Physicians' clinical guideline in this issue. Surgery is more effective than nonsurgical treatment for weight loss and control of some comorbid conditions in patients with a body mass index of 40 kg/m <sup>2</sup> or greater. The advantage of surgery for milder forms of obesity is not clear.	547
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Revisiting the Past Strengthens the Present: An Evidence-Based Medicine Approach for the Diagnosis of Deep Venous Thrombosis Russell D. Hull The article in this issue by Kearon and colleagues compares two strategies for being sure that patients with suspected deep venous thrombosis are successfully diagnosed and treated. One of them involves contrast venography, a seldom-used test that offers a complete one-visit diagnostic strategy but also a small added risk.	583
Cystatin C, Serum Creatinine, and Estimates of Kidney Function: Searching for Better Measures of Kidney Function and Cardiovascular Risk Adeera Levin In this issue, Sarnak and colleagues underscore what we know about the association between chronic kidney disease and cardiovascular disease, what we need to know (the mechanisms by which chronic kidney disease affects cardiovascular disease), and what we can do with what we currently know (improve the accuracy of chronic kidney disease measures and use cystatin C as a novel prognostic indicator for heart failure).	586
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<p>Clinical and Economic Implications of the Multicenter Automatic Defibrillator Implantation Trial-II</p> <p>Sana M. Al-Khatib, Kevin J. Anstrom, Eric L. Eisenstein, Eric D. Peterson, James G. Jollis, Daniel B. Mark, Yun Li, Christopher M. O'Connor, Linda K. Shaw, and Robert M. Califf</p> <p>The Multicenter Automatic Defibrillator Implantation Trial (MADIT)-II showed that the implantable cardioverter defibrillator (ICD) prolongs life in patients with a history of myocardial infarction and an ejection fraction of 0.3 or less. Implanting defibrillators in everyone who meets these criteria will be expensive, but it is cost-effective because ICD therapy had such a large effect on survival in MADIT-II.</p>	593
<p>Cost-Effectiveness of Defending against Bioterrorism: A Comparison of Vaccination and Antibiotic Prophylaxis against Anthrax</p> <p>Robert A. Fowler, Gillian D. Sanders, Dena M. Bravata, Bahman Nouri, Jason M. Gastwirth, Dane Peterson, Allison G. Broker, Alan M. Garber, and Douglas K. Owens</p> <p>In the event of an aerosolized Bacillus anthracis bioweapon attack over an unvaccinated metropolitan U.S. population, postattack vaccination plus antibiotic therapy is the most effective and least expensive strategy.</p>	601
<p>The Effect of Metformin and Intensive Lifestyle Intervention on the Metabolic Syndrome: The Diabetes Prevention Program Randomized Trial</p> <p>Trevor J. Orchard, Marinella Temprosa, Ronald Goldberg, Steven Haffner, Robert Ratner, Santica Marcovina, Sarah Fowler for the Diabetes Prevention Program Research Group</p> <p>At the beginning of the Diabetes Prevention Program, half of the participants had the metabolic syndrome. Both the lifestyle intervention and metformin therapy reduced the incidence of the syndrome in the remaining participants.</p>	611
<p>Brief Communication: High Incidence of Venous Thrombotic Events among Patients with Wegener Granulomatosis: The Wegener's Clinical Occurrence of Thrombosis (WeCLOT) Study</p> <p>Peter A. Merkel, Grace H. Lo, Janet T. Holbrook, Andrea K. Tibbs, Nancy B. Allen, John C. Davis, Jr, Gary S. Hoffman, W. Joseph McCune, E. William St. Clair, Ulrich Specks, Robert Spiera, Michelle Petri, John H. Stone for The Wegener's Granulomatosis Etanercept Trial Research Group*</p> <p>The authors measured the rate of venous thromboembolism in a cohort of 180 patients with active Wegener granulomatosis. The annual rate is 7.0 per 100 persons in these patients. A population of healthy people of similar age had an annual rate of 0.31 per 100 persons. Active Wegener granulomatosis is a risk factor for venous thromboembolism.</p>	620
<p>Improving Patient Care</p>	
<p>Ambiguity and Workarounds as Contributors to Medical Error</p> <p>Steven J. Spear and Mark Schmidhofer</p> <p>We ask: Do medical errors have common root causes? Can we draw lessons to improve the reliability of health care by learning how other types of organizations reduced errors? When people in very high-performing organizations discover a problem, they don't find ways to work around it. They fix the problem so that it doesn't happen again.</p>	627

Academia and Clinic	
The Ethics of Deactivating Implanted Cardioverter Defibrillators Jeffrey T. Berger Implanting an automatic cardioverter defibrillator can lead to ethical dilemmas, but few researchers have studied these issues. We also don't have guidelines to assist physicians who care for patients who have received defibrillators. This paper discusses bioethical issues to consider in deciding whether to turn off an implantable cardioverter defibrillator.	631
