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ARTICLES

Hand Hygiene among Physicians: Performance, Beliefs, and Perceptions 1

D. Pittet, A. Simon, S. Hugonnet, C.L. Pessoa-Silva, V. Sauvan, and T.V. Perneger

The authors questioned physicians on their beliefs about hand-washing before examining a patient and observed their actual hand-washing practices. Predictors of adherence include being an internist, easy access to hand-washing materials, and belief that hand-washing was important for preventing infection.

Plasma Level of a Triggering Receptor Expressed on Myeloid Cells-1: Its Diagnostic Accuracy in Patients with Suspected Sepsis 9

S. Gibot, M.-N. Kolopp-Sarda, M.C. Béné, A. Cravoisy, B. Levy, G.C. Faure, and P.-E. Bollaert

In newly admitted critically ill patients with suspected infection, plasma levels of soluble TREM-1 (triggering receptor expressed on myeloid cells-1) identified those with sepsis. For sepsis, the test for TREM-1 had a 96% sensitivity and an 89% specificity. The likelihood ratio was 8.6 when the test result was positive and 0.04 when it was negative.

Cross-Reactivity and Tolerability of Cephalosporins in Patients with Immediate Hypersensitivity to Penicillins 16

A. Romano, R.-M. Guéant-Rodriguez, M. Viola, R. Pettinato, and J.-L. Guéant

Approximately 11% of patients with positive results on skin tests for penicillin had positive results for cephalosporins. When cephalosporin results were negative, patients uniformly tolerated a challenge with cefuroxime axetil and ceftriaxone. Physicians should avoid using cephalosporins in patients with positive results on penicillin skin tests unless results on skin tests for cephalosporins are negative.

Brief Communication: American Ginseng Reduces Warfarin's Effect in Healthy Patients. A Randomized, Controlled Trial 23

C.-S. Yuan, G. Wei, L. Dey, T. Karrison, L. Nahlik, S. Maleckar, K. Kasza, M. Ang-Lee, and J. Moss

American ginseng reduces the international normalized ratio (a measure of warfarin's anticoagulant effect) by 0.19. When prescribing warfarin, physicians should ask patients about ginseng use.

IMPROVING PATIENT CARE

Medical and Surgical Comanagement after Elective Hip and Knee Arthroplasty. A Randomized, Controlled Trial 28

J.M. Huddleston, K. Hall Long, J.M. Naessens, D. Vanness, D. Larson, R. Trousdale, M. Plevak, M. Cabanela, D. Ilstrup, and R.M. Wachter, for the Hospitalist-Orthopedic Team Trial Investigators

A hospitalist-orthopedic surgeon comanagement team model reduced minor postoperative complication rates. Length of stay, cost, and major complications did not change. The nurses and surgeons preferred the comanagement model over standard care.

PERSPECTIVE

ALLHAT: Setting the Record Straight 39

B.R. Davis, C.D. Furberg, J.T. Wright Jr., J.A. Cutler, and P. Whelton, for the ALLHAT Collaborative Research Group

This paper reviews key aspects of the design, analyses, findings, and conclusions of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). The authors also address several frequent comments about heart failure and diabetes outcomes.

REVIEW

Meta-Analysis: The Effect of Steroids on Survival and Shock during Sepsis Depends on the Dose 47

P.C. Minneci, K.J. Deans, S.M. Banks, P.Q. Eichacker, and C. Natanson

In randomized trials done before 1989, high-dose glucocorticoids reduced survival in patients with sepsis. In randomized trials done after 1997, a 5- to 7-day course of physiologic hydrocortisone doses increased survival in septic patients.

CLINICAL GUIDELINES

Evaluation of Primary Care Patients with Chronic Stable Angina: Guidelines from the American College of Physicians 57

V. Snow, P. Barry, S.D. Fihn, R.J. Gibbons, D.K. Owens, S.V. Williams, K.B. Weiss, and C. Mottur-Pilson (the ACP/ACC Chronic Stable Angina Panel)

This guideline is an update of the 1999 guidelines on chronic stable angina published by the American College of Physicians and the American College of Cardiology/American Heart Association. It covers diagnosis and risk stratification for patients with symptomatic chronic stable angina who

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have not had an acute myocardial infarction or revascularization procedure in the previous 6 months.

EDITORIALS

Hand Hygiene—Of Reason and Ritual 65

R.A. Weinstein

After more than 150 years of prodding, cajoling, educating, observing, and surveying of physicians, hand hygiene adherence rates remain disgracefully low. As suggested by a study in this issue, we must change the rules so that health care workers expect to be observed and given direct, immediate feedback.

The Hospitalist Joins the Surgical Team 67

G.J. Merli

In this issue, Huddleston and colleagues report on the first step toward a new approach to the perioperative care of surgical patients: the hospitalist–orthopedic surgeon comanagement team. The expansion of hospitalist care into comanagement of perioperative care is the direction of the future.

Physicians Should Administer Low-Dose Corticosteroids Selectively to Septic Patients until an Ongoing Trial Is Completed 70

J.M. Luce

In this issue, the authors of a meta-analysis make two conclusions: 1) Low, but not high, doses of corticosteroids reduce the mortality from septic shock, and 2) all patients who have vasopressor-dependent sepsis should receive low-dose corticosteroids. This editorial discusses how the investigators reached these conclusions and why the author agrees with the first conclusion but not the second one.

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The Editors

The opinion of an expert has value. The problem is finding a way to maximize the benefits of that expertise while minimizing the risk for harm resulting from real or perceived bias due to a potential conflict of interest. The safest place to try is a peer-reviewed journal with vigilant editors.

AD LIBITUM

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J. Best

ON BEING A DOCTOR

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H.J. Waitkevicz

She walked from somewhere, hatless in the sun. She was too polite to turn her back on a priest and nun, however long they spoke with her. She knew she wanted health care and went to considerable trouble to get it.

Off-Service 76

B.D. Veysman

Today is the last day of yet another intensive care unit rotation, and I am writing my “off-service” notes. One patient stands out—“Mr. Jones,” an intensive care patient I “inherited” from the last intern. Every time I am in the intensive care unit, I care for at least one patient like him and I always leave his note until the end, dreading it because of what it is going to say. It will show that I am a failure and a criminal.

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Impact of ALLHAT on the Role of Angiotensin-Converting Enzyme Inhibitors in the Primary Prevention of Heart Failure

Cover photograph by Karen Szauter

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