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ARTICLES

Changes in Hospital Mortality Associated with Residency Work-Hour Regulations 73

K.D. Shetty and J. Bhattacharya

The health effects resulting from the Accreditation Council on Graduate Medical Education resident work-hour regulations are largely unknown. Shetty and Bhattacharya measured inpatient mortality before and after the implementation of the work-hour regulations in 1 268 738 patients admitted to 551 U.S. hospitals with medical diagnoses and 243 207 patients who were admitted with surgical diagnoses. Inpatient mortality in medical patients—but not surgical patients—decreased more in teaching hospitals than in nonteaching hospitals after the work-hour regulations.

Summary for Patients 1-16

Antimicrobial Resistance for *Neisseria gonorrhoeae* in the United States, 1988 to 2003: The Spread of Fluoroquinolone Resistance 81

S.A. Wang, A.B. Harvey, S.M. Conner, A.A. Zaidi, J.S. Knapp, W.L.H. Whittington, C. del Rio, F.N. Judson, and K.K. Holmes *Neisseria gonorrhoeae* resistance to antimicrobial drugs has changed over the past 60 years. Wang and coworkers report on resistance of gonococcal isolates from a large sample of men treated for urethral gonorrhea in sexually transmitted disease clinics in the United States from 1988 to 2003. The main trend has been a dramatic reduction in patients treated with penicillin and a concomitant increase in the use of fluoroquinolones. The prevalence of penicillin-resistant isolates has decreased, whereas that of fluoroquinolone-resistant gonococcal isolates has increased. Resistance to ceftriaxone, spectinomycin, azithromycin, and cefixime remains rare.

Gonorrhea and Chlamydia in the United States among Persons 14 to 39 Years of Age, 1999 to 2002 89

S.D. Datta, M. Sternberg, R.E. Johnson, S. Berman, J.R. Papp, G. McQuillan, and H. Weinstock

The authors used the 1999–2002 National Health and Nutrition Examination Survey to measure chlamydia and gonorrhea prevalence in the United States. Among 6632 respondents age 14 to 39 years, the prevalence of gonorrhea and chlamydia was 0.24% and 2.2%, respectively. Chlamydia prevalence was highest among women age 14 to 19 years, non-Hispanic black persons, and persons with a history of gonorrhea infection. Of those with gonorrhea, 46% also had chlamydia. The prevalence of

chlamydia was 10-fold higher than that of gonorrhea. The data underscore the importance of screening young women for chlamydia.

Summary for Patients 1-22

IMPROVING PATIENT CARE

Changes in Outcomes for Internal Medicine Inpatients after Work-Hour Regulations 97

L.I. Horwitz, M. Kosiborod, Z. Lin, and H.M. Krumholz

Previous studies of the effects of resident work-hour restrictions have had inconsistent findings. Horwitz and colleagues compared 7 clinical outcomes in teaching service patients and nonteaching service patients in a single hospital before and after implementation of the work-hour regulations. After implementation, teaching service rates of intensive care unit utilization, discharge to home or rehabilitation facility, and need for pharmacist intervention changed more in a favorable direction than did these rates in the nonteaching service. However, as with previous observational studies of this problem, it is difficult to draw strong conclusions about cause and effect from this study.

Summary for Patients 1-28

UPDATE

Update in General Internal Medicine 104

D.W. Harrington and M.T. Munekata

This Update in General Internal Medicine features 15 articles published in 2006. Topics include cardiovascular, pulmonary, diabetes, nephrology, infectious diseases, and preventive medicine.

ACADEMIA AND CLINIC

Current Processes of the U.S. Preventive Services Task Force: Refining Evidence-Based Recommendation Development 117

J. Guirguis-Blake, N. Calonge, T. Miller, A. Siu, S. Teutsch, and E. Whitlock, for the U.S. Preventive Services Task Force

Annals publishes the U.S. Preventive Services Task Force (USPSTF) recommendations for adults. The Task Force has developed new methods for evidence reviews and recommendation development. This article summarizes the most recent changes in the recommendation development process. It describes how the USPSTF solicits topics for review and sets priorities, updates evidence reviews and recommendations, and communicates with its audience.

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How to Read the New Recommendation Statement: Methods Update from the U.S. Preventive Services Task Force 123

M.B. Barton, T. Miller, T. Wolff, D. Petitti, M. LeFevre, G. Sawaya, B. Yawn, J. Guirguis-Blake, N. Calonge, and R. Harris, for the U.S. Preventive Services Task Force
 This paper focuses on changes to the U.S. Preventive Services Task Force recommendation statement, which now comprises 9 sections. Important changes include standardizing the format of the summary statement to specify what service is being recommended in what population, rewording the definition of a grade C recommendation and the I statement, and adding a new section called "Other Considerations."

CLINICAL GUIDELINES

Screening for Chlamydial Infection: U.S. Preventive Services Task Force Recommendation Statement 128
 U.S. Preventive Services Task Force

In this update to a previous recommendation, the U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active nonpregnant young women and older women who are at increased risk. This recommendation applies to pregnant and nonpregnant women. The USPSTF recommends against routine screening for chlamydial infection for women age 25 years or older, regardless of whether they are pregnant, if they are not at increased risk. Current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydial infection for men.

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Screening for Chlamydial Infection: An Evidence Update for the U.S. Preventive Services Task Force 135

D.S. Meyers, H. Halvorson, and S. Luchhaupt
 This evidence update supports the U.S. Preventive Services Task Force recommendations on screening for chlamydial infection.

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EDITORIAL

Hippocrates Affirmed? Limiting Residents' Work Hours Does No Harm to Patients 143

L. Goldman and N.H. Fiebach

In this issue, the studies by Shetty and Bhattacharya and Horwitz and colleagues attempt to answer the following question: Did the resident work-hour rules violate the Hippocratic principle of doing no harm? Both studies add to the growing evidence that work-hour limits have not worsened patient outcomes. However, little is known about how work-hour rules affect the overall experience of patients and their families or about how they affect other members of health care teams. The implications of the rules for adequacy of education and training also remain uncertain.

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Negative Rapid HIV Antibody Testing during Early HIV Infection 147
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