

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### Effect of Low-Dose Aspirin on the Occurrence of Venous Thromboembolism. A Randomized Trial 525

**R.J. Glynn, P.M. Ridker, S.Z. Goldhaber, and J.E. Buring**  
Short-term aspirin therapy can lower the risk for venous thromboembolism (VTE) in high-risk patients, but whether long-term, low-dose aspirin therapy reduces risk in healthy adults is uncertain. In a secondary analysis of the Women's Health Study, Glynn and colleagues measured VTE rates in 39 876 female health professionals who were randomly assigned to low-dose aspirin or placebo for 10 years. Low-dose aspirin did not affect overall VTE rates or those in women with increased rates because of inherited thrombophilia.

Summary for Patients 1-34

### Knee Buckling: Prevalence, Risk Factors, and Associated Limitations in Function 534

**D.T. Felson, J. Niu, C. McClennan, B. Sack, P. Aliabadi, D.J. Hunter, A. Guermazi, and M. Englund**  
Knee buckling is the sudden loss of postural support at the knee during weight bearing. In their cross-sectional, population-based study, Felson and coworkers examined the prevalence of knee buckling in the community, its associated risk factors, and its relationship to functional limitation. Among 2351 middle-age and older community-dwelling adults, 278 (12%) reported at least 1 episode of knee buckling in the past 3 months, and 13% of them fell during the episode. Knee pain, quadriceps weakness, and worse physical function were associated with buckling.

Summary for Patients 1-41

### Subclinical Hypercortisolism among Outpatients Referred for Osteoporosis 541

**I. Chiodini, M.L. Mascia, S. Muscarella, C. Battista, S. Minisola, M. Arosio, S.A. Santini, G. Guglielmi, V. Carnevale, and A. Scillitani**  
The Cushing syndrome is a well-recognized secondary cause of osteoporosis. Chiodini and associates looked for hypercortisolism in 219 patients who were referred for osteoporosis testing and did not have clinically overt hypercortisolism or other secondary causes of osteoporosis. Seven patients (3.3%) were identified with the condition: Six had functioning adrenal masses, and 1 had an adrenocorticotropic hormone-secreting pituitary adenoma. The prevalence of subclinical hypercortisolism among patients with T-scores of 2.5 or less and vertebral fractures

was 10.8%. Subclinical hypercortisolism may be more common than is generally recognized in patients with osteoporosis.

Summary for Patients 1-48

## IMPROVING PATIENT CARE

### Quality Improvement with an Electronic Health Record: Achievable, but Not Automatic 549

**R.J. Baron**  
Many believe that the adoption of electronic health records (EHRs) will close the well-documented national gaps in delivering high-quality care. Baron discusses how his 4-physician community practice successfully used EHRs to implement an initiative to increase screening mammography rates. His experience highlights critical elements for success: physician willingness to use structured data, the resources to support calling patients to ascertain their mammography status, and a delivery system that supports quality improvement efforts in primary care.

## REVIEW

### Meta-analysis: Duration of First-Line Proton-Pump Inhibitor-Based Triple Therapy for *Helicobacter pylori* Eradication 553

**L. Fuccio, M.E. Minardi, R.M. Zagari, D. Grilli, N. Magrini, and F. Bazzoli**  
Although experts agree that proton-pump inhibitor-based triple therapy is the preferred first-line treatment for *Helicobacter pylori* infection, they do not agree about how long to treat. In this meta-analysis, Fuccio and colleagues selected 21 randomized, controlled trials that compared different lengths of triple therapy and tested for *H. pylori* eradication. Relative risks for eradication were 1.05 (95% CI, 1.01 to 1.10) for 7-day versus 10-day amoxicillin-containing therapy (10 studies), 1.07 (CI, 1.02 to 1.12) for 7-day versus 14-day amoxicillin-containing therapy (11 studies), and 1.08 (CI, 0.96 to 1.22) for 7-day versus 14-day metronidazole-containing therapy (3 studies). They conclude that extending triple therapy beyond 7 days is unlikely to be clinically useful.

