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Dizziness among Older Adults: A Possible Geriatric Syndrome 337

M.E. Tinetti, C.S. Williams, and T.M. Gill

According to this study, the association among characteristics in several domains (including cardiovascular and neurologic) and dizziness, coupled with the multiplicity of sensations and triggering activities, suggests that dizziness may be a geriatric syndrome. If so, an impairment reduction strategy may be effective in reducing the symptoms and disabilities associated with dizziness.

Low Fractional Calcium Absorption Increases the Risk for Hip Fracture in Women with Low Calcium Intake 345

K.E. Ensrud, T. Duong, J.A. Cauley, R.P. Heaney, R.L. Wolf, E. Harris, and S.R. Cummings, for the Study of Osteoporotic Fractures Research Group

In the elderly women in this study, low fractional calcium absorption in the setting of low calcium intake increased the risk for hip fracture. These findings support the hypothesis of type II osteoporosis, which postulates that decreased calcium absorption is an important risk factor for hip fracture in older persons.

Effects of Fexofenadine, Diphenhydramine, and Alcohol on Driving Performance. A Randomized, Placebo-Controlled Trial in the Iowa Driving Simulator 354

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Previous studies suggest that sedating antihistamines may impair driving performance as much as alcohol does. The participants in this study had similar simulated driving performance when treated with fexofenadine (a nonsedating drug) or placebo. After alcohol use, participants performed the primary task (matching the varying speed of a vehicle they were following) well but not secondary tasks. After participants received diphenhydramine (a sedating drug), driving performance was poorest, indicating that this drug had a greater effect on driving than alcohol did.

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F.A. Michota Jr.

This Update discusses four areas relevant to the care of hospitalized patients: nosocomial illness, community-acquired pneumonia, deep venous thrombosis, and prognostic variables.

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