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ARTICLES

The Relationship among Previous Antimicrobial Use, Antimicrobial Resistance, and Treatment Outcomes for *Helicobacter pylori* Infections 463

B.J. McMahon, T.W. Hennessy, J.M. Bensler, D.L. Bruden, A.J. Parkinson, J.M. Morris, A.L. Reasonover, D.A. Hurlburt, M.G. Bruce, F. Sacco, and J.C. Butler

Use of macrolide antibiotics is associated with increased risk that subsequent infection with *Helicobacter pylori* will be clarithromycin resistant and that clarithromycin treatment will fail.

The Rate of Progression to Polycythemia Vera or Essential Thrombocythemia in Patients with Erythrocytosis or Thrombocytosis 470

M. Ruggeri, A. Tosetto, M. Frezzato, and F. Rodeghiero

The prevalences of polycythemia vera and essential thrombocythemia in a general population were higher than expected. However, the risks for developing polycythemia vera, essential thrombocythemia, or associated vascular complications in persons with erythrocytosis or thrombocytosis were low.

Thiazide Diuretics and the Risk for Hip Fracture 476

M.W.C.J. Schoofs, M. van der Klift, A. Hofman, C.E.D.H. de Laet, R.M.C. Herings, T. Stijnen, H.A.P. Pols, and B.H.Ch. Stricker

Thiazide diuretics protect against hip fracture in persons 55 years of age and older. This effect disappears within 4 months after stopping thiazides.

BRIEF COMMUNICATIONS

Long-Term Persistence of Resistant *Enterococcus* Species after Antibiotics To Eradicate *Helicobacter pylori* 483

M. Sjölund, K. Wreiber, D.I. Andersson, M.J. Blaser, and L. Engstrand

A common *Helicobacter pylori* regimen (clarithromycin, metronidazole, and omeprazole) selects for highly resistant enterococci that can persist in the gastrointestinal tract for at least 3 years.

Hepatic Injury in 12 Patients Taking the Herbal Weight Loss Aids Chaso or Onshido 488

M. Adachi, H. Saito, H. Kobayashi, Y. Horie, S. Kato, M. Yoshioka, and H. Ishii

The weight loss aids Chaso and Onshido may be associated with acute liver injury. These products contain N-nitroso-fenfluramine, a possibly hepatotoxic compound.

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Standardized Reporting of Clinical Practice Guidelines: A Proposal from the Conference on Guideline Standardization 493

R.N. Shiffman, P. Shekelle, J.M. Overhage, J. Slutsky, J. Grimshaw, and A.M. Deshpande

The Conference on Guideline Standardization (COGS) convened to define recommendations on how to report a practice guideline. The proposed standard is a list of information that would help a potential guideline user to decide whether the guideline recommendations were valid and usable.

UPDATE

Update in Pulmonary Diseases 499 J. Wallace

This Update describes recent advances in treating pulmonary hypertension and outlines the issues surrounding proposals to screen for lung cancer by using low-dose computed tomography.

REVIEWS

Giant-Cell Arteritis and Polymyalgia Rheumatica 505

C.M. Weyand and J.J. Goronzy

This review discusses the pathogenesis, diagnosis, and treatment of giant-cell arteritis and polymyalgia rheumatica.

Ultrasonographic Screening for Abdominal Aortic Aneurysms 516

F.A. Lederle

Ultrasonographic screening and elective repair have substantially reduced mortality from abdominal aortic aneurysms (AAAs). One-time ultrasonographic screening and electrical repair when the AAA is 5.5 cm in diameter or larger is reasonable practice for 65- to 79-year-old men who have ever smoked.

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EDITORIAL

Collateral Damage 523

L.B. Rice

We are seldom able to treat an infecting bacterium without also doing significant "collateral damage" to our friendly microflora. The papers by McMahon and Sjölund and colleagues in this issue present 2 examples of collateral damage associated with the use of antimicrobial agents.

ON BEING A DOCTOR

Empty Pockets 525

K. Pickrel

Many of our work experiences we smooth and shape in the retelling like pebbles being polished by the tides. Some are more valuable for their sharp edges and the pain and lesson they bring by holding them tight.

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J. Fisher Wilson

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