

# CONTENTS **Annals of Internal Medicine**

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## ARTICLES

### **The Role of Clinical Uncertainty in Treatment Decisions for Diabetic Patients with Uncontrolled Blood Pressure** 717

E.A. Kerr, B.J. Zikmund-Fisher, M.L. Klamerus, U. Subramanian, M.M. Hogan, and T.P. Hofer

Clinicians often fail to intensify antihypertensive therapy when their patient's blood pressure is elevated. Kerr and colleagues sought the reasons for this practice by studying 1169 diabetic patients with elevated triage blood pressure during routine primary care visits at 9 Veterans Affairs facilities. Half of the patients did not have an increase in antihypertensive drug dosage, which was associated with patient reports of taking their blood pressure at home, rechecking the blood pressure during the clinical visit, and discussing of antihypertensive medication. Uncertainty about the patient's true blood pressure may contribute to failure to intensify antihypertensive therapy.

### **Incidence of Types of Cancer among HIV-Infected Persons Compared with the General Population in the United States, 1992–2003** 728

P. Patel, D.L. Hanson, P.S. Sullivan, R.M. Novak, A.C. Moorman, T.C. Tong, S.D. Holmberg, and J.T. Brooks, for the Adult and Adolescent Spectrum of Disease Project and HIV Outpatient Study Investigators

Antiretroviral therapy has dramatically improved survival of HIV-infected individuals and reduced the incidence of AIDS-defining cancer but may have—directly or indirectly—increased cases of non-AIDS-defining cancer. Patel and associates measured cancer incidence in HIV-infected persons and in the general population. The incidence of several types of non-AIDS-defining cancer was significantly higher in the HIV-infected population.

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### **Association of Numeracy and Diabetes Control** 737

K. Cavanaugh, M.M. Huizinga, K.A. Wallston, T. Gebretsadik, A. Shintani, D. Davis, R. Pratt Gregory, L. Fuchs, R. Malone, A. Cherrington, M. Pignone, D.A. DeWalt, T.A. Elasy, and R.L. Rothman

We do not understand the influence of a patient's skill with numbers (also called *numeracy*) on their management of diabetes. Cavanaugh and colleagues tested the ability of 398 adult patients with type 1 or type 2 diabetes to perform tasks related to diabetes care that require calculations or interpretation of numerical results (diabetes-related numeracy). Poor numeracy skills were common, and low

diabetes-related numeracy was associated with worse perceived self-efficacy, fewer diabetes self-management behaviors, and possibly poorer glycemic control.

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## REVIEW

### **Systematic Review: The Effects of Growth Hormone on Athletic Performance** 747

H. Liu, D.M. Bravata, I. Olkin, A. Friedlander, V. Liu, B. Roberts, E. Bendavid, O. Saynina, S.R. Salpeter, A.M. Garber, and A.R. Hoffman

Athletes have reportedly used human growth hormone to improve performance, but its safety and performance-enhancing efficacy are poorly understood. Liu and colleagues reviewed 44 trials that compared growth hormone treatment with no growth hormone treatment in community-dwelling healthy participants age 13 to 45 years. Lean body mass increased more in growth hormone recipients than nonrecipients, but strength and exercise capacity did not improve. Growth hormone recipients were more likely to have soft tissue edema and fatigue. The authors conclude that the evidence does not support claims that growth hormone enhances physical performance.

## CLINICAL GUIDELINES

### **Screening for Gestational Diabetes Mellitus: U.S. Preventive Services Task Force Recommendation Statement** 759

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

In this update of a 2003 recommendation, the U.S. Preventive Services Task Force concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening for gestational diabetes mellitus, either before or after 24 weeks' gestation.

**Summary for Patients** I-60

### **Screening for Gestational Diabetes Mellitus: A Systematic Review for the U.S. Preventive Services Task Force** 766

T.A. Hillier, K.K. Vesco, K.L. Pedula, T.L. Beil, E.P. Whitlock, and D.J. Pettitt

To support the updated U.S. Preventive Services Task Force recommendation in this issue, Hillier and colleagues reviewed

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the evidence on the benefits and harms of screening for gestational diabetes mellitus. They found no randomized, controlled trials that directly evaluated the risks and benefits, limited evidence suggesting that treatment after 24 weeks' gestation improves some maternal and neonatal outcomes, and very limited evidence about early screening before 24 weeks' gestation.

**Summary for Patients** 1-60

## ACADEMIA AND CLINIC

**Using Existing Systematic Reviews in Complex Systematic Reviews** 776

**E.P. Whitlock, J.S. Lin, R. Chou, P. Shekelle, and K.A. Robinson**  
 Often the only way to answer a clinical question (for example, whether prostate cancer screening reduces cancer-related mortality) is to deconstruct the question into linked subquestions (for example, whether screening detects early cancer; whether early treatment affects mortality). Systematic reviews to support clinical practice guideline development or health policy decision making must often evaluate several linked clinical questions (complex reviews). To reduce the work required for a complex review, authors often use existing systematic reviews. Whitlock and colleagues discuss the methodological issues raised by incorporating existing systematic reviews into complex reviews.

## EDITORIALS

**It's Time to Overcome Clinical Inertia** 783

**L.S. Phillips and J.G. Twombly**  
 When blood pressure levels are above goal, clinicians often fail to intensify therapy—a practice called *clinical inertia*. Two recent *Annals* articles, one in this issue, provide information about the factors that contribute to clinical inertia in hypertension management. The studies suggest that clinical uncertainty about a patient's true blood pressure is a more important cause of clinical inertia than many comorbid conditions that require attention in a 15-minute visit. Clinicians will need a new paradigm to guide them in treating high blood pressure—it's time to overcome clinical inertia.

**The Science and Art of Deduction: Complex Systematic Overviews** 786

**J.E. Cornell and C. Laine**  
*Annals* has witnessed an increase in the frequency of "complex systematic overviews"—systematic reviews that use previous systematic reviews to construct an evidence base. Although using past systematic reviews can shorten the time required to produce an updated systematic review,

complex systematic overviews present challenges. Cornell and Laine describe those challenges and provide suggestions for overcoming them.

**An Advantageous Marriage** 788

**H.C. Sox**  
 This issue marks the marriage of 2 publications with large and loyal readerships—*Annals of Internal Medicine* and *ACP Journal Club*. Beginning today, *ACP Journal Club* will appear in the second of the 2 monthly issues of *Annals*.

## LETTERS

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