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ARTICLES

Cost-Effectiveness of Full Medicare Coverage of Angiotensin-Converting Enzyme Inhibitors for Beneficiaries with Diabetes 89

A.B. Rosen, M.B. Hamel, M.C. Weinstein, D.M. Cutler, A.M. Fendrick, and S. Vijan

The authors compared the cost-effectiveness of Medicare first-dollar coverage of angiotensin-converting enzyme inhibitors for diabetic beneficiaries with current practice (no coverage) and the new Medicare drug benefit. First-dollar coverage would extend life and reduce Medicare program costs, unlike current practice or the Medicare drug program, because it would promote greater use of a drug that prevents diabetes complications and their costs.

The Wells Rule Does Not Adequately Rule Out Deep Venous Thrombosis in Primary Care Patients 100

R. Oudega, A.W. Hoes, and K.G.M. Moons

This study aimed to validate the diagnostic accuracy of the Wells rule for deep venous thrombosis (DVT) in 1295 consecutive primary care patients with suspected DVT. Twelve percent of patients in the low-risk group had DVT (only 3% had DVT in the original study by Wells). In low-risk people who had negative results on D-dimer tests, the prevalence of DVT was 2.9% (0.9% had DVT in the original study). The Wells rule did not accurately estimate the prevalence of DVT in low-risk primary care patients.

Echocardiographic Evaluation in Asymptomatic Relatives of Patients with Dilated Cardiomyopathy Reveals Preclinical Disease 108

N.G. Mahon, R.T. Murphy, C.A. MacRae, A.L.P. Caforio, P.M. Elliott, and W.J. McKenna

The authors examined 767 asymptomatic relatives of 189 consecutive unselected patients with dilated cardiomyopathy. Approximately 5% had treatable asymptomatic cases of the disorder. Left ventricular enlargement or depressed fractional shortening was common and was associated with an increased medium-term risk for disease progression. Relatives of patients with cardiomyopathy need cardiac evaluation.

Brief Communication: The Prevalence of High Intake of Vitamin E from the Use of Supplements among U.S. Adults 116

E.S. Ford, U.A. Ajani, and A.H. Mokdad

People who consume at least 400 IU of vitamin E per day from supplements may be at slightly increased risk for

premature death. By examining data from the 1999–2000 National Health and Nutrition Examination Survey, the authors concluded that approximately 11% of U.S. adults age 20 years or older consume at least 400 IU of vitamin E per day.

IMPROVING PATIENT CARE

Patient Safety Concerns Arising from Test Results That Return after Hospital Discharge 121

C.L. Roy, E.G. Poon, A.S. Karson, Z. Ladak-Merchant, R.E. Johnson, S.M. Maviglia, and T.K. Gandhi

Many patients are discharged from hospitals with test results still pending, and physicians are often unaware of potentially actionable findings that appear in the medical record after discharge. Health organizations need better systems for ensuring good follow-up of test results returning after hospital discharge.

REVIEW

Meta-Analysis: The Value of Clinical Assessment in the Diagnosis of Deep Venous Thrombosis 129

S. Goodacre, A.J. Sutton, and F.C. Sampson

The authors summarized published research on the sensitivity and specificity of clinical findings, risk scores, and physicians' empirical judgments for deep venous thrombosis (DVT). Only malignancy, previous DVT, recent immobilization, difference in calf circumference, and recent surgery were useful for ruling in DVT. Only symmetry in calf circumference or absence of calf swelling was useful for ruling out DVT. Assessment of clinical probability by using the Wells score is more useful than individual clinical features.

EDITORIALS

Use of a Clinical Prediction Score in Patients with Suspected Deep Venous Thrombosis: Two Steps Forward, One Step Back? 140

J.D. Douketis

In this issue, 2 articles assess a low Wells score as a predictor of deep venous thrombosis (DVT). Goodacre and colleagues concluded that a low Wells score and negative results on a D-dimer test made venous ultrasonography unnecessary. In contrast, Oudega and coworkers found that 3% of patients

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with a low Wells score plus negative D-dimer test results had DVT. To reconcile these apparently discordant findings, we might start by considering the criteria that a clinical prediction score should satisfy before using it in everyday practice.

An Editorial Update: *Annus horribilis* for Vitamin E 143

E. Guallar, D.F. Hanley, and E.R. Miller III

In January 2005, we published a dose-response meta-analysis showing that high-dosage (≥ 400 IU/d) vitamin E supplementation was associated with a small but statistically significant increased risk for death. These findings were highly controversial: This issue of *Annals* includes 11 of more than 40 electronic rapid-response letters about our article. Rather than summarizing this exchange of views, however, this editorial reports further developments in the vitamin E story.

Is This Clinical Trial Fully Registered? A Statement from the International Committee of Medical Journal Editors 146

C.D. De Angelis, J.M. Drazen, F.A. Frizelle, C. Haug, J. Hoey, R. Horton, S. Kotzin, C. Laine, A. Marusic, A.J.P.M. Overbeke, T.V. Schroeder, H.C. Sox, and M.B. Van Der Weyden

In September 2004, the International Committee of Medical Journal Editors (ICMJE) published a joint editorial to promote registration of all clinical trials. We stated that we will consider a trial for publication only if it has been registered before the enrollment of the first patient. As our deadline for registration approaches, trial authors and sponsors want to be sure that they understand our requirements. The purpose of this joint editorial is to answer questions about the ICMJE initiative and to bring our position into harmony with that of others who are working toward the same end.

ON BEING A DOCTOR

Food for Thought 149

S. Badve

One day, working in Lokmanya Tilak Municipal General Hospital in Mumbai, India, I filled out discharge forms for one of my patients, a middle-aged worker with fever who had responded to antimalarial treatment. During evening rounds, however, I found him still sitting on the hospital bed. I was annoyed; I told the patient that he had been

discharged and should leave. I left to attend to other patients, completed my evening rounds, and began to see the new admissions. Then I witnessed something unforgettable.

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G.N. Braman

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J. Fisher Wilson

Cover photograph by Patti DeBow

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