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ARTICLES

Emergence of Community-Acquired Methicillin-Resistant *Staphylococcus aureus* USA 300 Clone as the Predominant Cause of Skin and Soft-Tissue Infections 309

M.D. King, B.J. Humphrey, Y.F. Wang, E.V. Kourbatova, S.M. Ray, and H.M. Blumberg

In this study of 384 persons with microbiologically confirmed community-onset *Staphylococcus aureus* skin and soft-tissue infection, community-acquired methicillin-resistant *Staphylococcus aureus* (MRSA) USA 300 clone was the predominant cause. Therefore, the preferred initial therapy for serious skin and soft-tissue infections is agents active against community-acquired MRSA, such as minocycline, doxycycline, and trimethoprim-sulfamethoxazole.

A U.S. Population-Based Survey of *Staphylococcus aureus* Colonization 318

P.L. Graham III, S.X. Lin, and E.L. Larson

In the 2001–2002 National Health and Nutrition Examination Survey (NHANES), the prevalence of colonization with any strain of *Staphylococcus aureus* was 31.6%. The prevalence of methicillin-resistant *S. aureus* (MRSA) infection was 0.84%. Younger people, men, persons with less formal schooling, and persons with asthma were more likely to acquire *S. aureus*. Colonization with MRSA was more likely in older persons, women, persons with diabetes, and those recently in a long-term care facility.

Aspirin, Statins, or Both Drugs for the Primary Prevention of Coronary Heart Disease Events in Men: A Cost–Utility Analysis 326

M. Pignone, S. Earnshaw, J.A. Tice, and M.J. Pletcher

In this cost–utility analysis of the effects of aspirin and statins for primary prevention of coronary heart disease (CHD), aspirin was less costly and more effective than no treatment in middle-aged men whose 10-year risk for CHD was 7.5% or higher. Adding a statin to aspirin therapy is cost-effective only when the patient's 10-year CHD risk exceeds 10%.

Adding Chloroquine to Conventional Treatment for Glioblastoma Multiforme. A Randomized, Double-Blind, Placebo-Controlled Trial 337

J. Sotelo, E. Briceño, and M.A. López-González

The authors randomly assigned 30 patients with surgically confirmed glioblastoma multiforme to receive chloroquine, 150 mg/d, or placebo for 12 months in addition to

conventional therapy. Median survival after surgery was 24 months for chloroquine-treated patients and 11 months for controls. Although not statistically significantly different, the rate of death was approximately half as large with chloroquine than with placebo (hazard ratio, 0.52 [95% CI, 0.21 to 1.26]). These results warrant larger, more definitive studies of chloroquine as adjuvant therapy for glioblastoma.

Brief Communication: Fatal Human Metapneumovirus Infection in Stem-Cell Transplant Recipients 344

J.A. Englund, M. Boeckh, J. Kuypers, W.G. Nichols, R.C. Hackman, R.A. Morrow, D.N. Fredricks, and L. Corey

Human metapneumovirus (hMPV) usually affects children and the elderly. The authors found hMPV in bronchoalveolar lavage specimens from 5 of 163 hematopoietic stem-cell transplant recipients (3.0%) who had lower respiratory tract disease. Three patients who provided several samples had persistent viral infection, and hMPV was detected in 1 of 2 lung specimens tested. Four of 5 patients died with acute respiratory failure.

REVIEW

Narrative Review: Ketosis-Prone Type 2 Diabetes Mellitus 350

G.E. Umpierrez, D. Smiley, and A.E. Kitabchi

In many African-Americans, diabetes first presents with diabetic ketoacidosis with markedly impaired insulin secretion and insulin action. Affected persons have features of type 2 diabetes during follow-up, yet they can usually stop taking insulin within a few months, and the resulting near-normoglycemic remission may last for a few months to several years. The underlying mechanisms for β -cell dysfunction in ketosis-prone type 2 diabetes are not known. Researchers hypothesize that elevated levels of glucose or free fatty acids may desensitize pancreatic β cells to the effects of elevated blood glucose.

UPDATE

Update in Pulmonary Medicine 358

S.E. Weinberger

This Update addresses important disorders and clinical questions that are relevant not just to pulmonary subspecialists but also to a broad group of internists. The Update covers interstitial lung disease; pulmonary vascular disease; asthma; chronic obstructive pulmonary disease; lung cancer; community-acquired pneumonia; and acute eosinophilic pneumonia in soldiers in Iraq, a “disease of the times.”

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ACADEMIA AND CLINIC

Reporting Randomized, Controlled Trials of Herbal Interventions: An Elaborated CONSORT Statement 364

J.J. Gagnier, H. Boon, P. Rochon, D. Moher, J. Barnes, and C. Bombardier, for the CONSORT Group

Herbal medicinal products are widely used; vary greatly in content and quality; and are the subjects of randomized, controlled trials. The authors elaborated on the 22-item CONSORT (Consolidated Standards of Reporting Trials) checklist to develop recommendations for improved reporting of trials examining herbal interventions.

EDITORIALS

The Growing Menace of Community-Acquired Methicillin-Resistant *Staphylococcus aureus* 368

R.C. Moellering Jr.

As we read anxiously about the possibility of a worldwide pandemic of avian influenza, another epidemic is actually happening. Methicillin-resistant strains of *Staphylococcus aureus* (MRSA), discussed in 2 papers in this issue, have now emerged as community-acquired pathogens capable of causing serious disease. To help physicians manage community-acquired MRSA infections, the editorial describes their nature and epidemiology, defines the populations most at risk, and discusses appropriate therapy.

New Treatments for Malignant Gliomas: Careful Evaluation and Cautious Optimism Required 371

M.R. Gilbert

In this issue, Sotelo and colleagues examine the potential benefit of adding chloroquine to a treatment regimen consisting of radiation plus carmustine for glioblastoma multiforme. Their results seem quite striking: Survival in the experimental group was double that in the group receiving conventional treatment. On the basis of these data, should chloroquine be added to chemoradiation for all patients with new diagnoses of glioblastoma? Should it become part of the standard of care?

Human Metapneumovirus: Important but Not Currently Diagnosable 374

J-A.H. van Burik

Human metapneumovirus was invisible before 2001, in part because the virus did not infect standard cell lines used to

isolate respiratory virus pathogens. Five years later, there is a flurry of research activity as investigators, including Englund and colleagues in this issue, try to establish the clinical significance of this paramyxovirus. The editorial describes the virus and its clinical effects and addresses 2 relevant clinical questions: whom to test for infection and which diagnostic test to use.

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A. Gifford

LETTERS

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Genetic Risk Assessment and *BRCA* Mutation Testing 376

F. Eisinger and D. Horsman; N. Calonge and D.B. Petitti

Various Forms of Life in Antineutrophil Cytoplasmic Antibody–Associated Vasculitis 377

S.L. Hogan, R.J. Falk, P.H. Nachman, and J.C. Jennette; G.S. Hoffman and C.A. Langford

The Metabolic Syndrome as a Predictor of Nonalcoholic Fatty Liver Disease 379

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Corrections

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Cover photograph by Anna Yusim

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