School-age Outcomes After Antenatal Magnesium Sulfate

Antenatal magnesium sulfate given to women at imminent risk of very preterm delivery reduces the risk of cerebral palsy in early childhood. In a follow-up study of 867 school-aged children born very preterm and whose mothers had been randomly assigned to receive antenatal magnesium sulfate or placebo, Doyle and colleagues found that maternal treatment with magnesium sulfate was not associated with neurological, cognitive, behavioral, growth, or functional outcomes in the children at ages 6 to 11 years. A mortality advantage of magnesium sulfate treatment could not be excluded.

Long-Acting β-Agonists and Corticosteroids in COPD

Randomized, placebo-controlled studies of patients with chronic obstructive pulmonary disease (COPD) have demonstrated that combination therapy, consisting of long-acting β-agonists (LABA) and inhaled corticosteroids, decreases disease exacerbations and possibly mortality. Gershon and colleagues assessed the comparative effectiveness of newly prescribed combination therapy vs LABA alone in a propensity score-matched cohort of 11,872 patients with COPD. The authors found that combination therapy was associated with a lower risk of a composite outcome of death or COPD hospitalization—particularly among patients with asthma and those not receiving inhaled long-acting anticholinergic medication. In an Editorial, Calverley discusses the value of administrative data analyses to inform patient care.

Clinical Efficacy and Safety of Treatment of Acute VTE

There are many treatment strategies for acute venous thromboembolism (VTE), but little guidance as to which drug is most effective and safe. In a network meta-analysis of data from 45 randomized trials (44,989 patients) examining 8 anticoagulation options, Castellucci and colleagues found no significant differences in clinical and safety outcomes associated with most treatment strategies compared with the low-molecular-weight heparin and vitamin K antagonist combination. However, the unfractionated heparin and vitamin K antagonist combination may be the least effective strategy and rivaroxaban and apixaban may be associated with the lowest risk of bleeding.

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Older Adults With Hypercholesterolemia

Older adults’ physiological and functional heterogeneity adds complexity to treatment decisions for hypercholesterolemia. Strandberg and colleagues present 3 illustrative cases of older patients with hypercholesterolemia and report results of a literature review on the role of statins in primary and secondary prevention of atherosclerotic cardiovascular disease (ASCVD) in older patients. Based on their review of the evidence (26 articles and recent cholesterol treatment guidelines), the authors conclude that ideally, treatment of hypercholesterolemia for patients at risk of ASCVD should start before age 80 years. Because no randomized clinical trial evidence exists to guide statin initiation after age 80 years, decisions to use statins in older patients must be individualized.

Author Interview

VIDEO Interview with Andrea Gershon, MD, MSc, author of “Combination Long-Acting β-Agonists and Inhaled Corticosteroids Compared With Long-Acting β-Agonists Alone in Older Adults With Chronic Obstructive Pulmonary Disease”

Author Reading

AUDI0 Lawrence O. Gostin, JD, reads his Viewpoint “The Ebola Epidemic: A Global Health Emergency.”

DXA Scan for Diagnosis of Osteoporosis

This JAMA Diagnostic Test Interpretation article by Neuner and Carnahan presents the case of a 69-year-old white woman who had a screening dual-energy x-ray absorptiometry (DXA) scan that showed low bone mineral density of the spine. Menopause began at age 39 years, the patient has never smoked, and she has no history of fractures or falls. How would you interpret the DXA scan results?

JAMA Clinical Challenge

Weakness, Fatigue, and an Abnormal White Blood Cell Count

A 63-year-old man consulted his physician about occasional night sweats without fevers or weight loss and worsening weakness and fatigue for 2 months. Physical examination was unrevealing. A white blood cell count and peripheral smear showed increased white blood cells, with a lymphocytic predominance. What would you do next?

Quiz jama.com

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