

# CONTENTS **Annals of Internal Medicine**

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## ARTICLES

### Coffee Consumption and Risk for Type 2 Diabetes Mellitus 1

E. Salazar-Martinez, W.C. Willett, A. Ascherio, J.E. Manson, M.F. Leitzmann, M.J. Stampfer, and F.B. Hu

The authors found that higher coffee consumption was associated with a lower incidence of type 2 diabetes mellitus, even after adjustment for age, body mass index, and other risk factors. Caffeine intake from all sources appears to be the determining factor in this relationship.

### The Prevalence of Nontraditional Risk Factors for Coronary Heart Disease in Patients with Chronic Kidney Disease 9

P. Muntner, L.L. Hamm, J.W. Kusek, J. Chen, P.K. Whelton, and J. He

In this cross-sectional study based on the Third National Health and Nutrition Examination Survey, patients with chronic kidney disease had lower levels of apolipoprotein A1 and higher levels of homocysteine, lipoprotein(a), fibrinogen, and C-reactive protein.

### Differential Time to Positivity: A Useful Method for Diagnosing Catheter-Related Bloodstream Infections 18

I. Raad, H.A. Hanna, B. Alakech, I. Chatzinikolaou, M.M. Johnson, and J. Tarrand

The authors drew blood cultures simultaneously from the catheter and a peripheral vein. When cultures from the catheter turned positive at least 120 minutes sooner than cultures from a peripheral vein ("differential time to positivity"), the odds that the bacteremia was catheter-related increased substantially.

### International Prospective Study of *Klebsiella pneumoniae* Bacteremia: Implications of Extended-Spectrum $\beta$ -Lactamase Production in Nosocomial Infections 26

D.L. Paterson, W.-C. Ko, A. Von Gottberg, S. Mohapatra, J.M. Casellas, H. Goossens, L. Mulazimoglu, G. Trenholme, K.P. Klugman, R.A. Bonomo, L.B. Rice, M.M. Wagener, J.G. McCormack, and V.L. Yu

Production of extended-spectrum  $\beta$ -lactamases by *Klebsiella pneumoniae* is a widespread nosocomial problem.

Appropriate infection control and antibiotic management strategies are needed to stem the spread of this emerging form of antibiotic resistance.

## IMPROVING PATIENT CARE

### Patient Safety Is Not Enough: Targeting Quality Improvements To Optimize the Health of the Population 33

S.H. Woolf

Ensuring patient safety is essential for better health care, but preoccupation with patient safety could distract us from other problems that pose a greater threat to health.

## REVIEW

### Following the Molecular Pathways toward an Understanding of the Pathogenesis of Systemic Sclerosis 37

S.A. Jimenez and C.T. Derk

This review discusses the clinical and physiologic principles of systemic sclerosis, a disease of unknown origin characterized by excessive deposition of collagen and other connective tissue macromolecules in skin and many internal organs, prominent changes in the microvasculature, and humoral and cellular immunologic abnormalities.

## PERSPECTIVES

### Malpractice Reform Must Include Steps To Prevent Medical Injury 51

S.C. Schoenbaum and R.R. Bovbjerg

In the current malpractice insurance crisis, physicians have focused their advocacy and energy primarily on rapidly increasing liability premiums and demands for legal reform, especially caps on damages. An even more important focus, however, is prevention of injury and improvement of patient safety.

### A Typology of Shared Decision Making, Informed Consent, and Simple Consent 54

S.N. Whitney, A.L. McGuire, and L.B. McCullough

Informed consent is the legal process used to advance patient autonomy in health care. Shared decision making is a widely promoted ethical approach to the same problem. We should think of these 2 processes as distinct, clinically and ethically, as we approach medical decisions.

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**Beyond (or Back to) Traditional Risk Factors: Preventing Cardiovascular Disease in Patients with Chronic Kidney Disease** 60

L.J. Appel

In this issue, Muntner and colleagues show that persons with chronic kidney disease have a high prevalence of nontraditional risk factors for cardiovascular disease (CVD). The importance of these risk factors is uncertain in the general population and in patients with chronic kidney disease. Whether they cause CVD or are merely markers of CVD risk is unclear from the available evidence.

**Catheters, Microbes, Time, and Gold Standards** 62

B.M. Farr

The study by Raad and colleagues in this issue suggests that a shorter time to positivity in blood cultures drawn from a vascular catheter is a useful diagnostic approach for catheter-related bloodstream infection. Raad and colleagues also note that the specificity (but not the sensitivity) of this test was lower in patients already taking antibiotics when blood cultures were drawn.

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