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ARTICLES

Cost-Effectiveness of a Vaccine To Prevent Herpes Zoster and Postherpetic Neuralgia in Older Adults 317

J. Hornberger and K. Robertus

According to this decision model, vaccinating older adults against herpes zoster can improve quality-adjusted life expectancy by small amounts. However, vaccination is unlikely to cost less than \$100 000 per quality-adjusted life-year gained unless the vaccine price is less than \$200. Targeting those at high risk for zoster and adults 60 to 69 years of age and avoiding people in their 80s will maximize cost-effectiveness.

Summary for Patients 1-14

Meal Size, Not Body Size, Explains Errors in Estimating the Calorie Content of Meals 326

B. Wansink and P. Chandon

Trained interviewers asked fast-food restaurant customers to estimate the calorie content of their meals. Interviewers counted the empty food containers on each participant's tray and calculated the meal's actual calorie content from the posted calorie content of each item. People, regardless of their weight, estimated normal-sized meals accurately. Likewise, everyone underestimated large meals. Overweight people were more likely to order larger meals and therefore to make larger errors in estimation.

Summary for Patients 1-51

The Effect of Polyphenols in Olive Oil on Heart Disease Risk Factors. A Randomized Trial 333

M.-I. Covas, K. Nyyssönen, H.E. Poulsen, J. Kaikkonen, H.-J.F. Zunft, H. Kiesewetter, A. Gaddi, R. de la Torre, J. Mursu, H. Bäuml, S. Nascetti, J.T. Salonen, M. Fitó, J. Virtanen, and J. Marrugat, for the EUROLIVE Study Group

The authors studied virgin olive oil (high in polyphenols), refined olive oil (low in polyphenols), and a mixture of the 2 oils in equal parts. Two hundred healthy young men consumed 25 mL of an olive oil daily for 3 weeks, followed by the other olive oils in a randomly assigned sequence. Olive oils with greater polyphenol content increased high-density lipoprotein cholesterol levels and decreased serum markers of oxidation.

Summary for Patients 1-53

IMPROVING PATIENT CARE

Assessment of the Medicare Quality Improvement Organization Program 342

W. Rollow, T.R. Lied, P. McGann, J. Poyer, L. LaVoie, R.T. Kambic, D.W. Bratzler, A. Ma, E.D. Huff, and L.D. Ramunno

The authors evaluated the effect of the Medicare Quality Improvement Organization (QIO) Program in 4 clinical settings (nursing homes, home health agencies, hospitals, and physician offices) by using performance data for 41 quality measures. Overall, improvement was seen in 34 of 41 measures from baseline to remeasurement. Nursing homes, home health agencies, and physician offices that received intensive QIO assistance showed greater improvement than those that did not.

UPDATE

Update in Infectious Diseases 354

B. Lorber

This Update in Infectious Diseases focuses on emerging and reemerging infections, public health and preventive medicine, and therapeutics. Important papers in 2005 shed new light on disease caused by methicillin-resistant *Staphylococcus aureus*, respiratory syncytial virus, *Clostridium difficile*-associated diarrhea, and influenza. Useful advances occurred in the treatment of recurrent sexually transmitted infections, the radiographic appearance of tuberculosis, intrapleural streptokinase for pleural effusion, and antibiotic prophylaxis for neutropenic patients.

ACADEMIA AND CLINIC

Do Oscar Winners Live Longer than Less Successful Peers? A Reanalysis of the Evidence 361

M.-P. Sylvestre, E. Huszti, and J.A. Hanley

An article published in *Annals of Internal Medicine* in 2001 reported that Academy Award-winning actors and actresses lived almost 4 years longer than their nonwinning peers. However, the analytic method used to derive this statistically significant difference gave winners an unfair advantage because it credited Oscar winners with years lived before winning rather than crediting them only with years lived after winning. Sylvestre and colleagues' article suggests ways to recognize this bias and avoid it.

NIH CONFERENCE

National Institutes of Health State-of-the-Science Conference Statement: Multivitamin/Mineral Supplements and Chronic Disease Prevention 364

NIH State-of-the-Science Panel

This State-of-the-Science Conference explored the following key questions related to use of multivitamin/multimineral (MVM) supplements: 1) What are the current patterns and prevalence of the public's use of MVM supplements? 2)

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What is known about the dietary nutrient intake of MVM users versus nonusers? 3) What is the efficacy of single vitamin/mineral supplement use in chronic disease prevention? 4) What is the efficacy of MVM in chronic disease prevention in the general population of adults? 5) What is known about the safety of MVM for the generally healthy population? and 6) What are the major knowledge gaps and research opportunities regarding MVM use?

The Efficacy and Safety of Multivitamin and Mineral Supplement Use To Prevent Cancer and Chronic Disease in Adults: A Systematic Review for a National Institutes of Health State-of-the-Science Conference 372

H.-Y. Huang, B. Caballero, S. Chang, A.J. Alberg, R.D. Semba, C.R. Schneyer, R.F. Wilson, T.-Y. Cheng, J. Vassy, G. Prokopowicz, G.J. Barnes II, and E.B. Bass

This background review supports the National Institutes of Health State-of-the-Science Panel statement on the use of multivitamin and mineral supplements.

EDITORIALS

Shingles Vaccine: Effective and Costly or Cost-Effective? 386

J.P. Koplan and R. Harpaz

Is it worthwhile to use the new varicella-zoster virus vaccine to protect against shingles? In their cost-effectiveness analysis in this issue, Hornberger and Robertus demonstrate that assumptions about age distribution of the vaccinated population, cost of the vaccine, quality-adjusted life-year (QALY) weights assigned to zoster and to postherpetic neuralgia, and duration of vaccine efficacy each independently alter the cost per QALY. Some of these key variables are known and others are not, and the durability of protection is currently speculative. We must therefore interpret the cost–utility ratios proposed in their analysis with substantial caution.

Enhancing the Potential of Quality Improvement Organizations To Improve Quality of Care 388

S.M. Shortell and W.A. Peck

The Centers for Medicare & Medicaid Services (CMS) is responsible for improving the quality of care for the nation's Medicare beneficiaries. A key component of this

responsibility is the Quality Improvement Organizations (QIOs), which contract with CMS to provide technical assistance and case reviews and investigate beneficiary complaints. CMS has made some largely isolated efforts to systematically evaluate its quality improvement efforts. The article by Rollow and colleagues in this issue is one example.

ON BEING A DOCTOR

Free Fall 390

G.K. McKinley

"Mrs. M., the doctor is here to see you."
 I looked up to see a nurse peering sympathetically at me.
 "Huh?" I thought. "But *I'm* the doctor. Where am I?"

LETTERS

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Reanalysis of Survival of Oscar Winners 392

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