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Risk Factors for Coronary Heart Disease in Men 18 to 39 Years of Age 433

E.L. Navas-Nacher, L. Colangelo, C. Beam, and P. Greenland
Major coronary disease risk factors, many of which are modifiable, are strong contributors to prediction of future risk, even in young men. These data may help in formulating appropriate strategies to identify young men at heightened risk for death from coronary heart disease in later adulthood.

Use of Genotypic Resistance Testing To Guide HIV Therapy: Clinical Impact and Cost-Effectiveness 440

M.C. Weinstein, S.J. Goldie, E. Losina, C.J. Cohen, J.D. Baxter, H. Zhang, A.D. Kimmel, and K.A. Freedberg
Genotypic antiretroviral resistance testing following antiretroviral failure is cost-effective. Primary resistance testing also seems to be reasonably cost-effective and will become more so as the prevalence of primary resistance increases.

Recovery of Ventricular Function after Myocardial Infarction in the Reperfusion Era: The Healing and Early Afterload Reducing Therapy Study 451

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B.F. Gage, S.D. Fihn, and R.H. White
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80-year-old man who has atrial fibrillation and hypertension, and it offers practical advice on managing warfarin therapy.

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HIV Resistance Testing in Clinical Practice: A QALY-fied Success 475

M.S. Saag
In this issue, Weinstein and colleagues provide evidence demonstrating the cost–benefit of resistance testing in patients with HIV infection. However, further virologic, clinical, and quality-adjusted life-year data should be obtained before therapeutic drug monitoring is implemented in routine practice.

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POSITION PAPERS

Principles of Appropriate Antibiotic Use for Treatment of Acute Respiratory Tract Infections in Adults: Background, Specific Aims, and Methods 479

R. Gonzales, J.G. Bartlett, R.E. Besser, R.J. Cooper, J.M. Hickner, J.R. Hoffman, and M.A. Sande
The guidelines in this issue provide evidence-based recommendations for evaluation and treatment of adults with acute respiratory illnesses. This paper describes the background and specific aims of and methods used to develop these principles. The goal of the principles is to provide clinicians with practical strategies for limiting antibiotic use to the patients who are most likely to benefit from it.

Principles of Appropriate Antibiotic Use for Treatment of Nonspecific Upper Respiratory Tract Infections in Adults 487

V. Snow, C. Mottur-Pilson, and R. Gonzales, for the American College of Physicians–American Society of Internal Medicine
This guideline describes the evidence and makes specific recommendations on how clinicians can differentiate upper respiratory tract infection as bacterial or viral in origin and on when use of antibiotics in upper respiratory tract infection is beneficial.

Principles of Appropriate Antibiotic Use for Treatment of Nonspecific Upper Respiratory Tract Infections in Adults: Background 490

R. Gonzales, J.G. Bartlett, R.E. Besser, J.M. Hickner, J.R. Hoffman, and M.A. Sande
The goals of this paper are to provide evidence-based recommendations for when to apply the diagnosis of upper

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respiratory tract infection and when to consider antibiotic treatment of adults with an uncomplicated upper respiratory tract infection.

Principles of Appropriate Antibiotic Use for Acute Sinusitis in Adults 495

V. Snow, C. Mottur-Pilson, and J.M. Hickner, for the American College of Physicians–American Society of Internal Medicine

This guideline presents supporting evidence and makes specific recommendations on how clinicians evaluating acute sinusitis can differentiate bacterial causes from viral and how they can determine when antibiotic use is beneficial.

Principles of Appropriate Antibiotic Use for Acute Rhinosinusitis in Adults: Background 498

J.M. Hickner, J.G. Bartlett, R.E. Besser, R. Gonzales, J.R. Hoffman, and M.A. Sande

This paper argues for a conservative approach to use of antibiotics in patients with sinusitis-like symptoms, consistent with efforts to reduce antibiotic use for respiratory infections in ambulatory patients.

Principles of Appropriate Antibiotic Use for Acute Pharyngitis in Adults 506

V. Snow, C. Mottur-Pilson, R.J. Cooper, and J.R. Hoffman, for the American College of Physicians–American Society of Internal Medicine

This guideline presents evidence and makes specific recommendations on how clinicians can distinguish and diagnose pharyngitis caused by group A β -hemolytic streptococcus. It also discusses when antibiotic use is beneficial and which antibiotics should be used.

Principles of Appropriate Antibiotic Use for Acute Pharyngitis in Adults: Background 509

R.J. Cooper, J.R. Hoffman, J.G. Bartlett, R.E. Besser, R. Gonzales, J.M. Hickner, and M.A. Sande

Most immunocompetent adults with sore throat have acute infectious pharyngitis. Widespread antibiotic use in such patients has been based on an effort to treat bacterial (particularly streptococcal) pharyngitis. This paper addresses the rational treatment of nongonococcal, nondiphtherial acute pharyngitis in healthy adults.

Principles of Appropriate Antibiotic Use for Treatment of Acute Bronchitis in Adults 518

V. Snow, C. Mottur-Pilson, and R. Gonzales, for the American College of Physicians–American Society of Internal Medicine

This guideline describes evidence and makes specific recommendations on how clinicians can differentiate between bacterial and viral causes of acute bronchitis and on when the use of antibiotics in acute bronchitis is beneficial.

Principles of Appropriate Antibiotic Use for Treatment of Uncomplicated Acute Bronchitis: Background 521

R. Gonzales, J.G. Bartlett, R.E. Besser, R.J. Cooper, J.M. Hickner, J.R. Hoffman, and M.A. Sande

Most cases of acute bronchitis occur in otherwise healthy adults, in whom this acute cough illness can be called “uncomplicated acute bronchitis.” This paper discusses use of antibiotics in these patients.

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