

CONTENTS *Annals of Internal Medicine*

20 November 2007 147 10 677-744

ARTICLES

Sustained Virologic Response and Clinical Outcomes in Patients with Chronic Hepatitis C and Advanced Fibrosis 677

B.J. Veldt, E.J. Heathcote, H. Wedemeyer, J. Reichen, W.P. Hofmann, S. Zeuzem, M.P. Manns, B.E. Hansen, S.W. Schalm, and H.L.A. Janssen

In their retrospective cohort study, Veldt and colleagues compared clinical outcomes in 479 patients with chronic hepatitis C and advanced fibrosis who did and did not have sustained virologic response to treatment. They found that sustained virologic response decreased the hazard of clinical events, largely because of a reduction in liver failure. It also seemed to be associated with a reduction in liver cancer and liver-related death, although the number of these events was small.

Summary for Patients 1-47

Lumbar Supports to Prevent Recurrent Low Back Pain among Home Care Workers. A Randomized Trial 685

P.D.D.M. Roelofs, S.M.A. Bierma-Zeinstra, M.N.M. van Poppel, P. Jellema, S.P. Willemsen, M.W. van Tulder, W. van Mechelen, and B.W. Koes

Lumbar supports are commonly used to prevent low back pain, but evidence on their effectiveness is lacking. Roelofs and coworkers randomly assigned 360 home care workers with a history of low back pain to a short course on healthy work habits, with or without worker-directed use of 1 of 4 types of lumbar support. Over 12 months, participants assigned to lumbar support had a similar number of sick days but had fewer days with low back pain than did participants assigned to the course only. Adding lumbar supports to instruction on healthy work habits may decrease low back pain recurrence, but not absenteeism, among workers with previous back pain.

Summary for Patients 1-54

How Much Time Do Physicians Spend Providing Care Outside of Office Visits? 693

J. Farber, A. Siu, and P. Bloom

Much primary care takes place outside of the office and is not reimbursed. Farber and associates collected information on clinical interactions outside of office visits in an academic geriatric medicine practice. They estimated that providers spent an additional 6.7 minutes outside of every 30-minute office visit providing care, which amounted to an extra 7.8 hours of clinical work per week for a full-time provider. The

finding may not apply to full-time providers in community practices; similar data should be collected in broader settings to inform debates over reimbursement reform.

IMPROVING PATIENT CARE

Brief Communication: Characteristics of Spontaneous Cases of Tuberculosis Associated with Infliximab 699

A. Raval, G. Akhavan-Toyserkani, A. Brinker, and M. Avigan

In October 2001, the U.S. Food and Drug Administration (FDA) modified infliximab labeling to include a boxed warning about infliximab-associated tuberculosis that included instructions to screen for tuberculosis, treat latent tuberculosis before treatment, and monitor for tuberculosis during infliximab therapy. The authors of this case series reviewed 130 cases of infliximab-associated tuberculosis reported to the FDA after the labeling change and found that many cases occurred in patients who had negative tuberculin skin test results but had risk factors for tuberculosis. Clinicians need to be vigilant in screening and monitoring for tuberculosis in patients receiving infliximab.

REVIEW

Systematic Review: The Comparative Effectiveness of Percutaneous Coronary Interventions and Coronary Artery Bypass Graft Surgery 703

D.M. Bravata, A.L. Gienger, K.M. McDonald, V. Sundaram, M.V. Perez, R. Varghese, J.R. Kapoor, R. Ardehali, D.K. Owens, and M.A. Hlatky

The relative benefits and harms of coronary artery bypass graft surgery (CABG) versus percutaneous coronary intervention (PCI) are sometimes unclear. Bravata and colleagues systematically reviewed 23 randomized trials that found that survival at 10 years was similar for CABG and PCI, even among diabetic patients. Procedural strokes and angina relief were more common after CABG (risk difference, 0.6% and about 5% to 8%, respectively), whereas repeated revascularization procedures were more common after PCI (risk difference, 24% at 1 year).

UPDATE

Update in Hematology 717

T.G. DeLoughery

This Update in Hematology features 12 articles published in 2006. Topics include anticoagulation, antiplatelet therapy, duration of anticoagulation, gender and thrombosis, immune thrombocytopenia, anemia, and transfusion.

Continued on page I-6

CLINICAL GUIDELINES

Recommended Adult Immunization Schedule: United States, October 2007–September 2008 725

Advisory Committee on Immunization Practices

The Advisory Committee on Immunization Practices (ACIP) presents the Adult Immunization Schedule for October 2007–September 2008, which was approved in June 2007, and highlights the changes from the previous schedule. The ACIP annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the licensed vaccines. This schedule has also been approved by the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and American College of Physicians.

EDITORIALS

Coordinating Care: A Major (Unreimbursed) Task of Primary Care 730

T. Bodenheimer

Care coordination is the information exchange among care providers and also between providers and patients and families, and it is perhaps the most problem-ridden facet of primary care. In this issue, Farber and colleagues found that physicians spend a considerable amount of unpaid time providing care between office visits. If physicians are to improve their care coordination performance, they need time to do the work and must be paid for it.

Coronary Revascularization: New Evidence, New Challenges 732

R.J. Gibbons and S.D. Fihn

In this issue, the meta-analysis by Bravata and colleagues found that early procedural mortality rates (1.15% vs. 1.8%) and 5-year survival rates (89.7% vs. 90.7%) are similar after percutaneous coronary intervention and coronary artery bypass grafting. This editorial discusses the most immediate implications of these findings for the practicing internist.

Adult Immunization Guidelines: A Patient Safety and Quality-of-Care Issue 735

G.A. Poland and W. Schaffner

Vaccines are among the most effective public health and medical strategies for protecting and preserving health. Still, almost 50 000 Americans (99% of whom are adults) die of vaccine-preventable diseases each year, and hundreds of thousands more are hospitalized. This issue marks the first time that *Annals* has published the recommended Adult Immunization Schedule. The purpose of the schedule is to guide practitioners in the use of vaccines. Physicians should know the Adult Immunization Schedule and should develop

policies and procedures to ensure that adult patients receive the appropriate vaccines.

ON BEING A DOCTOR

How Far Along Are You? 738

J. deLima Thomas

I stood quietly in the middle of the circle, with 4 or 5 friendly hands on my belly. Nothing in my career to that point had prepared me for this moment, but I found myself relaxing and enjoying the feeling of connection and support. I felt a deep appreciation that this group saw nothing inconsistent about praying for me and my unborn son in the midst of praying for their dying mother, grandmother, and friend.

LETTERS

Comments and Responses

The Long-Term Effects of False-Positive Mammograms 739

J. Brodersen and H. Thorsen; B.M. Geller and R. Pinckney; N. Brewer, T. Salz, and S.E. Lillie

Screening Mammography for Women Age 40 to 49 Years 740

D.B. Kopans; A. Qaseem and V. Snow

Clinical Observation

Pegvisomant-Induced Lipohypertrophy: Report of a Case with Histopathology 741

M. Marazuela, E. Daudén, E. Ocón, D. Moure, and L. Nattero

Correction

Correction: "Doctor, How CERTAIN Are We That This Diabetes Medication Is Best for Me?" 743

MEDICAL WRITINGS

Book Notes: *Study Design and Statistical Analysis:* 744

A Practical Guide for Clinicians

Reviewer: H. Skinner

Book Notes: *Clinical Critical Care Medicine* 744

Reviewer: J.S. Groeger

Cover photograph by Peter Houts

CME Bulletin Board I-16

Subscription and Business Information I-18

Authors' Form I-36

Classified Services Begin on I-40