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2 December 2003 139 11 879-958

## ARTICLES

### **Test Performance of Positron Emission Tomography and Computed Tomography for Mediastinal Staging in Patients with Non-Small-Cell Lung Cancer. 879**

#### **A Meta-Analysis**

**M.K. Gould, W.G. Kuschner, C.E. Rydzak, C.C. Maclean, A.N. Demas, H. Shigemitsu, J.K. Chan, and D.K. Owens**  
Positron emission tomography with 18-fluorodeoxyglucose is more accurate than computed tomography for mediastinal staging. However, it is more sensitive but less specific when computed tomography shows enlarged mediastinal lymph nodes.

### **Clinical Impact of Bleeding in Patients Taking Oral Anticoagulant Therapy for Venous Thromboembolism. 893**

#### **A Meta-Analysis**

**L.A. Linkins, P.T. Choi, and J.D. Douketis**  
The authors found that anticoagulant-related major bleeding has a major impact in patients with venous thromboembolism, a factor that clinicians should take into account when deciding about long-term oral anticoagulant therapy in an individual patient.

### **Albuminuria and Cardiovascular Risk in Hypertensive Patients with Left Ventricular Hypertrophy: The LIFE Study 901**

**K. Wachtell, H. Ibsen, M.H. Olsen, K. Borch-Johnsen, L.H. Lindholm, C.E. Mogensen, B. Dahlöf, R.B. Devereux, G. Beevers, U. de Faire, F. Fyhrquist, S. Julius, S.E. Kjeldsen, K. Kristianson, O. Lederballe-Pedersen, M.S. Nieminen, P.M. Okin, P. Omvik, S. Oparil, H. Wedel, S.M. Snapinn, and P. Aurup**

An increased urine albumin-creatinine ratio (UACR) is associated with increasing cardiovascular risk in hypertensive patients with left ventricular hypertrophy. The authors found no UACR values where risk was not affected by UACR.

### **Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race 907**

**L.A. Cooper, D.L. Roter, R.L. Johnson, D.E. Ford, D.M. Steinwachs, and N.R. Powe**

When patients and physicians are of the same race, patients are more satisfied with care in the office setting. The authors found that having the same race did not affect patient-centered communication during the office visit, eliminating it as the factor responsible for differences in patient satisfaction. Increasing ethnic diversity among

physicians may be the most direct strategy to improve health care experiences for members of ethnic minority groups.

## UPDATE

### **Update in Hematology 916**

#### **E.D. Ball**

This year's Update in Hematology focuses on 3 exciting topics in the field: nonablative hematopoietic stem-cell transplantation, therapy targeted at specific alterations in cancer cells, and stem-cell plasticity. Groundbreaking research in the first 2 areas is changing standards of hematology care. The third area, hematopoietic stem-cell plasticity, is showing some early potential for future therapy.

## PERSPECTIVE

### **The Discrepancy between Observational Studies and Randomized Trials of Menopausal Hormone Therapy: Did Expectations Shape Experience? 923**

#### **N.F. Col and S.G. Pauker**

Differences between observational and randomized studies of the effects of menopausal hormone therapy (HT) on coronary heart disease (CHD) have been attributed to the fact that women who choose to use HT tend to be healthier than those who do not. Although this bias should affect all clinical outcomes with modifiable risk factors, estimates for stroke and pulmonary embolism were unaffected. Beliefs held by patients, clinicians, and investigators might have affected the detection of CHD outcomes in observational studies.

## CLINICAL GUIDELINES

### **Screening for Obesity in Adults: Recommendations and Rationale 930**

#### **U.S. Preventive Services Task Force**

The U.S. Preventive Services Task Force recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. The Task Force concludes that the evidence is insufficient to recommend for or against moderate- or low-intensity counseling or counseling in any form when coupled with behavioral interventions.

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**Screening and Interventions for Obesity in Adults: Summary of the Evidence for the U.S. Preventive Services Task Force** 933

K.M. McTigue, R. Harris, B. Hemphill, L. Lux, S. Sutton, A.J. Bunton, and K.N. Lohr  
 This systematic review describes the evidence that led the U.S. Preventive Services Task Force to its position on screening and interventions for obesity in adults.

**EDITORIALS**

**New Diagnostic Tests: Breakthrough Approaches or Expensive Add-ons?** 950

R.A. Deyo and J.J. Jarvik  
 Gould and colleagues' state-of-the-art meta-analysis on the accuracy of positron emission tomography (PET) scanning for mediastinal staging in patients with non-small-cell lung cancer supports its use. However, the effect of PET scanning on patient outcomes is unknown, which is a major shortcoming of the evidence needed to support its wider use. Improved test sensitivity and specificity alone are not enough.

**Moving beyond Black and White** 952

T. Delbanco  
 Cooper and colleagues found that when patients and doctors were of the same race, they spent more time together during office visits and patients were more satisfied than when doctors were of a different race. These findings move us to the top of a slippery slope. Given that "separate but equal" should never be a goal, any move that segregates some patients and doctors from others could prove ruinous. Let's restate the question: How can we improve the way we work with our patients, no matter what our race or theirs?

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T.J. DeMartini and H.S. Loeb

**Peginterferon-Based Therapy for Chronic Hepatitis C Virus Infection in Patients with Normal Alanine Aminotransferase Levels**

S. Brillanti, F. Levantesi, G. Nigro, S. Vicari, and E. Roda

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