

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### **The Effect of the Medicare Part D Prescription Benefit on Drug Utilization and Expenditures** 169

W. Yin, A. Basu, J.X. Zhang, A. Rabhani, D.O. Meltzer, and G.C. Alexander

The authors analyzed prescriptions from a random sample of pharmacy customers to estimate changes in utilization and out-of-pocket expenditures due to the Medicare Part D prescription benefit program. During the enrollment period, average monthly drug utilization by all Part D-eligible beneficiaries—regardless of whether they enrolled in Part D—increased by 1.1% and out-of-pocket expenditures decreased by 8.8%. After enrollment stabilized, average monthly drug utilization increased by 5.9% and expenditures decreased by 13.1%. Overall, the drug benefit saved people about \$9 a month and provided an extra 14 days of pills.

**Summary for Patients** I-14

### **Influence of Alternative Thresholds for Initiating HIV Treatment on Quality-Adjusted Life Expectancy: A Decision Model** 178

R.S. Braithwaite, M.S. Roberts, C.C.H. Chang, M.B. Goetz, C.L. Gibert, M.C. Rodriguez-Barradas, S. Shechter, A. Schaefer, K. Nucifora, R. Koppenhaver, and A.C. Justice

Controversy continues about the optimal CD4 cell count or viral load at which to start HIV treatment. The authors used a validated computer simulation to weigh harms and benefits of starting antiretroviral therapy at a relatively high CD4 cell count in a mostly male cohort with newly diagnosed chronic HIV infection. Although the simulation tended to underestimate benefits of treating early in the natural history of the disease, earlier treatment increased life expectancy and quality-adjusted life-years at age 30 years regardless of viral load and at age 40 years if viral loads were at least 30 000 copies/mL.

### **Systematic Review: Comparing Routine and Selective Invasive Strategies for the Acute Coronary Syndrome** 186

R. Qayyum, M.R. Khalid, J. Adomaityte, S.P. Papadakos, and F.C. Messineo

Qayyum and associates performed a systematic review of 10 randomized trials to compare the effects of managing all patients with non-ST-segment elevation acute coronary syndrome invasively or selectively. Of 10 648 patients, 15.9% of those assigned to a routine invasive strategy died or had nonfatal myocardial infarction, compared with 17.5% of those assigned to a selective invasive strategy. The trial

evidence does not establish the superiority of routine invasive management over a selective approach.

## REVIEW

### **Systematic Review: Comparative Effectiveness of Treatments to Prevent Fractures in Men and Women with Low Bone Density or Osteoporosis** 197

C. MacLean, S. Newberry, M. Maglione, M. McMahon, V. Ranganath, M. Suttrop, W. Mojica, M. Timmer, A. Alexander, M. McNamara, S.B. Desai, A. Zhou, S. Chen, J. Carter, C. Tringale, D. Valentine, B. Johnsen, and J. Grossman

This systematic review of 76 randomized trials and 24 meta-analyses found good evidence that several agents, including alendronate, zoledronic acid, and estrogen, reduced the risk for vertebral and hip fractures more than placebo. Harms included increased risk for thromboembolic events with raloxifene and estrogen and esophageal symptoms with bisphosphonates. No large trials directly compared 2 or more agents. The available evidence on the relative benefits and harms of various therapies for osteoporosis is inadequate.

## CLINICAL GUIDELINES

### **Screening for Bacterial Vaginosis in Pregnancy to Prevent Preterm Delivery: U.S. Preventive Services Task Force Recommendation Statement** 214

#### **U.S. Preventive Services Task Force**

In this update of a 2001 recommendation, the U.S. Preventive Services Task Force explains why it recommends against screening for bacterial vaginosis in pregnant women at low risk for preterm delivery. Even in pregnant women at high risk for preterm delivery, current evidence is insufficient to assess the balance of benefits and harms of screening.

