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2 November 2004 141 9 653-744

## ARTICLES

### **Cost-Effectiveness of Rhythm versus Rate Control in Atrial Fibrillation 653**

D.A. Marshall, A.R. Levy, H. Vidaillet, E. Fenwick, A. Slee, G. Blackhouse, H.L. Greene, D.G. Wyse, G. Nichol, B.J. O'Brien, and the AFFIRM and CORE Investigators

In the Atrial Fibrillation Follow-up Investigation of Rhythm Management randomized trial, a strategy of controlling the rate of atrial fibrillation was less costly than trying to achieve and maintain normal sinus rhythm. Since the 2 strategies led to similar clinical outcomes, rate control is the preferred initial management approach from an economic perspective.

Summary for Patients 1-20

### **The Epidemiology of Severe Acute Respiratory Syndrome in the 2003 Hong Kong Epidemic: An Analysis of All 1755 Patients 662**

G.M. Leung, A.J. Hedley, L.-M. Ho, P. Chau, I.O.L. Wong, T.Q. Thach, A.C. Ghani, C.A. Donnelly, C. Fraser, S. Riley, N.M. Ferguson, R.M. Anderson, T. Tsang, P.-Y. Leung, V. Wong, J.C.K. Chan, E. Tsui, S.-V. Lo, and T.-H. Lam

This analysis of 1755 cases from the Hong Kong epidemic of severe acute respiratory syndrome (SARS) found that most patients became infected in hospitals and residential buildings. The observed patterns suggest that SARS had low transmissibility, except in settings of intimate contact or environmental contamination.

Summary for Patients 1-63

### **Accuracy of Computed Tomographic Angiography and Magnetic Resonance Angiography for Diagnosing Renal Artery Stenosis 674**

G.B.C. Vasbinder, P.J. Nelemans, A.G.H. Kessels, A.A. Kroon, J.H. Maki, T. Leiner, F.J.A. Beek, M.B.J.M. Korst, K. Flobbe, M.W. de Haan, W.H. van Zwam, C.T. Postma, M.G.M. Hunink, P.W. de Leeuw, and J.M.A. van Engelshoven, for the Renal Artery Diagnostic Imaging Study in Hypertension (RADISH) Study Group

Computed tomographic angiography and magnetic resonance angiography are not sufficiently reproducible or sensitive to rule out renal artery stenosis in hypertensive patients. Therefore, digital subtraction angiography is still the best diagnostic test for renal artery stenosis.

Commentary 682

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## IMPROVING PATIENT CARE

### **Patient Education for Colon Cancer Screening: A Randomized Trial of a Video Mailed before a Physical Examination 683**

J.G. Zapka, S.C. Lemon, E. Puleo, B. Estabrook, R. Luckmann, and S. Erban

A mailed educational video about colorectal cancer screening had no effect on the overall rate of screening in primary care practices. It modestly improved sigmoidoscopy screening rates.

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## REVIEW

### **Meta-Analysis: Angiotensin-Receptor Blockers in Chronic Heart Failure and High-Risk Acute Myocardial Infarction 693**

V.C. Lee, D.C. Rhew, M. Dylan, E. Badamgarav, G.D. Braunstein, and S.R. Weingarten

Angiotensin-converting enzyme (ACE) inhibitors and angiotensin-receptor blockers have similar efficacy for reducing all-cause mortality and rates of rehospitalization for heart failure in patients with chronic heart failure or high-risk acute myocardial infarction. Angiotensin-receptor blockers are suitable alternatives to ACE inhibitors.

## MEDICINE AND PUBLIC ISSUES

### **Weighing the Evidence for Expanding Physician Supply 705**

R.A. Cooper

Is the United States headed for a physician shortage? This paper reviews the evidence that economic growth is associated with increased health care spending and demand for physicians. It also examines trends in clinical practice, signals from the medical market, and recent physician shortages in other countries and concludes that we do need to substantially increase our production of physicians.

