

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### **Predicting Intracranial Traumatic Findings on Computed Tomography in Patients with Minor Head Injury: The CHIP Prediction Rule** 397

M. Smits, D.W.J. Dippel, E.W. Steyerberg, G.G. de Haan, H.M. Dekker, P.E. Vos, D.R. Kool, P.J. Nederkoorn, P.A.M. Hofman, A. Twijnstra, H.L.J. Tanghe, and M.G.M. Hunink

Existing prediction rules to guide selective use of computed tomography (CT) after minor head injury were developed in patients whose injury caused loss of consciousness. In the CT in Head Injury Patients (CHIP) study, the investigators prospectively evaluated 3181 adults with minor head injury regardless of whether it was associated with loss of consciousness. A prediction rule based on such factors as age; Glasgow Coma Scale score; skull fracture; and posttraumatic vomiting, amnesia, or seizure successfully identified patients who had intracranial findings on CT or who required neurosurgical intervention.

Summary for Patients 1-55

### **Comparison of Treatment Strategies in Early Rheumatoid Arthritis. A Randomized Trial** 406

Y.P.M. Goekoop-Ruiterman, J.K. de Vries-Bouwstra, C.F. Allaart, D. van Zeben, P.J.S.M. Kerstens, J.M.W. Hazes, A.H. Zwiderman, A.J. Peeters, J.M. de Jonge-Bok, C. Mallée, W.M. de Beus, P.B.J. de Sonnaville, J.A.P.M. Ewals, F.C. Breedveld, and B.A.C. Dijkmans

First-year results of the BeSt study showed that starting therapy for rheumatoid arthritis with several combinations of drugs produced more rapid clinical improvement and less progression of joint damage than starting with monotherapy. Treating clinicians were free to adjust medication on the basis of disease activity score and reassessed clinical and radiologic outcomes. After 2 years, patients originally assigned to combination therapy groups or to monotherapy had similar disease activity, although treating physicians often converted the patients to combination therapy from monotherapy during follow-up.

Summary for Patients 1-63

### **Effect of Once-Weekly Oral Alendronate on Bone Loss in Men Receiving Androgen Deprivation Therapy for Prostate Cancer. A Randomized Trial** 416

S.L. Greenspan, J.B. Nelson, D.L. Trump, and N.M. Resnick  
Androgen deprivation therapy (ADT) for prostate cancer increases risk for bone loss and fractures. The researchers randomly assigned patients with prostate cancer receiving

ADT to alendronate or placebo. At baseline, 39% of men had osteoporosis and 52% had low bone mass. During the first year, alendronate increased bone mineral density by 3.7% at the spine and 1.6% at the femoral neck and increased bone turnover. The groups had the same rates of adverse events.

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## REVIEW

### **Narrative Review: Fabry Disease** 425

J.T.R. Clarke

Fabry disease is an X-linked, hereditary, lysosomal storage disease caused by deficiency of the enzyme  $\alpha$ -galactosidase A. It results in accumulation of globotriaosylceramide (Gb3), a neutral glycosphingolipid, in small blood vessels, nerves, dorsal root ganglia, renal glomerular and tubular epithelial cells, and cardiomyocytes. Enzyme replacement therapy (ERT), given as intravenous infusions of recombinant human  $\alpha$ -galactosidase A, consistently decreases Gb3 levels in plasma. The effects of ERT on Gb3 deposits in other tissues are less certain.

## PERSPECTIVE

### **Role of Clopidogrel in Managing Atherothrombotic Cardiovascular Disease** 434

S. Eshagian, S. Kaul, S. Amin, P.K. Shah, and G.A. Diamond  
The available evidence from randomized trials indicates that dual therapy with clopidogrel and aspirin is modestly but significantly more effective than aspirin alone in preventing serious vascular events. It is also associated with a favorable benefit-risk profile in patients at high risk, but the bleeding risk exceeds potential cardiovascular benefit in low-risk patients.

## ACADEMIA AND CLINIC

### **"I'm Not Ready for Hospice": Strategies for Timely and Effective Hospice Discussions** 443

D.J. Casarett and T.E. Quill

Growing evidence indicates that hospice can provide high-quality care for patients near the end of life and can help their families. However, many patients do not enroll in hospice, and those who enroll generally do so very late in their illness. This article describes a strategy that can make conversations about hospice referral more compassionate, more effective, and—it is hoped—more timely.

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**Reproducible Research: Moving toward Research the Public Can Really Trust** 450

C. Laine, S.N. Goodman, M.E. Griswold, and H.C. Sox  
 Scientists arrive at the truth by independently verifying new observations. Journals aid this process by winnowing out research that is unlikely to stand up to independent verification and trying to ensure transparent, objective descriptions of the research. In this article, the editors of *Annals* describe their evaluative processes and announce a new policy to help the scientific community evaluate, and build on, the research findings published in *Annals*.

**CLINICAL GUIDELINES**

**Current Diagnosis of Venous Thromboembolism in Primary Care: A Clinical Practice Guideline from the American Academy of Family Physicians and the American College of Physicians** 454

A. Qaseem, V. Snow, P. Barry, E.R. Hornbake, J.E. Rodnick, T. Tobolic, B. Ireland, J.B. Segal, E.B. Bass, K.B. Weiss, L. Green, D.K. Owens, and the Joint American Academy of Family Physicians/American College of Physicians Panel on Deep Venous Thrombosis/Pulmonary Embolism

This guideline, a companion to the recommendation statement and systematic review on management of venous thromboembolism (VTE) that were published in the 6 February 2007 issue of *Annals*, summarizes current approaches to diagnosis of VTE. Its purpose is to present recommendations based on current evidence to aid clinicians in diagnosis of deep venous thrombosis and pulmonary embolism.

**EDITORIALS**

**The BeSt Way to Treat Early Rheumatoid Arthritis?** 459

J.R. O'Dell

Over the past few years, the outlook for patients recently diagnosed with rheumatoid arthritis (RA) has improved dramatically because of several key advances. Regardless, important questions remain about early treatment of RA. In this issue, Goekoop-Ruiterman and colleagues focus on 2 of these questions: Should patients with early RA receive combinations of disease-modifying, antirheumatic drugs as initial therapy? Is it helpful for clinicians to set clear treatment goals?

**Trials That Matter: Rosiglitazone, Ramipril, and the Prevention of Type 2 Diabetes** 461

D. Nathan and M. Berkwitz

Despite the growing number of options for treating type 2 diabetes, clinicians wanting to prevent the disease in high-risk patients have few good choices. Two large trials in 2002 showed that metformin and acarbose effectively prevent diabetes in participants with impaired glucose

tolerance, but neither drug has been approved by the U.S. Food and Drug Administration for prevention, and their use has not become part of routine practice.

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J. Fisher Wilson

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