**Summary for Patients** I-30

### **Evidence on the Benefits and Harms of Screening and Treating Pregnant Women Who Are Asymptomatic for Bacterial Vaginosis: An Update Review for the U.S. Preventive Services Task Force** 220

P. Nygren, R. Fu, M. Freeman, C. Bougatsos, M. Klebanoff, and J.M. Guise

To support the updated U.S. Preventive Services Task Force recommendation in this issue, Nygren and colleagues performed a systematic review and meta-analysis of information from 7 new randomized, controlled treatment trials and 2001 report data. They found no benefit of

Continued on page I-6

treating women with low- or average-risk pregnancies for asymptomatic bacterial vaginosis. More research is needed to better understand the conditions under which treatment can be harmful or helpful.

Summary for Patients 1-30

## PERSPECTIVE

**Balancing Efficacy and Safety of Drug-Eluting Stents in Patients Undergoing Percutaneous Coronary Intervention** 234

A. Jeremias and A. Kirtane

Some cardiologists have questioned the safety of drug-eluting stents because of an apparent increase in late stent thrombosis. However, the current evidence seems to say that the net clinical benefit of drug-eluting stents may outweigh their risks. Patients who are candidates for drug-eluting stents should be screened for their ability to tolerate uninterrupted antiplatelet therapy for longer than is necessary with bare-metal stents, and all patients should take antiplatelet and other optimal medical therapies. Full assessment of the net clinical effects of drug-eluting stents compared with bare-metal stents will require randomized trials that are larger than past studies.

## EDITORIAL

**Where Are the Medicare Part D Claims Data?** 239

B. Stuart

The Centers for Medicare & Medicaid Services (CMS) have collected prescription drug claims data from all Medicare Part D plans since 2006, but these data are used only for limited purposes. Therefore, private researchers have sought alternative sources of information to study the operation of the drug benefit. Yin and colleagues' study in this issue is an innovative example. Although their findings seem to indicate that Part D has had only a small effect relative to its cost, their data on average changes in pill-days and out-of-pocket payments are based on all Medicare beneficiaries, not just Part D enrollees. The results indicate that Part D has accomplished much of what it set out to do.

## ON BEING A DOCTOR

**Hibakusha** 241

W.J. Hall

A woman of about 50 years of age waits in the examining room. She leans forward to present her medical records, inadvertently revealing the keloid formation along her inner arms, an almost certain sign of thermal injury.

## LETTERS

### Comments and Responses

**Ampicillin plus Ceftriaxone for High-Level Aminoglycoside-Resistant *Enterococcus faecalis* Endocarditis** 243

A. Singh; J. Gavaldà, O. Len, B. Almirante, and A. Pahissa

**Pitfalls in Linking Cost Sharing to Value** 243

F.I. Polsky; R.S. Braithwaite and A.B. Rosen

**The Effect of a Primary Care Practice-Based Depression Intervention on Mortality in Older Adults** 244

B.D. Thombs and R.C. Ziegelstein; J.J. Gallo, K. Morales, E. Post, H. Bogner, J. Lin, and M. Bruce

**Repair of Unruptured Abdominal Aortic Aneurysm** 245

H. Takagi, N. Kawai, and T. Umemoto

### Clinical Observation

**Translation of Genetic Discoveries into Clinical Therapies** 246

D.G. Hackam and A.S. Hackam

### Corrections

**Correction: Diagnosis and Treatment of Low Back Pain** 247

R. Chou, P. Shekelle, A. Qaseem, and D.K. Owens

**Correction: Recommendations for Screening for Carotid Artery Stenosis** 248

## IN THE CLINIC

**Colorectal Cancer Screening** ITC2-1

This issue provides a clinical overview of colorectal cancer screening, focusing on risk factors, diagnosis, practice improvement, and patient information. Readers can complete the accompanying CME quiz for 1.5 credits.

Cover photograph by Rachel Mercer

Authors' Form I-10

Continuing Medical Education I-12

Subscription and Business Information I-16

Classified Services Begin on I-23

Services for Readers I-37