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IN THE BALANCE

**Testing for Hepatitis C Virus Infection Should Be Routine for Persons at Increased Risk for Infection** 715

M.J. Alter, L.B. Seeff, B.R. Bacon, D.L. Thomas, M.O. Rigsby, and A.M. Di Bisceglie

The U.S. Preventive Services Task Force found insufficient evidence to recommend for or against routine screening for hepatitis C virus (HCV) infection in high-risk adults. We disagree with waiting several decades to measure the impact of detecting and treating HCV before symptoms appear. We advocate continuing to screen asymptomatic persons for risk factors; testing those at increased risk; and counseling, evaluating, and treating infected persons.

**The Meaning of the U.S. Preventive Services Task Force Grade I Recommendation: Screening for Hepatitis C Virus Infection** 718

N. Calonge and G. Randhawa

When the U.S. Preventive Services Task Force (USPSTF) finds insufficient evidence to determine the balance of benefits or harms of a preventive service, it assigns a letter grade of I (insufficient evidence). The USPSTF found insufficient evidence to recommend for or against screening for hepatitis C virus infection in high-risk individuals. This recommendation reflects the Task Force's judgment that we need adequate evidence before assessing the net health benefit of screening for this infection.

PERSPECTIVE

**Is There a Role for Maintaining Sinus Rhythm in Patients with Atrial Fibrillation?** 720

P. Zimetbaum and M.E. Josephson

The patients in randomized trials comparing rate control with antiarrhythmic therapy were highly selected and did not receive a uniform approach to rhythm control. Therefore, although the trials showed no advantage to achieving and maintaining sinus rhythm, this strategy remains appropriate in selected patients.

EDITORIALS

**To Be or Not To Be in Normal Sinus Rhythm: What Do We Really Know?** 727

T.D. Bahnson and A.O. Grant

Two papers in this issue raise questions about managing atrial fibrillation: Does rhythm control have any role in treating patients similar to the Atrial Fibrillation Follow-up Investigation of Rhythm Management (AFFIRM) study sample? Is it useful in any other patients? Does being in normal sinus rhythm provide significant benefits? If so, why didn't the rhythm control group in AFFIRM have better

outcomes? Finally, what is a reasonable approach to treating patients with atrial fibrillation?

**Pitfalls in Imaging for Renal Artery Stenosis** 730

S.C. Textor

Vasbinder and colleagues' study of noninvasive tests for diagnosing renal artery stenosis reminds us that vascular imaging methods are fallible. While clinicians must know what they can reasonably expect from diagnostic imaging, it is even more important for them to decide whether the results of the imaging procedures would change their management of the patient.

**The U.S. Physician Workforce: Serious Questions Raised, Answers Needed** 732

A.M. Garber and H.C. Sox

In this issue, Cooper argues that the United States will have 200 000 fewer physicians than needed in 2020. Demographic and economic trends could increase the demand for physician services, but his forecast contains too many uncertainties to serve as the basis for taking immediate action. Several factors can have as yet unforeseeable effects on the demand for physician services: a healthier aging population, changes in government policy, new technology, physician-induced demand for health care, and changes in the price of health care.

**Bringing Professionalism to the Bedside** 735

C. Laine and H.C. Sox

In February 2002, the American Board of Internal Medicine Foundation, the American College of Physicians Foundation, and the European Federation of Internal Medicine published the Charter on Medical Professionalism. With the intent of bringing the concepts of professionalism closer to the bedside and the office, *Annals* will publish a special series in collaboration with the American Board of Internal Medicine. The series will consist of 6 essays, each with an accompanying commentary, that illustrate how the principles contained in the Charter can illuminate the dilemmas of daily practice.

**Professionalism and the Medical Student** 735

C.K. Francis

According to the Charter on Professionalism, 3 principles lie at the core of professionalism in medicine: primacy of patient welfare, patient autonomy, and social justice. In the poignant essay, "A Lesson from the Third Year," a medical student encounters each of these principles as he cares for an elderly Chinese immigrant.

ON BEING A DOCTOR

**A Lesson from the Third Year** 736

E. Helms

What a sad and lonely outcome: to be relegated to a state nursing facility where he could speak to no one and had limited understanding of the reason for his placement. I could picture it as a prison of both the mind and the body—and in our zeal to be doctors, we handed Mr. L that sentence.

AD LIBITUM

**On Rounds** 692

J. Winakur

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*Letters available only at [www.annals.org](http://www.annals.org)*

**To Butterfly or To Needle: The Specimen Testing  
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W.M. Miller; L. Hefler

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