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## ARTICLES

### **Prevention of Exacerbations of Chronic Obstructive Pulmonary Disease with Tiotropium, a Once-Daily Inhaled Anticholinergic Bronchodilator. A Randomized Trial** 317

D.E. Niewoehner, K. Rice, C. Cote, D. Paulson, J.A.D. Cooper Jr., L. Korducki, C. Cassino, and S. Kesten

The authors randomly assigned 1829 patients with moderate to severe chronic obstructive pulmonary disease (COPD) to receive 6 months of therapy with tiotropium, 18  $\mu$ g once daily, or placebo. The rate of COPD exacerbations was 28% with tiotropium and 32% with placebo ( $P = 0.037$ ).

Tiotropium may reduce COPD-related health care utilization in patients with moderate to severe disease.

### **Amiodarone Prophylaxis Reduces Major Cardiovascular Morbidity and Length of Stay after Cardiac Surgery: A Meta-Analysis** 327

J.D. Aasbo, A.T. Lawrence, K. Krishnan, M.H. Kim, and R.G. Trohman

This meta-analysis of 10 randomized, double-blind trials involving 1744 patients showed that amiodarone prophylaxis substantially decreased the occurrence of atrial fibrillation, ventricular tachyarrhythmias, and stroke and length of stay after open-heart surgery. The value of adding amiodarone when a patient is taking  $\beta$ -blocker prophylaxis perioperatively is not known.

### **Comparison of Rosiglitazone and Metformin for Treating HIV Lipodystrophy. A Randomized Trial** 337

J.P.H. van Wijk, E.J.P. de Koning, M. Castro Cabezas, J. op't Roodt, J. Joven, T.J. Rabelink, and A.I. Hoepelman

The authors compared the effects of the peroxisome proliferator-activated receptor- $\gamma$  agonist rosiglitazone (8 mg/d) and metformin (2 g/d) for treating HIV lipodystrophy. Their findings emphasize the importance of tailoring the choice of medication to the needs of the individual patient. Although rosiglitazone may partly correct lipoatrophy, metformin reduces cardiovascular risk factors by reducing visceral fat accumulation and improving fasting lipid profile and endothelial function.

## UPDATE

### **Update in Gastroenterology and Hepatology** 347

R.L. Koretz and T.O. Lipman

The goal of this Update is to review the pertinent literature in gastroenterology and hepatology that appeared in 2004.

The Update emphasizes systematic reviews and meta-analyses as sources of evidence and discusses upper gastrointestinal issues, pancreatitis, cancer prevention, the liver and AIDS, capsule endoscopy, and complementary and alternative medicine.

## CLINICAL GUIDELINES

### **Genetic Risk Assessment and *BRCA* Mutation Testing for Breast and Ovarian Cancer Susceptibility: Recommendation Statement** 355

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

The U.S. Preventive Services Task Force (USPSTF) recommends against routine referral for genetic counseling or routine breast cancer susceptibility gene (*BRCA*) testing for women who do not have a breast cancer family history that implies an increased risk for deleterious mutations in breast cancer susceptibility gene 1 (*BRCA1*) or breast cancer susceptibility gene 2 (*BRCA2*). The USPSTF recommends that women whose family history indicates an increased risk for deleterious mutations in *BRCA1* or *BRCA2* genes be referred for genetic counseling and evaluation for *BRCA* testing.

### **Genetic Risk Assessment and *BRCA* Mutation Testing for Breast and Ovarian Cancer Susceptibility: Systematic Evidence Review for the U.S. Preventive Services Task Force** 362

H.D. Nelson, L. Hoyt Huffman, R. Fu, and E.L. Harris

This review supports the U.S. Preventive Services Task Force recommendations on genetic counseling and *BRCA* testing for susceptibility to breast and ovarian cancer.

## HISTORY OF MEDICINE

### **Anorectics on Trial: A Half Century of Federal Regulation of Prescription Appetite Suppressants** 380

**E. Colman**

After rapidly approving several desoxyephedrine compounds in the 1950s, the U.S. Food and Drug Administration appeared to second-guess itself by requiring strong warning labels that marginalized anorectics until dexfenfluramine debuted in 1996. The adverse effects associated with this compound reinforced the need for more concrete data from large clinical trials. A landmark trial of sibutramine, the latest anorectic to enter the fray, may set yet another standard for assessing the benefit-risk profiles of these drugs.

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EDITORIALS

**Therapeutic Gains of Prolonged Bronchial Dilatation  
in Chronic Obstructive Pulmonary Disease** 386

G.M. Turino

The clinical spectrum of chronic obstructive pulmonary disease (COPD) includes chronic bronchitis, emphysema, and refractory asthma. Other important features are airway obstruction and clinical exacerbations. Exacerbations that occur 1 to 3 times per patient per year more rapidly decrease lung function but also substantially affect quality of life and the economic cost of COPD. Niewoehner and colleagues' report of a large, multicenter patient cohort takes on added importance because of these considerations about therapeutic approaches for COPD.

**Taking Family History Seriously** 388

W. Burke

The U.S. Preventive Services Task Force (USPSTF) recommendations regarding genetic testing for breast or ovarian cancer are based on evaluation of family history in a woman's first- and second-degree relatives. These criteria are consistent with standards of practice that have evolved over the past decade in medical genetics and reflect the epidemiologic finding that only a subset of women with a family history of breast cancer have *BRCA* mutations. However, although the USPSTF recommendations indicate an emerging consensus, they pose serious challenges for clinicians.

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