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ARTICLES

Appropriateness of Diagnostic Management and Outcomes of Suspected Pulmonary Embolism 157

P.-M. Roy, G. Meyer, B. Vielle, C. Le Gall, F. Verschuren, F. Carpentier, P. Leveau, and A. Furber, for the EMDEPU Study Group

The authors compared the diagnostic management of suspected pulmonary embolism (PE) with evidence-based criteria. The decision to rule in PE was in accord with established criteria in 92% of 429 patients. The decision to rule out PE was in accord with the criteria in only 43% of 1100 patients. In 39 of the 44 patients who had venous thromboembolism during follow-up, the physician had not used appropriate criteria to rule out PE.

Summary for Patients I-24

Prediction of Pulmonary Embolism in the Emergency Department: The Revised Geneva Score 165

G. Le Gal, M. Righini, P.-M. Roy, O. Sanchez, D. Aujesky, H. Bounameaux, and A. Perrier

To improve diagnosis of pulmonary embolism (PE), the authors constructed a simple scoring system to estimate probability. Clinical predictors included age, previous venous thromboembolism, recent surgery or fracture, active cancer, unilateral lower-limb pain, hemoptysis, heart rate, a tender deep vein, and unilateral leg edema. In the validation set, the prevalence of PE was 8%, 29%, and 74% in the low-, intermediate-, and high-probability categories, respectively.

Cardiovascular Outcomes in High-Risk Hypertensive Patients Stratified by Baseline Glomerular Filtration Rate 172

M. Rahman, S. Pressel, B.R. Davis, C. Nwachuku, J.T. Wright Jr., P.K. Whelton, J. Barzilay, V. Batuman, J.H. Eckfeldt, M.A. Farber, S. Franklin, M. Henriquez, N. Kopyt, G.T. Louis, M. Saklayen, C. Stanford, C. Walworth, H. Ward, and T. Wiegmann, for the ALLHAT Collaborative Research Group

In this post hoc analysis of a subgroup of the Anti-hypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT), patients with hypertension and chronic kidney disease were more likely to develop coronary heart disease (CHD) than to develop end-stage renal disease. A low glomerular filtration rate independently predicted CHD. Neither amlodipine nor lisinopril was superior to chlorthalidone in preventing cardiovascular disease outcomes or renal failure.

Summary for Patients I-33

Brief Communication: Successful Treatment of Pure Red-Cell Aplasia with an Anti-Interleukin-2 Receptor Antibody (Daclizumab) 181

E.M. Sloand, P. Scheinberg, J. Maciejewski, and N.S. Young
Pure red-cell aplasia is an autoimmune disease. The authors treated 15 affected patients with 5 weekly injections of a humanized monoclonal antibody to the interleukin-2 receptor (daclizumab). Six patients (40%) responded to treatment. All responders became transfusion-independent and achieved normal or near-normal hemoglobin values and normal reticulocyte counts. In this small study, daclizumab did not have adverse effects.

REVIEW

Nephrogenic Diabetes Insipidus 186

J.M. Sands and D.G. Bichet

Nephrogenic diabetes insipidus (NDI) is a relatively rare disorder in which the kidney is unresponsive to the water-retaining action of vasopressin. With early diagnosis and therapy, children with NDI develop without mental retardation and survive into adulthood. Adults develop acquired NDI most commonly because of lithium therapy for bipolar disorders. Treatment options are limited.

UPDATE

Update in Hospital Medicine 195

J.G. Wiese and R.L. Holman

This Update summarizes important papers from 2004 for physicians with active inpatient practices. It covers hospitalist comanagement, atrial fibrillation, chronic heart failure, pulmonary embolism, catheter-related bloodstream infections, nephropathy, fluid resuscitation, antiplatelet therapy, adverse events following hospital discharge, and dementia.

ACADEMIA AND CLINIC

Translating Clinical Research into Clinical Practice: Impact of Using Prediction Rules To Make Decisions 201

B.M. Reilly and A.T. Evans

The purpose of clinical prediction rules is to help physicians use a patient's clinical findings to estimate disease probability and in turn to tailor the choice and interpretation of diagnostic tests to the patient. Without formal impact analysis, clinicians cannot know whether a rule will be beneficial or harmful. This paper reviews standards of evidence for developing and evaluating the potential clinical impact of using a clinical prediction rule in practice.

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EDITORIALS

Better Care for Patients with Suspected Pulmonary Embolism 210

H.C. Sox

This issue contains 2 articles about the management of suspected pulmonary embolism (PE). One shows that physicians frequently fail to use evidence-based diagnostic guidelines, especially when interpreting negative test results. The companion article describes a clinical prediction rule for classifying patients with suspected PE into low-, medium-, and high-risk categories. These studies are representative of the very high-quality body of evidence to guide decision making for suspected PE. We have a wide gap between our abundant knowledge and its application. Computer-based decision support for diagnosing suspected PE is an idea whose time is at hand, if not long overdue.

Which Antihypertensive Agents in Chronic Kidney Disease? 213

A.S. Levey and K. Uhlig

In this issue, Rahman and colleagues report cardiovascular disease in chronic kidney disease from the randomized study known as ALLHAT. They had previously reported outcomes of kidney disease in this group. Because so many ALLHAT participants had chronic kidney disease, it is the largest study of hypertension treatment in patients with this disorder. This editorial compares ALLHAT results with previous studies of antihypertensive treatment in patients with chronic kidney disease.

ON BEING A DOCTOR

Transport 216

D. Gianakos

I love to see the last patient of the day. There are no time pressures to see other patients. I am not distracted by phone calls, knocks on the door, or overhead pages. The work of the day is almost done, and I can sit back and give the patient my full attention.

The Middle Time 217

M. Aylward

The people on the road just do not understand the general need to get out of my way. Frustration and resentment are not too far under my skin after 30-odd hours of wakefulness and decision making. Everyone else is coming home from a day's work—I've got 2 days under my belt. Doesn't that give me some kind of priority?

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