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ARTICLES

Effect of Antibacterial Home Cleaning and Handwashing Products on Infectious Disease Symptoms. A Randomized, Double-Blind Trial 321

E.L. Larson, S.X. Lin, C. Gomez-Pichardo, and P. Della-Latta
Antibacterial products for general cleaning, laundry, and handwashing did not reduce the frequency of symptoms of viral infectious disease in households of essentially healthy persons. This result does not preclude the possibility that these home products reduce bacterial disease symptoms.

Factor V Leiden and the Risk for Venous Thromboembolism in the Adult Danish Population 330

K. Juul, A. Tybjaerg-Hansen, P. Schnohr, and B.G. Nordestgaard
In the adult Danish population, heterozygotes for the factor V Leiden mutation had a hazard ratio of 3 for venous thromboembolism relative to noncarriers of the mutation. For homozygotes, the hazard ratio was 18. When smoking, obesity, and old age were all present, the absolute 10-year thromboembolic risk was 10% in heterozygotes and 51% in homozygotes.

Excess Body Weight Is Not Independently Associated with Outcome in Mechanically Ventilated Patients with Acute Lung Injury 338

J.M. O'Brien Jr., C.H. Welsh, R.H. Fish, M. Ancukiewicz, and A.M. Kramer, for the National Heart, Lung, and Blood Institute Acute Respiratory Distress Syndrome Network
Mechanically ventilated patients with acute lung injury have the same risk-adjusted outcomes whether they are obese or overweight or have normal body mass index. O'Brien and colleagues' findings suggest that normal weight, overweight, or obese patients benefit equally from lower tidal volume ventilation for acute lung injury.

Peginterferon- α 2a and Ribavirin Combination Therapy in Chronic Hepatitis C. A Randomized Study of Treatment Duration and Ribavirin Dose 346

S.J. Hadziyannis, H. Sette Jr., T.R. Morgan, V. Balan, M. Diago, P. Marcellin, G. Ramadori, H. Bodenheimer Jr., D. Bernstein, M. Rizzetto, S. Zeuzem, P.J. Pockros, A. Lin, and A.M. Ackrill, for the PEGASYS International Study Group
The researchers assessed the efficacy and safety of 24 or 48 weeks of treatment for chronic hepatitis C virus (HCV) infection with peginterferon- α 2a plus a low or standard dose of ribavirin. The results suggest individualized treatment according to genotype. Patients with HCV genotype 1

require treatment for 48 weeks and a standard dose of ribavirin; for those with genotypes 2 and 3, 24 weeks of treatment with peginterferon- α 2a and a low dose of ribavirin is sufficient.

IMPROVING PATIENT CARE

Communicating about Health Care: Observations from Persons Who Are Deaf or Hard of Hearing 356

L.I. Iezzoni, B.L. O'Day, M. Killeen, and H. Harker
Persons who are deaf or hard of hearing face considerable barriers to communicating with physicians. As the population ages, physicians will encounter many more persons with hearing limitations. Ensuring effective communication is essential to safe, timely, efficient, and patient-centered care. The authors offer practical advice that we all need to hear.

UPDATE

Update in Hospital Medicine 363

A.D. Auerbach and J. Kleinbart
The articles discussed in this Update cover topics important for general internists with active inpatient practices. These original research papers published in 2002 gave new insights into common inpatient diagnoses and frequent challenges for inpatient physicians.

REVIEW

Heterogeneous Virologic Response Rates to Interferon-Based Therapy in Patients with Chronic Hepatitis C: Who Responds Less Well? 370

S. Zeuzem

This article reviews the data on interferon-based therapies among patients with hepatitis C whose clinical findings mean that they are relatively unlikely to have a sustained virologic response. It also discusses the potential of the new pegylated interferons.

CLINICAL GUIDELINES

Screening for Family and Intimate Partner Violence: Recommendation Statement 382

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force found insufficient evidence to recommend for or against routine screening of parents or guardians for the physical abuse or neglect of children, of women for intimate partner violence, or of older adults or their caregivers for elder abuse.

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Screening Women and Elderly Adults for Family and Intimate Partner Violence: A Review of the Evidence for the U.S. Preventive Services Task Force 387

H.D. Nelson, P. Nygren, Y. McInerney, and J. Klein
This review provides the evidence to support the U.S. Preventive Services Task Force's position on screening for family and intimate partner violence.

EDITORIALS

Beyond Semmelweis: Moving Infection Control into the Community 397

J.T. Weber and J.M. Hughes
In this issue, Larson and colleagues found no difference in rates of infectious disease symptoms among families who used handwashing and household-cleaning products with and without antibacterial ingredients. Their trial shows that we can hold nonmedical products that claim to have health benefits to the same standard of evidence as new drugs, as we strive to provide the evidence base for public health recommendations.

Screening for Family Violence: What's an Evidence-Based Doctor To Do? 399

M.S. Lachs
In this issue, Nelson and colleagues found essentially no studies of reasonable quality supporting specific effective intervention for family violence. In light of the evidence, why should clinicians screen for a disease for which there are no proven effective interventions? Because for some conditions that clinicians regularly encounter, robotic devotion to evidence-based medicine places us at risk of dehumanizing certain aspects of doctoring.

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