

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### Postmenopausal Hormone Use and Secondary Prevention of Coronary Events in the Nurses' Health Study. A Prospective, Observational Study

F. Grodstein, J.E. Manson, and M.J. Stampfer

The risk for recurrent major coronary events seems to increase among women with previous coronary disease who have used hormone replacement therapy for a short period but appears to decrease with longer-term hormone use.

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### Patient-Initiated Treatment of Uncomplicated Recurrent Urinary Tract Infections in Young Women

K. Gupta, T.M. Hooton, P.L. Roberts, and W.E. Stamm

A strategy in which a health care professional provided a prescription for self-diagnosis and self-treatment of urinary tract infections (UTIs) in young women with a recent history of uncomplicated UTIs seemed safe and feasible.

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### Highly Active Antiretroviral Therapy Decreases Mortality and Morbidity in Patients with Advanced HIV Disease

E.L. Murphy, A.C. Collier, L.A. Kalish, S.F. Assmann, M.F. Para, T.P. Flanigan, P.N. Kumar, L. Mintz, F.R. Wallach, and G.J. Nemo, for the Viral Activation Transfusion Study Investigators

The data from this study support an independent reduction in mortality and opportunistic events attributable to highly active antiretroviral therapy (HAART), even in patients with very advanced HIV disease. However, in patients with cytomegalovirus infection or disease, HAART may not reduce the rate of new cytomegalovirus events.

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## BRIEF COMMUNICATION

### Treatment of Complicated Sarcoidosis with Infliximab Anti-Tumor Necrosis Factor- $\alpha$ Therapy

A.M.F. Yee and M.B. Pochapin

Infliximab therapy was successful in a patient with sarcoidosis. Tumor necrosis factor- $\alpha$  may be an important mediator of clinical disease in sarcoidosis and could be an attractive target for therapeutic intervention. However, infliximab may cause adverse effects associated with cytokine cascade manipulation.

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## ACADEMIA AND CLINIC

### Diagnosis and Management of Delirium near the End of Life

D.J. Casarett and S.K. Inouye, for the American College of Physicians-American Society of Internal Medicine End-of-Life Care Consensus Panel

This consensus paper uses a case-based format that begins with an overview of the definition and presentation of delirium. The authors suggest strategies for diagnosis, with attention to the unique challenges in diagnostic work-up for patients near the end of life, and they review therapeutic options.

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## REVIEW

### Increasing Antimicrobial Resistance and the Management of Uncomplicated Community-Acquired Urinary Tract Infections

K. Gupta, T.M. Hooton, and W.E. Stamm

The authors highlight the problem of antimicrobial resistance in acute uncomplicated community-acquired urinary tract infection (UTI), summarize the few available data on clinical outcomes associated with in vitro resistance, and outline recommendations for empirical treatment of uncomplicated UTI in a period of evolving antimicrobial resistance.

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## EDITORIALS

### Helping Patients Take Responsibility for Their Own Health

A. Herxheimer

Gupta and colleagues' article in this issue shows that many women with a previous urinary tract infection can learn to diagnose and manage a subsequent episode themselves. This promising finding prompts additional questions: How can we build on this experience and give greater responsibility and autonomy to more patients? What diseases and conditions offer the greatest opportunities, rewards, and likelihood of success?

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### Looking Forward at *Annals*

H. Sox

A journal that responds to the needs of its readers will develop a sense of community enterprise that engages reader, author, reviewer, and staff alike. Developing ways to listen better will be among our highest priorities in the next few months.

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**PERSONAE**

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**ON BEING A DOCTOR**

**What the Stethoscope Said** 56

**B. Salomon**

You might think it odd to care about a broken stethoscope—a piece of steel and plastic tubing, an instrument, a mere tool. You might think it overly sentimental to care about a 15-year-old stethoscope, now broken, a dud, not able to transmit the harshest breath sounds or murmur.

**ON BEING A PATIENT**

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**C. Udycz**

I am the research participant. I am part of your team. I trust that your guidance will provide me with innovative treatment plans that will help me be part of the cure. With your help, I'm going to keep on fighting as if I have every chance of winning.

**AD LIBITUM**

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