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ARTICLES

Emergence of Multidrug-Resistant, Community-Associated, Methicillin-Resistant *Staphylococcus aureus* Clone USA300 in Men Who Have Sex with Men 249

B.A. Diep, H.F. Chambers, C.J. Graber, J.D. Szumowski, L.G. Miller, L.L. Han, J.H. Chen, F. Lin, J. Lin, T.H. Phan, H.A. Carleton, L.K. McDougal, F.C. Tenover, D.E. Cohen, K.H. Mayer, G.F. Sensabaugh, and F. Perdreau-Remington
Researchers have recently identified USA300, a clone of community-acquired, methicillin-resistant *Staphylococcus aureus* (MRSA) that is resistant to multiple antibiotics. Diep and colleagues demonstrate that the incidence of multidrug-resistant USA300 MRSA is highest in the areas of San Francisco where more male same-sex couples reside. The infection frequently manifests as an abscess or cellulitis in the buttocks, genitals, or perineum. Although multidrug-resistant USA300 MRSA infection might be sexually transmitted in this population, direct evidence on the mode of transmission is lacking.

Summary for Patients 1-42

A 10-Year Experience with Universal Health Insurance in Taiwan: Measuring Changes in Health and Health Disparity 258

C.P. Wen, S.P. Tsai, and W.S.I. Chung
In 1995, Taiwan implemented national health insurance. Wen and associates assessed its role in improving life expectancy and reducing health disparities in Taiwan. Differences in life expectancy between the healthiest and least healthy regions, defined as health disparities, were increasing before national health insurance and decreased afterward. However, disparities remained large. Whereas expenditures on health care increased, the percentage of gross domestic product spent on health care remained at 5% to 6%. Universal national health insurance alone may reduce health disparities, but only by a small amount in the absence of health system reform, which did not occur in Taiwan.

Effect of Glucosamine Sulfate on Hip Osteoarthritis. A Randomized Trial 268

R.M. Rozendaal, B.W. Koes, G.J.V.M. van Osch, E.J. Uitterlinden, E.H. Garling, S.P. Willemsen, A.Z. Ginai, J.A.N. Verhaar, H. Weinans, and S.M.A. Bierma-Zeinstra
Although many patients use glucosamine to treat osteoarthritis, available studies have reported inconsistent effects of glucosamine on symptoms and joint changes. In

the first trial focusing on hip osteoarthritis, Rozendaal and colleagues randomly assigned 222 patients to glucosamine, 1500 mg/d, or placebo. After 2 years of treatment, they found no clinically significant effect on pain, function, or joint space narrowing. Whatever its effects on osteoarthritis in other joints, glucosamine sulfate was no better than placebo in reducing symptoms and progression of hip osteoarthritis.

Summary for Patients 1-49

REVIEWS

Narrative Review: The Enigma of Pulmonary Arterial Hypertension: New Insights from Genetic Studies 278

J.H. Newman, J.A. Phillips III, and J.E. Loyd
When pulmonary arterial hypertension (PAH) is not caused by other illnesses, its etiology is a mystery that is now beginning to be solved. Inherited susceptibility to PAH occurs in families, and researchers report a strong association between PAH and mutations in a receptor in the gene for a transforming growth factor that regulates cell growth (transforming growth factor- β [TGF- β]). Newman and colleagues describe the research that led to this discovery and treatment opportunities. The evidence increasingly suggests that idiopathic PAH is caused by an imbalance of TGF- β receptor signals that promote or retard vascular intimal proliferation.

Meta-analysis: Effectiveness of Drugs for Preventing Contrast-Induced Nephropathy 284

A.M. Kelly, B. Dwamena, P. Cronin, S.J. Bernstein, and R.C. Carlos
Contrast-induced nephropathy is a common cause of acute renal failure in hospitalized patients. Clinicians use many drugs to reduce the risk for the condition, including *N*-acetylcysteine, theophylline, fenoldopam, dopamine, furosemide, mannitol, and bicarbonate. In their meta-analysis of 33 trials involving 3622 patients, Kelly and colleagues found the strongest evidence for *N*-acetylcysteine, mannitol, and theophylline when compared with periprocedural hydration alone. However, available studies examined laboratory measures of renal function rather than clinical endpoints.

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ACADEMIA AND CLINIC

Extending the CONSORT Statement to Randomized Trials of Nonpharmacologic Treatment: Explanation and Elaboration 295

I. Boutron, D. Moher, D.G. Altman, K.F. Schulz, and P. Ravaud, for the CONSORT Group

The conduct of randomized, controlled trials of nonpharmacologic treatments—such as surgery or behavioral interventions—presents specific challenges that clinical trial reports often do not address adequately, leaving readers unsure whether to believe the evidence. In order to strengthen the reporting of randomized trials of non-pharmacologic treatments, clinical epidemiologists and experts in this type of research developed additional reporting requirements to add to the CONSORT (Consolidated Standards of Reporting Trials) Statement. This article describes these additional standards.

Methods and Processes of the CONSORT Group: Example of an Extension for Trials Assessing Nonpharmacologic Treatments

I. Boutron, D. Moher, D.G. Altman, K.F. Schulz, and P. Ravaud, for the CONSORT Group

This article supports the extension of CONSORT Statement in this issue. It is available online only at www.annals.org.

EDITORIALS

More Challenges in the Prevention and Management of Community-Associated, Methicillin-Resistant *Staphylococcus aureus* Skin Disease 310

R. Gorwitz, S.K. Fridkin, and K.A. Workowski

In this issue, Diep and colleagues explore the epidemiology of methicillin-resistant *Staphylococcus aureus* USA300 isolates that contain the conjugative plasmid pUSA03. They suggest that men who have sex with men may be at increased risk for this infection. However, although evidence suggests that the infection is sexually transmitted, it is not strong enough to prove this hypothesis.

Learning from Taiwan: Experience with Universal Health Insurance 313

K. Davis and A.T. Huang

In this issue, Wen and colleagues analyze trends in life expectancy in Taiwan before and after the introduction of national health insurance. Their results suggest a substantial payoff for investing in health insurance for all but also indicate the importance of a broad, systemic approach targeting the root causes of disease, such as smoking and obesity.

Glucosamine Sulfate in Osteoarthritis: The Jury Is Still Out 315

J.W.J. Bijlsma and F.P.J.G. Lafeber

In this issue, Rozendaal and colleagues report what is apparently the first randomized trial on the effect of glucosamine sulfate on hip osteoarthritis. They concluded that glucosamine sulfate was no better than placebo in reducing symptoms and progression. However, osteoarthritis is a heterogeneous disease, and glucosamine may ameliorate symptoms in the joints. Still, the bottom line is that glucosamine is unproven therapy for osteoarthritis.

ON BEING A DOCTOR

I Can't Be Bothered 317

F. Fitzgerald

I tell my patients, residents, and students that they should call me if they need me. They are not an interruption to my work; they are my work. In this sense, I *can't* be "bothered" by them. But a system and a culture designed to protect doctors from their patients assume I am bothered, and so gives that same impression to those trying to reach me. This really bothers me.

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C.B. Salem, R. Slim, H. Hmouda, and K. Bouraoui; L. Ibáñez, X. Vidal, and J.R. Laporte; S.B. Mossad; S. Mani; F. Andersohn, E. Garbe, and C. Konzen

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