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ARTICLES

Causes of Death among Persons with AIDS in the Era of Highly Active Antiretroviral Therapy: New York City 397

J.E. Sackoff, D.B. Hanna, M.R. Pfeiffer, and L.V. Torian

In this population-based cohort study of HIV-infected persons in New York City, one fourth died of causes unrelated to HIV infection. This proportion has grown steadily since the introduction of highly active antiretroviral therapy. Cardiovascular disease, non-AIDS-defining cancer, and substance abuse accounted for most of these deaths. Therefore, the health care model for HIV-infected persons must change from its primary focus on managing HIV infection to one that addresses all aspects of physical and mental health.

Summary for Patients I-49

Noninvasive Detection of Coronary Artery Stenoses with Multislice Computed Tomography or Magnetic Resonance Imaging 407

M. Dewey, F. Teige, D. Schnapauff, M. Laule, A.C. Borges, K.-D. Wernecke, T. Schink, G. Baumann, W. Rutsch, P. Rogalla, M. Taupitz, and B. Hamm

The authors measured the sensitivity and specificity of multislice computed tomography (CT) and magnetic resonance imaging (MRI) for noninvasive detection of clinically significant coronary stenoses. In this sample of 108 patients who had both tests and conventional coronary angiography, the sensitivity of multislice CT was higher than that of MRI. The specificity of the 2 tests was similar. In patients with a high pretest probability, such as stable exertional angina, the post-test probability after a negative result on either test is too high to rule out coronary artery disease.

Discordance between Sexual Behavior and Self-Reported Sexual Identity: A Population-Based Survey of New York City Men 416

P. Pathela, A. Hajat, J. Schillinger, S. Blank, R. Sell, and F. Mostashari

In a population-based health survey of men living in New York City, almost 10% who identified themselves as straight had had at least 1 sexual encounter with another man during the previous year. These men were less likely than self-identified gay men to have been tested for HIV infection or to have used a condom during their most recent sexual encounter. Physicians should ask about sexual behavior in men who self-identify as straight.

Summary for Patients I-57

IMPROVING PATIENT CARE

Medication Dispensing Errors and Potential Adverse Drug Events before and after Implementing Bar Code Technology in the Pharmacy 426

E.G. Poon, J.L. Cina, W. Churchill, N. Patel, E. Featherstone, J.M. Rothschild, C.A. Keohane, A.D. Whittemore, D.W. Bates, and T.K. Gandhi

The authors measured the results of using bar code technology to identify drugs in a hospital pharmacy. Compared with the preimplementation period, dispensing errors and potential adverse drug events were substantially less frequent when bar code technology was used. However, authors found that certain types of errors increased if the pharmacy technicians did not scan every dose when they removed it from the storage cabinet.

REVIEWS

Narrative Review: Initial Management of Newly Diagnosed, Early-Stage Chronic Lymphocytic Leukemia 435

T.D. Shanafelt, J.C. Byrd, T.G. Call, C.S. Zent, and N.E. Kay

Physicians need to know that diagnostic methods, prognostic tools, supportive care, and treatment for chronic lymphocytic leukemia have all changed substantially over the past 2 decades. The authors discuss the current work-up of lymphocytosis and highlight how to use recently identified prognostic tools to stratify risk among patients with newly diagnosed, early-stage chronic lymphocytic leukemia. They present recommendations for patient counseling, follow-up, supportive care, and initial treatment for each prognostic category.

Narrative Review: The U.S. Pharmacopeia and Model Guidelines for Medicare Part D Formularies 448

The USP Model Guidelines Expert Committee and U.S. Pharmacopeia Staff

In response to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the U.S. Pharmacopeia (USP) developed a list of categories and classes (the USP Model Guidelines) for prescription drug plans to use in developing formularies for the Medicare Part D prescription drug benefit. This article recounts the development and annual updating of the USP Model Guidelines and the related listing, the Formulary Key Drug Types.

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UPDATE

Update in Allergy and Immunology 454

D.P. Huston

This Update in Allergy and Immunology covers 3 themes: mechanisms of allergic disease, with insight into pathogenesis or treatment; therapy for allergic disease, including controversial or novel approaches for allergy treatment; and immune deficiency, with particular emphasis on the pathogenesis of common variable immunodeficiency.

PERSPECTIVE

Rapid HIV Testing at Home: Does It Solve a Problem or Create One? 459

R.P. Walensky and A.D. Paltiel

The U.S. Food and Drug Administration (FDA) is considering approval of an over-the-counter, rapid HIV test for home use. To date, most of the testimony presented to the FDA has been supportive. The authors offer a more cautious perspective.

EDITORIALS

The Changing Face of HIV Care: Common Things Really Are Common 463

J.A. Aberg

In this issue, Sackoff and colleagues report that among those with HIV infection in New York City, deaths due to non-HIV-related conditions, such as substance abuse, cardiovascular disease, and age-appropriate malignant conditions, are increasing. Whether primary care physicians and HIV care specialists have many HIV-infected patients or one, they must develop practice routines to assure a high standard of HIV-related care to all of their patients. We need to treat chronic diseases as aggressively in HIV-infected patients as in non-HIV-infected patients. Now more than ever, HIV care is primary care.

Who Is a Candidate for Noninvasive Coronary Angiography? 466

P. Greenland

In this issue, Dewey and colleagues compared multislice computed tomography (CT) and magnetic resonance imaging (MRI) for detecting coronary stenoses. How can we conclude which test to use? According to the accumulated data, clinicians should not use multislice CT routinely in the evaluation of patients with suspected myocardial ischemia. Multislice CT is not useful in patients with a high pretest probability of CAD and may be harmful. It is useful when the diagnosis is uncertain after a careful chest pain history and equivocal results on functional testing for CAD.

Lessons from Hurricane Rita: Organizing to Provide Medical Care during a Natural Disaster 468

T.J. Walsh, S. Orsega, and D. Banks

As the hurricane season for 2006 begins, people fear a disaster on the scale of the hurricanes of 2005. Improvements in our system for managing future disasters should come in part from responses to failures after Katrina, Rita, and Wilma. However, we should also pay attention to many relatively unheralded successes. The authors, who served as U.S. Public Health Service officers in makeshift hospitals in Alexandria, Louisiana, describe the lessons learned from their efforts to serve sick refugees from the disaster areas.

ON BEING A DOCTOR

Surveying the Dying: Medical Epidemiology and the Terminally Ill 471

E. Amster

Epidemiologists have determined that in Mexico most persons with idiopathic pulmonary fibrosis will die within 2 to 3 years of their diagnosis. As physicians, we are left to do the only thing we can: Ask questions.

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Correction: Trials That Matter: Should We Routinely Measure Homocysteine Levels and “Treat” Mild Hyperhomocysteinemia? 475

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