Reviews	
Meta-Analysis: Computed Tomographic Colonography Brian P. Mulhall, Ganesh R. Veerappan, and Jeffrey L. Jackson In more than 30 studies of computed tomographic (CT) colonography, the specificity of this test is consistently high, but the sensitivity varies over a wide range. This between-study variability raises concerns that must be resolved before CT colonography will be an acceptable screening test for colorectal cancer.	635
Meta-Analysis: Acupuncture for Low Back Pain Eric Manheimer, Adrian White, Brian Berman, Kelly Forys, and Edzard Ernst According to the evidence provided by 33 randomized trials, needle acupuncture provides better short-term relief for chronic low back pain than sham acupuncture or no treatment. The evidence about its effectiveness relative to other active treatments is inconclusive.	651
Editorials	
Preventing Sudden Cardiac Death: Can We Afford the Benefit? Stephen G. Pauker, N. A. Mark Estes, and Deeb N. Salem Although implantable cardioverter defibrillators (ICDs) can prevent sudden cardiac death, the United States may not be able to afford the cost. Al-Khatib and colleagues' cost-effectiveness analysis supports using ICDs in patients similar to participants in the Multicenter Automatic Defibrillator Implantation Trial-II. However, we must continue to refine methods to select patients for ICDs in order to keep the costs in line with the benefits.	664
Being Prepared: Modeling the Response to an Anthrax Attack Glenn F. Webb In this issue, Fowler and colleagues' analysis strongly supports the current U.S. policy of vaccination and prophylactic antibiotics after an anthrax attack rather than preattack mass vaccination. At current estimates of the risk for an attack, mass vaccination of the entire U.S. population is unwarranted because adverse effects of the vaccine outweigh its benefits.	667
Can Computed Tomographic Colonography Become a "Good" Screening Test? Thomas F. Imperiale When prepress computed tomographic colonography achieves a reasonably high and consistent sensitivity for an appropriate target lesion, we may finally have a good screening test. At the current rate of progress, I expect the problems to be solved by the time I have to decide—as a patient—about colorectal cancer screening.	669
Primary Care, Generalism, Public Good: Déjà vu? Again!	671

Eric B. Larson, Kenneth B. Roberts, and Kevin Grumbach We must convince people that primary care is a public good worth supporting. The ingredients of success include credible scientific evidence of effectiveness; impassioned, sustained advocacy; and a strong alliance with the public media, lawgivers, and regulators.	
On Being a Doctor	
Spot(s) Bernard Robins A physician reflects on a sick adolescent boy home alone and his own childhood pet. He wonders: "Was one of my motivations to heal born out of the memory of Spot?"	675
Medical Writings	
Words That Make a Difference On Saying Goodbye: Acknowledging the End of the Patient–Physician Relationship with Patients Who Are Near Death Anthony L. Back, Robert M. Arnold, James A. Tulsy, Walter F. Baile, and Kelly A. Fryer-Edwards The authors offer guidelines for saying goodbye to a dying patient. Saying goodbye is an expert practice worth learning for the sake of both the patient and the physician.	682
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Articles	
The Effect of a Plant-Based Diet on Plasma Lipids in Hypercholesterolemic Adults: A Randomized Trial Christopher D. Gardner, Ann Coulston, Lorraine Chatterjee, Alison Rigby, Gene Spiller, and John W. Farquhar Some plants contain components that reduce low-density lipoprotein (LDL) cholesterol level. In this study, people on a diet low in saturated fat were randomly assigned to consume plant foods rich in LDL cholesterol–lowering components or low-fat convenience foods. The plant-based diet reduced LDL cholesterol more than the control diet.	725
Cost-Effectiveness of Alendronate Therapy for Osteopenic Postmenopausal Women John T. Schousboe, John A. Nyman, Robert L. Kane, and Kristine E. Ensrud The value of drug treatment to prevent fractures in postmenopausal women who have osteopenia (bone mass between normal and the mass seen with osteoporosis) is in dispute. In this study, alendronate therapy was not cost-effective for osteopenic postmenopausal women with no history of clinical fractures or other risk factors for fracture.	734
Advanced Lipoprotein Testing Does Not Improve Identification of Subclinical Atherosclerosis in Young Adults: The Bogalusa Heart Study Wendy S. Tzou, Pamela S. Douglas, Sathanur R. Srinivasan, Wei Chen, Gerald Berenson, and James H. Stein In this study, advanced lipoprotein testing using vertical-spin density-gradient ultracentrifugation did not improve prediction of carotid intima–media thickness in 311 young adults compared with models using total cholesterol, low-density lipoprotein cholesterol, and high-density lipoprotein cholesterol. Advanced testing does not improve	742

cardiovascular risk assessment in this population.	
