

CONTENTS **Annals of Internal Medicine**

20 December 2005 143 12 849-928

ARTICLES

Comparing Yoga, Exercise, and a Self-Care Book for Chronic Low Back Pain. A Randomized, Controlled Trial 849

K.J. Sherman, D.C. Cherkin, J. Erro, D.L. Miglioretti, and R.A. Deyo

The authors randomly assigned 101 adults with chronic low back pain to receive 12 weeks of yoga, 12 weeks of conventional therapeutic exercise classes, or a self-care book. At 12 weeks, the yoga group had less bothersome symptoms and better back-related function than the self-care book group. Differences between conventional exercise and yoga were not consistent at different times in the study.

Empirical Anti-*Candida* Therapy among Selected Patients in the Intensive Care Unit: A Cost-Effectiveness Analysis 857

Y. Golan, M.P. Wolf, S.G. Pauker, J.B. Wong, and S. Hadley

The authors measured the cost-effectiveness of 4 empirical anti-*Candida* strategies, 4 culture-based anti-*Candida* strategies, and 1 strategy of no *Candida* treatment in high-risk patients in the intensive care unit. For a patient who has not responded to empirical antibiotics for suspected infection, empirical fluconazole should reduce mortality at an acceptable cost. Empirical treatment in patients at low risk for infection is not justified.

Meta-Analysis: The Efficacy of Strategies To Prevent Organ Disease by Cytomegalovirus in Solid Organ Transplant Recipients 870

A.C. Kalil, J. Levitsky, E. Lyden, J. Stoner, and A.G. Freifeld

Two strategies are used to prevent serious cytomegalovirus (CMV) infection in solid organ transplant recipients. One is universal prophylaxis with antiviral drugs. The other consists of periodic monitoring for CMV infection and antiviral drugs if infection is present. Both reduce the risk for CMV organ disease and allograft rejection, but only universal prophylaxis also reduces bacterial and fungal infections and death.

IMPROVING PATIENT CARE

Effect of Increasing the Intensity of Implementing Pneumonia Guidelines. A Randomized, Controlled Trial 881

D.M. Yealy, T.E. Auble, R.A. Stone, J.R. Lave, T.P. Meehan, L.G. Graff, J.M. Fine, D.S. Obrosky, M.K. Mor, J. Whittle, and M.J. Fine

The authors implemented a guideline for deciding whether to manage community-acquired pneumonia in the hospital or at home. Guideline implementation strategies were low, moderate, and high intensity. Both moderate-intensity and high-intensity strategies safely increased the proportion of low-risk patients who were treated as outpatients. Only the high-intensity strategy improved adherence to recommended processes of care for outpatients and inpatients.

REVIEW

New Concepts in the Pathophysiology of Inflammatory Bowel Disease 895

G. Bamias, M.R. Nyce, S.A. De La Rue, and F. Cominelli

Ulcerative colitis and Crohn disease share certain similarities but are clearly distinct diseases. Recent research challenges our conception of the pathophysiology of inflammatory bowel disease and the simple dichotomy between Crohn disease and ulcerative colitis. This review presents emerging pathophysiologic concepts and discusses their effect on the classic paradigms for inflammatory bowel disease.

PERSPECTIVE

Letter from New Orleans 905

K.B. DeSalvo

Hurricane Katrina has provided an unprecedented opportunity to rebuild the health care system of New Orleans. My hope is that we don't retreat to comfortable ways but seize the day and develop a fully integrated health care system for the underserved, complete with an electronic health record. The posthurricane health care system should proactively identify at-risk patients before their conditions deteriorate. It should monitor quality of care in an open and positive way that will lead to continuous improvement. It could be a showcase.

Continued on page I-2

HISTORY OF MEDICINE

The Discovery of Insulin: The Rochester, New York, Connection 907

R. Madeb, L.G. Koniaris, and S.I. Schwartz

Although the discovery of insulin in Toronto by Dr. Frederick G. Banting and colleagues has been well chronicled, the story of how insulin therapy was introduced into the United States has been less discussed. The first patient to be treated with insulin in the United States resided in Rochester, New York, a city with a then newly developed medical school that also tried to recruit Dr. Banting. A series of letters from that period provides a description of the course of a juvenile patient with diabetes before and after the use of insulin as a therapeutic agent.

EDITORIAL

Controlling the Troll: Management of Cytomegalovirus Infection after Transplantation 913

S. Dummer

Because of better antiviral drugs and sensitive viral assays, cytomegalovirus (CMV) disease is becoming less threatening to post-transplantation patients. However, proponents of universal antiviral drug prophylaxis cannot agree with those who prefer testing for CMV and treating as needed. In this issue, Kalil and colleagues present their meta-analysis of trials of these 2 approaches to CMV disease prevention. Because the study is a summary of previously published trials, it does not really break new ground. Nonetheless, it will probably affect thinking in this field.

ON BEING A DOCTOR

The Man with No Heart 915

A. Mosenkis

As I was en route to the parking lot on a cold autumn night, my pager started beeping. I was a new renal fellow on call,

and this was an all-too-familiar, yet still unnerving, occurrence. The number to call back was one I didn't recognize: the OR. When I returned the call, I learned that a heart transplant had failed with disastrous complications. The patient was hypotensive and grossly volume overloaded. The transplant team was requesting intraoperative dialysis. Minutes later, after probing unfamiliar corridors, I arrived at the scene.

LETTERS

Comments and Responses

Screening for HIV 916

C.G. Beckwith, T.P. Flanigan, C. del Rio, and J.G. Bartlett; N. Calonge and D.B. Petitti

Unintended Consequences 917

E.M. Knight; S.J. Zanders; J. Ryan

Medicare Coverage of Angiotensin-Converting Enzyme Inhibitors 918

V.N. Velakaturi; A.B. Rosen, A.M. Fendrick, and S. Vijan

Clinical Observations

Tumor Necrosis Factor- α Inhibitor Therapy in Erosive Polyarthritis Secondary to Systemic Sclerosis 918

S. Bosello, M. De Santis, B. Tolusso, A. Zoli, and G. Ferraccioli

THANKS TO REVIEWERS 921

Cover photograph by Saul Weinberg

Authors' Form 1-4