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ARTICLES

The Effect of a Primary Care Practice-Based Depression Intervention on Mortality in Older Adults. A Randomized Trial 689

J.J. Gallo, H.R. Bogner, K.H. Morales, E.P. Post, J.Y. Lin, and M.L. Bruce

Many studies have shown that depression is associated with an increased risk for death, but few have evaluated whether an intervention to improve depression can modify this risk. Gallo and colleagues randomly assigned 20 primary care practices to a depression care management program or to usual care. They observed a 45% reduction in the risk for death among patients with major depression who were cared for at the practices assigned to the intervention. The effect seemed to be limited to deaths due to cancer and warrants further investigation.

Summary for Patients I-38

A Sustained Mortality Benefit from Screening for Abdominal Aortic Aneurysm 699

L.G. Kim, R.A.P. Scott, H.A. Ashton, and S.G. Thompson, for the Multicentre Aneurysm Screening Study Group

Kim and colleagues report on the cost-effectiveness and benefit of screening for abdominal aortic aneurysm (AAA) on the basis of 7-year follow-up from a large randomized trial in United Kingdom. They found that men age 65 to 74 years who were invited to have ultrasonography and surveillance for AAA had lower mortality rates than did those who were not invited. Estimated cost-effectiveness of AAA-related deaths was \$19 500 (95% CI, \$12 400 to \$39 800) per life-year gained. Thus, screening resulted in longer-term mortality benefit and its cost-effectiveness improved over time.

Differences in Access to Liver Transplantation: Disease Severity, Waiting Time, and Transplantation Center Volume 707

J. Ahmad, C.L. Bryce, T. Cacciarelli, and M.S. Roberts

Sicker patients with liver disease get higher priority for liver transplants under the current system of organ allocation. Ahmad and colleagues wanted to determine whether disease severity scores and waiting times of liver transplant recipients differed by transplantation center. They found that patients waiting for transplants at higher-volume transplantation centers (which performed ≥ 100 transplantations in 2005) had lower disease severity scores at the time of transplantation and had shorter waiting times than did

patients waiting for transplants at lower-volume centers. Differences in priority still exist by center, despite the current system being need-based.

IMPROVING PATIENT CARE

Pharmacist Intervention to Improve Medication Adherence in Heart Failure. A Randomized Trial 714

M.D. Murray, J. Young, S. Hoke, W. Tu, M. Weiner, D. Morrow, K.T. Stroupe, J. Wu, D. Clark, F. Smith, I. Gradus-Pizlo, M. Weinberger, and D.C. Brater

The investigators randomly assigned 314 low-income patients with congestive heart failure to a 9-month pharmacist intervention or usual care. The pharmacist assessed patient knowledge and provided instructions about medication use. Compared with the usual care group, patients receiving the pharmacist intervention had better medication adherence and fewer heart failure exacerbations resulting in emergency department visits or hospitalization. However, adherence declined to control group levels within 3 months after the intervention was stopped.

REVIEWS

Narrative Review: The Pathophysiology of Fibromyalgia 726

A.M. Abeles, M.H. Pillinger, B.M. Solitar, and M. Abeles

Fibromyalgia is a common syndrome characterized by diffuse chronic pain and other somatic symptoms, such as poor sleep, fatigue, and stiffness. The study of chronic pain has yielded new insights into the pathophysiology of fibromyalgia and related chronic pain disorders, and evidence suggests that patients with fibromyalgia experience pain differently from the general population. This review discusses the mechanisms that are responsible for the chronic diffuse pain in fibromyalgia.

Systematic Review: Repair of Unruptured Abdominal Aortic Aneurysm 735

F.A. Lederle, R.L. Kane, R. MacDonald, and T.J. Wilt

The authors performed a systematic review of randomized trials that compared open or endovascular repair of abdominal aortic aneurysms (AAAs) with another treatment to compare the effectiveness of these treatment options. The review found that repairing AAAs smaller than 5.5 cm does not improve survival. Compared with open repair, endovascular repair is associated with lower operative and similar mid-term mortality rates. However, endovascular

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repair has not been shown to improve survival in patients who are unfit for open repair and its long-term mortality is unknown.

HISTORY OF MEDICINE

Pharmaceutical Marketing Research and the Prescribing Physician 742

J.A. Greene

Prescriber profiling, the surveillance of physicians' prescribing patterns and the sale of these data for pharmaceutical marketing research, is a current topic of debate in state legislation and national medical associations. However, the health care information organization industry has been building over the past 50 years. The system was not simply imposed on the medical profession—physicians and physician organizations have played a role in its development. Examining this role is directly relevant to the current debate.

EDITORIALS

Evidence-Based Screening and Management of Abdominal Aortic Aneurysm 749

J.D. Birkmeyer and G.R. Upchurch Jr.

In this issue, Kim and colleagues show that population-based screening for abdominal aortic aneurysm (AAA) in men 65 to 74 years of age reduced all-cause mortality—not just AAA-related mortality—and Lederle and associates found that endovascular repair is not cost-effective compared with open repair or surveillance. These studies support a more evidence-based approach for detecting and managing AAAs. Screening for AAAs should evolve from guideline to quality indicator status, and endovascular repair of AAAs should be disseminated with caution.

Prescriber Profiling: Time to Call It Quits 751

D. Grande

In this issue, Greene describes the historical origins of prescriber profiling and practice profiles for commercial marketing. Physicians must roll back the influence of commercial marketing practices on clinical decisions by ending their participation in marketing research and urging state legislatures and professional organizations to stop the sale of physician prescribing data to marketing firms.

ON BEING A DOCTOR

A Family Affair 753

A.D. Haber

I have sometimes wondered what it would be like to have one of my children join me in the practice of medicine. I just didn't anticipate that it would happen when one of them was 12 years old.

Dr. Wohl's Violin: A Family Doctor's Last Act of Kindness 755

S.H. Gottlieb

It began as a typical afternoon in the coronary care unit. While trying to finish my charting so that I could get home for dinner with my family, I was paged to the CCU resident's office. In the cluttered office, I found a medical resident nervously pacing the floor. When I walked in, he brightened up and immediately launched into his presentation: "Dr. Gottlieb, we have a tough case . . ."

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