<p>Brief Communication: Hematogenous Dissemination in Early Lyme Disease</p> <p>Gary P. Wormser, Donna McKenna, Jennafer Carlin, Robert B. Nadelman, L. Frank Cavaliere, Diane Holmgren, Daniel W. Byrne, and John Nowakowski</p> <p>In this study, 43.7% of 213 untreated adults with erythema migrans had spirochetemia. Spirochetemic patients were more likely to have multiple erythema migrans lesions, to remember a tick bite at the site of an erythema migrans lesion, to have a first episode of Lyme disease, to be lymphopenic, and to be older than age 55 years.</p>	751
Improving Patient Care	
<p>Five System Barriers to Achieving Ultrasafe Health Care</p> <p>René Amalberti, Yves Auroy, Don Berwick, and Paul Barach</p> <p>Health care is not as safe and reliable as it might be. Airlines, on the other hand, have an excellent safety record. Other than perhaps anesthesiology, medicine has been slow to adopt error reduction techniques that have made some industries very safe. This article explains why health care should adapt the quality improvement strategies of ultrasafe industries.</p>	756
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<p>Meta-Analysis: Exercise Therapy for Nonspecific Low Back Pain</p> <p>Jill A. Hayden, Maurits W. van Tulder, Antti V. Malmivaara, and Bart W. Koes</p> <p>This meta-analysis found that exercise therapy has a small beneficial effect on pain and function in adults with chronic low back pain. In subacute low back pain, some evidence suggests that a graded-activity program reduces absenteeism. In acute low back pain, the effect of exercise therapy is equivalent to that of no treatment or other conservative treatments.</p>	765
<p>Systematic Review: Strategies for Using Exercise Therapy To Improve Outcomes in Chronic Low Back Pain</p> <p>Jill A. Hayden, Maurits W. van Tulder, and George Tomlinson</p> <p>This systematic review found that 2 features of exercise therapy for chronic nonspecific low back pain seem to be responsible for success: close supervision and an individually designed program.</p>	776
<p>Narrative Review: Alternative Causes for Elevated Cardiac Troponin Levels when Acute Coronary Syndromes Are Excluded</p> <p>Allen Jeremias and C. Michael Gibson</p> <p>An elevated troponin level is an important criterion for diagnosing non-ST-segment elevation myocardial infarction (MI). While normal troponin levels essentially "rule out" non-ST-segment elevation MI, elevated levels are not specific for acute coronary syndromes. However, even when a thrombotic acute coronary syndrome is not present, troponin elevation has prognostic value.</p>	786
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<p>Diet and Cholesterol Reduction</p> <p>David J.A. Jenkins, Cyril W.C. Kendall, and Augustine Marchie</p> <p>The recent update of the National Cholesterol Education Program Adult Treatment Panel III guidelines calls for renewed emphasis on lowering</p>	793

serum cholesterol levels. Gardner and colleagues' article in this issue shows that a primarily plant-based diet lowers cholesterol more than would be expected from its favorable fatty acid profile. This study helps to restore the concept that diet may play a role in achieving cholesterol targets, even in the age of powerful cholesterol-lowering drugs.	
Osteopenia: To Treat or Not To Treat? Michael R. McClung In this issue, Schousboe and colleagues addressed the treatment of postmenopausal women with osteopenia from the perspective of cost-effectiveness. They found that alendronate is not cost-effective in postmenopausal women who are selected solely on the basis of low bone density. It is time to abandon the diagnosis of osteopenia based on bone mineral density values and give the term back to radiologists to describe decreased bone mineralization on radiographs.	796
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