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ARTICLES

Angiotensin-Converting Enzyme Inhibitors and Progression of Nondiabetic Renal Disease. A Meta-Analysis of Patient-Level Data

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T.H. Jafar, C.H. Schmid, M. Landa, I. Giatras, R. Toto, G. Remuzzi, G. Maschio, B.M. Brenner, A. Kamper, P. Zucchelli, G. Becker, A. Himmelmann, K. Bannister, P. Landais, S. Shahinfar, P.E. de Jong, D. de Zeeuw, J. Lau, and A.S. Levey, for the ACE Inhibition in Progressive Renal Disease Study Group

Antihypertensive regimens that include angiotensin-converting enzyme (ACE) inhibitors are more effective than regimens without these drugs in slowing the progression of nondiabetic renal disease. The beneficial effect of ACE inhibitors is mediated by factors in addition to decreasing blood pressure and urinary protein excretion and is greater in patients with proteinuria. Angiotensin-converting enzyme inhibitors are indicated for treatment of nondiabetic patients with chronic renal disease and proteinuria and, possibly, those without proteinuria.

Performance of Helical Computed Tomography in Unselected Outpatients with Suspected Pulmonary Embolism

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A. Perrier, N. Howarth, D. Didier, P. Loubeyre, P.-F. Unger, P. de Moerloose, D. Slosman, A. Junod, and H. Bounameaux
Helical computed tomography should not be used alone for suspected pulmonary embolism but could replace angiography in combined strategies that include ultrasonography and lung scanning.

Excluding Pulmonary Embolism at the Bedside without Diagnostic Imaging: Management of Patients with Suspected Pulmonary Embolism Presenting to the Emergency Department by Using a Simple Clinical Model and D-Dimer

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P.S. Wells, D.R. Anderson, M. Rodger, I. Stiell, J.F. Dreyer, D. Barnes, M. Forgie, G. Kovacs, J. Ward, and M.J. Kovacs
Managing patients for suspected pulmonary embolism on the basis of pretest probability and D-dimer test result is safe and decreases the need for diagnostic imaging.

BRIEF COMMUNICATION

Management of Suspected Deep Venous Thrombosis in Outpatients by Using Clinical Assessment and D-Dimer Testing

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C. Kearon, J.S. Ginsberg, J. Douketis, M. Crowther, P. Brill-Edwards, J.I. Weitz, and J. Hirsh

The combination of a low pretest probability of deep venous thrombosis and a negative result on a whole-blood D-dimer test rules out deep venous thrombosis in a large proportion of symptomatic outpatients.

ACADEMIA AND CLINIC

Adjustments for Center in Multicenter Studies: An Overview

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A.R. Localio, J.A. Berlin, T.R. Ten Have, and S.E. Kimmel
Investigators increasingly rely on multicenter or multigroup studies to demonstrate effectiveness and generalizability. Authors too often overlook the analytic challenges in these study designs: the correlation of outcomes and exposures among patients within centers, confounding of associations by center, and effect modification of treatment or exposure across center.

UPDATE

Update in Dermatology

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R.A. Kazin, N.R. Lowitt, and M.H. Lowitt
The authors highlight and discuss 10 articles from the past 2 years that illustrate progress in dermatologic areas of interest to the internist. Topics include hepatitis C virus infection, herpes simplex viruses, and common skin diseases such as basal-cell carcinoma.

PERSPECTIVE

Power Shortage: Clinical Trials Testing the "Homocysteine Hypothesis" against a Background of Folic Acid-Fortified Cereal Grain Flour

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A.G. Bostom, J. Selhub, P.F. Jacques, and I.H. Rosenberg
Fortification of cereal grain flour with folic acid has dramatically affected the occurrence of mild hyperhomocysteinemia and responsiveness to total homocysteine-lowering treatment in people with cardiovascular disease who are free of chronic renal insufficiency. As a result, ongoing trials of total homocysteine-lowering therapy for the potential reduction of cardiovascular disease outcomes may be underpowered.

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EDITORIAL

- The Effect of Angiotensin-Converting Enzyme Inhibitors on the Progression of Nondiabetic Renal Disease: A Pooled Analysis of Individual-Patient Data from 11 Randomized, Controlled Trials** 138

R.W. Schrier and R.O. Estacio

Jafar and colleagues' meta-analysis in this issue contributes evidence on strategies to slow nondiabetic renal progression by use of angiotensin-converting enzyme inhibitors. However, the authors' conclusion, although perhaps correct, must be considered tentative.

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