## UPDATE

### Update in Endocrinology 563

**J.A. Schlechte**  
This Update in Endocrinology features 15 articles published in 2006. Topics include thyroid, diabetes, osteoporosis, hyponatremia, and gonadal.

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## ACADEMIA AND CLINIC

### The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: Guidelines for Reporting Observational Studies 573

E. von Elm, D.G. Altman, M. Egger, S.J. Pocock, P.C. Gøtzsche, and J.P. Vandenbroucke, for the STROBE Initiative

The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Initiative developed recommendations on what information to include in a report of an observational study. A 2-day workshop and subsequent iterative consultation and revision process resulted in a 22-item checklist (the STROBE Statement). von Elm and colleagues present the STROBE Statement and explain how it was developed.

### Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): Explanation and Elaboration

J.P. Vandenbroucke, E. von Elm, D.G. Altman, P.C. Gøtzsche, C.D. Mulrow, S.J. Pocock, C. Poole, J.J. Schlesselman, and M. Egger, for the STROBE Initiative

This Explanation and Elaboration paper supports the STROBE Statement in this issue. It is available online only, at [www.annals.org](http://www.annals.org).

## PERSPECTIVE

### Uncertain Effects of Rosiglitazone on the Risk for Myocardial Infarction and Cardiovascular Death 578

G.A. Diamond, L. Bax, and S. Kaul

Diamond and colleagues discuss the recent, widely publicized meta-analysis of 42 clinical trials, which concluded that rosiglitazone was associated with an approximately 43% increased risk for myocardial infarction and an approximately 64% increased risk for cardiovascular death. They describe the limitations of the analysis, use alternative ways to examine the data, and do other analyses. They conclude that the risk for myocardial infarction and death from cardiovascular disease for diabetic patients taking rosiglitazone is uncertain: The evidence is insufficient to establish either an increased or a decreased risk.

## EDITORIALS

### Screening for Reversible Osteoporosis: Is Cortisol a Culprit? 582

L. Nieman

In this issue, Chiodini and colleagues show that the prevalence of hypercortisolism is 3.3% in patients with suspected osteoporosis but no known signs or symptoms of cortisol excess. This finding suggests that clinically inapparent hypercortisolism may have a role in reduced bone mineral density. This excellent study raises—but does not answer—many questions about screening for hypercortisolism. Until

further trials are done, physicians should use good clinical judgment and a thorough history and physical examination to guide the decision to test for hypercortisolism in middle-age to older persons with idiopathic osteoporosis.

### Rosiglitazone: A Thunderstorm from Scarce and Fragile Data 585

C.D. Mulrow, J.E. Cornell, A.R. Localio

In this issue, Diamond and coworkers explicate some weaknesses of the evidence that the U.S. Food and Drug Administration (FDA)-approved rosiglitazone increases the risk for ischemic heart disease. The analyses by GlaxoSmithKline, Nissen and Wolski, Diamond and colleagues, and the FDA teach us the difficulties of reliably summarizing data about scarce adverse events. In the end, it is deplorable that we have so little reliable information about important macrovascular clinical events in patients taking any FDA-approved pharmacotherapy for type 2 diabetes. Better studies, not meta-analyses, are the answer to this problem.

## ON BEING A DOCTOR

### The Changed Nature of Scut: An Absence at the Bedside 588

J.M. Green

The starting of IVs, the drawing of blood cultures, the examination of clinical specimens, and the transporting of patients are no longer done by the housestaff. Then, seemingly so long ago, we thought of those tasks as scut, as intolerable burdens, but now those burdens are gone. Many celebrate, but I mourn this loss.

## LETTERS

### Comments and Responses

### Brief Intervention for Medical Inpatients with Unhealthy Alcohol Use 589

G. Bischof and J. Freyer-Adam; L.J. Merlo, D. Kumar, and M.S. Gold; R. Saitz, T.P. Palfai, and J.H. Samet

### Adjusted-Dose Warfarin versus Aspirin for Preventing Stroke in Patients with Atrial Fibrillation 590

R.G. Hart, L.A. Pearce, and M.I. Aguilar

### Tailoring to the Needs of One's Practice: It's about Time 592

E.J. Volpintesta

### Correction

### Correction: Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: Review of the Current Guidelines 592

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