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ARTICLES

Glycemic Effects of Postmenopausal Hormone Therapy. 1
The Heart and Estrogen/progestin Replacement Study
A Randomized, Double-Blind, Placebo-Controlled Trial

A.M. Kanaya, D. Herrington, E. Vittinghoff, F. Lin, D. Grady,
V. Bittner, J.A. Cauley, and E. Barrett-Connor

In women with coronary disease, hormone therapy reduced the incidence of diabetes by 35%. Although this observation provides important insights into the metabolic effects of postmenopausal hormones, reducing the risk for diabetes is not a sufficient rationale to recommend the use of hormones for secondary prevention of heart disease.

Systolic Blood Pressure, Diastolic Blood Pressure, 10
and Pulse Pressure as Predictors of Risk for Congestive
Heart Failure in the Framingham Heart Study

A.W. Haider, M.G. Larson, S.S. Franklin, and D. Levy

Although each component of blood pressure was associated with risk for congestive heart failure, pulse pressure and systolic pressure conferred greater risk than diastolic pressure. Increased pulse pressure may help identify hypertensive patients who, because they are at high risk for congestive heart failure, are candidates for aggressive blood pressure control.

Genetic Variation in the Renin–Angiotensin System 17
and Abdominal Adiposity in Men: The Olivetti
Prospective Heart Study

P. Strazzullo, R. Iacone, L. Iacoviello, O. Russo, G. Barba,
P. Russo, A. D’Orazio, A. Barbato, F.P. Cappuccio, E. Farinaro,
and A. Siani

The angiotensin-converting enzyme *I/D* polymorphism was a significant predictor of overweight and abdominal adiposity in men. *DD* homozygosity was associated with larger age-related increases in body weight and blood pressure, as well as with higher incidence of overweight and abdominal adiposity.

Obesity in Adulthood and Its Consequences for Life 24
Expectancy: A Life-Table Analysis

A. Peeters, J.J. Barendregt, F. Willekens, J.P. Mackenbach,
A. Al Mamun, and L. Bonneux, for NEDCOM, the Netherlands
Epidemiology and Demography Compression of Morbidity
Research Group

Obesity and overweight in adulthood are associated with large decreases in life expectancy and increases in early mortality, similar to the decreases seen with smoking. Obesity in adulthood is a powerful predictor of death in middle age. Because of the increasing prevalence of obesity,

more efficient prevention and treatment should become high priorities in public health.

ACADEMIA AND CLINIC

A Hospitalization from Hell: A Patient’s Perspective on 33
Quality

P.D. Cleary

Patients are the best source of information about a hospital system’s communication, education, and pain-management processes, and they are the only source of information about whether they were treated with dignity and respect. This article, part of the Quality Grand Rounds series, discusses relatively easy and inexpensive ways to avoid some consequences of a hospital’s organizational problems.

Towards Complete and Accurate Reporting of Studies 40
of Diagnostic Accuracy: The STARD Initiative

P.M. Bossuyt, J.B. Reitsma, D.E. Bruns, C.A. Gatsonis,
P.P. Glasziou, L.M. Irwig, J.G. Lijmer, D. Moher, D. Rennie,
and H.C.W. de Vet, for the STARD Group

The STARD (Standards for Reporting of Diagnostic Accuracy) initiative provides carefully developed consensus-based guidelines for reporting of studies of diagnostic accuracy, enabling readers to better understand the design of the study and to assess the validity and applicability of the results.

UPDATE

Update in Gastroenterology 45

N.J. Greenberger

This Update discusses gastroesophageal reflux disease, *Helicobacter pylori* infection, infectious diarrhea, colon cancer screening, gastrointestinal bleeding, and inflammatory bowel disease.

REVIEW

Prescribing Oral Contraceptives for Women Older 54
Than 35 Years of Age

C. Seibert, E. Barbouche, J. Fagan, E. Myint, T. Wetterneck,
and M. Wittemyer

This case-based paper discusses combined oral contraceptives in women older than 35 years of age, including potential risks and benefits, pretreatment assessment, common side effects and their management, appropriate follow-up, and diagnosis of menopause.

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PERSPECTIVE

CPR for Patients Labeled DNR: The Role of the Limited Aggressive Therapy Order 65

N.K. Choudhry, S. Choudhry, and P.A. Singer

Patients who are reluctant to undergo cardiopulmonary resuscitation should be offered the option of consenting to cardiopulmonary resuscitation for “higher-success” situations, including a witnessed cardiopulmonary arrest in which the initial cardiac rhythm is ventricular tachycardia or fibrillation, cardiac arrest in the operating room, or cardiac arrest resulting from a readily identifiable iatrogenic cause. This new level of resuscitation could be called a “limited aggressive therapy” order.

EDITORIAL

Lower Diabetes Risk with Hormone Replacement Therapy: An Encore for Estrogen? 69

P.W. Wilson

In this issue, Kanaya and colleagues report a lower risk for new-onset type 2 diabetes in postmenopausal women receiving combined estrogen–progestin hormone replacement therapy. These results from the Heart and Estrogen/progestin Replacement Study are not definitive and require confirmation in a formalized clinical trial with predetermined hyperglycemic end points.

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Lost Limb 53

G.N. Braman

ON BEING A DOCTOR

A Rash Decision 71

G. Davis

My preceptor had been my family physician since I was in kindergarten. This was the man who urged me every time I visited to come back to our rural town and take his place. I heard a distinctive, familiar voice call my name. “Miss Davis, are you ready to see what medicine is all about?”

ON BEING A PATIENT

A Complaint against “Complaints” 73

J. Bingham

Having just emerged, age 82, from the Valley of the Shadow, thanks to a just-in-time-ly removal of a cancerous uterus, I am full of bright shiny ideas, most of which are probably worthless. But one, I’m convinced, is not. That is the need to expurgate the word “complaint” from the medical lexicon for defining reportage by elderly and other patients about their symptoms.

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Letter available only at www.annals.org

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The STARD Statement for Reporting Studies of Diagnostic Accuracy: Explanation and Elaboration

P.M. Bossuyt, J.B. Reitsma, D.E. Bruns, C.A. Gatsonis, P.P. Glasziou, L.M. Irwig, D. Moher, D. Rennie, H.C.W. de Vet, and J.G. Lijmer

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