

CONTENTS *Annals of Internal Medicine*

6 August 2002 137 3 149-224

ARTICLES

Apolipoprotein E ϵ 4 Allele, Elevated Midlife Total Cholesterol Level, and High Midlife Systolic Blood Pressure Are Independent Risk Factors for Late-Life Alzheimer Disease 149

M. Kivipelto, E.-L. Helkala, M.P. Laakso, T. Hänninen, M. Hallikainen, K. Alhainen, S. Iivonen, A. Mannermaa, J. Tuomilehto, A. Nissinen, and H. Soininen

The association between the apolipoprotein E (apoE) ϵ 4 allele and Alzheimer disease does not seem to be mediated by vascular factors. The apoE ϵ 4 allele, elevated midlife total cholesterol level, and high midlife systolic blood pressure are independent risk factors for Alzheimer disease. The risk for Alzheimer disease from treatable factors—elevated total cholesterol level and blood pressure—appears to be greater than that from the apoE ϵ 4 allele.

Antithymocyte Globulin for Treatment of the Bone Marrow Failure Associated with Myelodysplastic Syndromes 156

J.J. Molldrem, E. Leifer, E. Bahceci, Y. Sauntharajah, M. Rivera, C. Dunbar, J. Liu, R. Nakamura, N.S. Young, and A.J. Barrett

Almost half of the deaths that result from myelodysplastic syndromes are due to cytopenia associated with bone marrow failure. Treatment is mostly supportive care. In this nonrandomized, single-treatment study, 34% of patients with myelodysplastic syndromes who were treated with antithymocyte globulin became transfusion independent. Response was associated with a statistically significant longer survival and an almost significantly decreased time to disease progression.

Outcome of Pregnancy and Disease Course among Women with Aplastic Anemia Treated with Immunosuppression 164

A. Tichelli, G. Socié, J. Marsh, R. Barge, N. Frickhofen, S. McCann, A. Bacigalupo, J. Hows, P. Marin, D. Nachbaur, A. Symeonidis, J. Passweg, and H. Schrezenmeier, for the European Group for Blood and Marrow Transplantation Severe Aplastic Anaemia Working Party

Successful pregnancy with normal outcome is possible in women with aplastic anemia previously treated with immunosuppression. Complications appear to be more likely in patients with low platelet counts and paroxysmal nocturnal hemoglobinuria-associated aplastic anemia.

REVIEWS

West Nile Virus: A Primer for the Clinician 173

L.R. Petersen and A.A. Marfin

This paper provides the clinician with an understanding of the epidemiologic and biological characteristics of West Nile virus in North America, as well as useful information on the diagnosis, reporting, and management of patients with suspected West Nile virus infection and on advising patients about prevention.

Emergency Contraception 180

D.A. Grimes and E.G. Raymond

This case-based review defines and discusses various aspects of emergency contraception, including available methods, efficacy, safety, side effects, prescribing guidelines, and follow-up.

IN THE BALANCE

Growth Hormone Therapy for Adults: Not Ready for Prime Time? 190

W.L. Isley

Although human growth hormone is now readily available and approved for treatment of the growth hormone deficiency syndrome in adults, skepticism exists about its use. The author discusses questions surrounding this therapy and concludes that it should not be routinely used for most patients.

Shouldn't Adults with Growth Hormone Deficiency Be Offered Growth Hormone Replacement Therapy? 197

D.M. Cook

The author addresses common concerns about growth hormone therapy and encourages reluctant practitioners to at least consider it in patients with definite growth hormone deficiency.

EDITORIAL

Controversy about Treatment of Growth Hormone-Deficient Adults: A Commentary 202

L.A. Frohman

In this issue, Isley and Cook provide strong arguments for diametrically opposed positions concerning growth hormone treatment for adult growth hormone deficiency. For those searching for a position between the two extremes, this editorial attempts to offer a rationale for a "middle ground."

Continued on page I-2

CLINICAL GUIDELINES

Behavioral Counseling in Primary Care To Promote Physical Activity: Recommendation and Rationale 205

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force concludes that the evidence is insufficient to recommend for or against behavioral counseling in primary care settings to promote physical activity.

Does Counseling by Clinicians Improve Physical Activity? A Summary of the Evidence for the U.S. Preventive Services Task Force 208

K.B. Eden, C.T. Orleans, C.D. Mulrow, N.J. Pender, and S.M. Teutsch

This systematic review supports the U.S. Preventive Services Task Force's position on behavioral counseling to promote physical activity.

LETTERS

Physician-Assisted Suicide 216

C.P. Leeman; A. de Torrenté; F. Girsh; L. Snyder, D.P. Sulmasy, and W.E. Golden

Varieties of Healing 217

D.A. Sandweiss; L.L. Barnes; T.J. Kaptchuk and D.M. Eisenberg

Tetany Secondary to the Use of a Proton-Pump Inhibitor 218

V. Subbiah and J.A. Tayek

Letter available only at www.annals.org:

Medical Care of Premenopausal Women with Coronary Artery Disease

H. Kawano

MEDICAL WRITINGS

"What's Important to You?": The Use of Narratives To Promote Self-Reflection and To Understand the Experiences of Medical Residents 220

D.W. Brady, G. Corbie-Smith, and W.T. Branch Jr.

Too often housestaff speak of residency training as a "test of survival." However, faculty physicians know that these years of training are not lived in a vacuum but are inextricably interwoven into the fabric of residents' personal and professional lives. This paper describes the stories written by primary care housestaff during their 3 years of training.

Book Notes 224

Cover photograph: Submitted by Mary Boylan

Subscription Information I-3

Information for Authors I-4

Authors' Form I-8