

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### Changes in Invasive Pneumococcal Disease among HIV-Infected Adults Living in the Era of Childhood Pneumococcal Immunization 1

B. Flannery, R.T. Heffernan, L.H. Harrison, S.M. Ray, A.L. Reingold, J. Hadler, W. Schaffner, R. Lynfield, A.R. Thomas, J. Li, M. Campsmith, C.G. Whitney, and A. Schuchat

According to a Centers for Disease Control and Prevention surveillance program, introduction of a pediatric conjugate vaccine was associated with an overall decrease in invasive pneumococcal disease among persons with HIV infection. Infection from pneumococcal serotypes contained in the vaccine decreased, and nonvaccine serotypes increased. Vaccinating children against pneumococcal disease protects adults with HIV infection.

### Physical Performance in Peripheral Arterial Disease: A Slower Rate of Decline in Patients Who Walk More 10

M.M. McDermott, K. Liu, L. Ferrucci, M.H. Criqui, P. Greenland, J.M. Guralnik, L. Tian, J.R. Schneider, W.H. Pearce, J. Tan, and G.J. Martin

The natural history of symptomatic peripheral arterial disease (PAD) involves a decline in physical performance. In this observational study, physical performance of patients who were not in a supervised exercise program declined more slowly if they walked for exercise at least 3 times weekly. These findings may be particularly important for the many patients with PAD who do not have access to an organized walking exercise program.

Summary for Patients I-20

### Body Mass Index and Risk for End-Stage Renal Disease 21

C.-Y. Hsu, C.E. McCulloch, C. Iribarren, J. Darbinian, and A.S. Go

In this study of a cohort of patients in a large integrated health care system, people with higher body mass index (BMI) at baseline had a higher incidence of end-stage renal disease (ESRD) even after adjustment for their different baseline blood pressure level and prevalence of diabetes mellitus. The risk for ESRD rose as BMI increased. High BMI is a common, strong, and potentially modifiable risk factor for end-stage renal disease.

Summary for Patients I-28

## IMPROVING PATIENT CARE

### Who Is Maintaining Certification in Internal Medicine—and Why? A National Survey 10 Years after Initial Certification 29

R.S. Lipner, W.H. Bylsma, G.K. Arnold, G.S. Fortna, J. Tooker, and C.K. Cassel

Internists who received initial board certification in 1990 to 1992 were the first whose certification required renewal. This survey asked why they did or did not participate in the American Board of Medical Specialties' Maintenance of Certification (MOC) program. Maintaining professional competence was the commonest reason for participating. Satisfying employment-related requirements was less important. Many general internists did not participate because they no longer practiced internal medicine.

Summary for Patients I-36

## REVIEW

### Meta-Analysis: Protein and Energy Supplementation in Older People 37

A.C. Milne, A. Avenell, and J. Potter

Randomized trials of oral nutritional supplements show a pattern of greater effect in people older than age 75 years and the undernourished. High-energy supplements given over a long time had more benefit. Current evidence shows little benefit to routine nutritional supplements in people living at home and in well-nourished persons.

## UPDATE

### Update in Infectious Diseases 49

J.G. Bartlett

This Update in Infectious Diseases reviews important literature related to infectious diseases from 2004. The year had significant achievements, including substantial progress in the area of antiviral therapy for hepatitis B and C, and introduced several new challenges, perhaps the greatest of which was the threat of avian influenza. The author summarizes the medical reports that guided research in the field in 2004.

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## EDITORIALS

### Leaving (Internal) Medicine 57

H.C. Sox

As the United States slides into a crisis of access to primary care, the results of the American Board of Internal Medicine–American College of Physicians survey, reported by Lipner and colleagues in this issue, provide 3 valuable lessons. First, the number of primary care physicians is falling faster than we had realized. Second, migration between medical specialties is important. Third, we need to pay more attention to tracking career changes of practicing physicians.

### Feeding Patients after Stroke: Who, When, and How 59

L.S. Williams

It's Friday at 5:30 p.m. Monday is a holiday. You have just admitted a 75-year-old woman with dysarthria and dysphagia from a lateral medullary stroke. A swallowing study will not be available for more than 72 hours. What should you do about feeding her?

## ON BEING A DOCTOR

### Customer Disservice? 61

J.L. Glazer

Humming a tune as I rounded the corner, I plucked a chart from the wall outside room 14. Carol Todd, a woman of 48, had come to see me about "cellulitis of the scalp." My nurse had scrawled a question mark after her history, and then an exclamation point. I shot a quizzical look into the nurses' pod at her. She rolled her eyes at me and mouthed the words, "You'll see." I knocked on the door and entered the examination room.

### Commentary 62

### Twenty Minutes 63

J. Cavanaugh

He said, as he always did, "I'm just feeling old, you know, everything hurts when you get old. Don't ever get old." It

was his joke, the one he brought out every time. Every time he did he shook his head slowly and his smile arched into a grimace. Every time I thought he was going to cry.

## LETTERS

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H.L. Bonkovsky

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