

CONTENTS *Annals of Internal Medicine*

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ARTICLES

Universal Surveillance for Methicillin-Resistant *Staphylococcus aureus* in 3 Affiliated Hospitals 409

A. Robicsek, J.L. Beaumont, S.M. Paule, D.M. Hacek, R.B. Thomson Jr., K.L. Kaul, P. King, and L.R. Peterson
Previous efforts to reduce the frequency of methicillin-resistant *Staphylococcus aureus* (MRSA) infections have failed. After a baseline year, Robicsek and colleagues screened all intensive care unit admissions for MRSA colonization for 1 year, followed by 1 year of screening all hospital admissions. They placed patients who tested positive for MRSA on contact precautions. The prevalence density of MRSA clinical infection was 8.9, 7.4, and 3.9 per 10 000 patient-days in years 1, 2, and 3, respectively. Screening all hospital admissions is associated with reduced rates of MRSA clinical infection.

Summary for Patients 1-46

Postpolypectomy Colonoscopy Surveillance Guidelines: Predictive Accuracy for Advanced Adenoma at 4 Years 419

A.O. Laiyemo, G. Murphy, P.S. Albert, L.B. Sansbury, Z. Wang, A.J. Cross, P.M. Marcus, B. Caan, J.R. Marshall, P. Lance, E.D. Paskett, J. Weissfeld, M.L. Slattery, R. Burt, F. Iber, M. Shike, J.W. Kikendall, E. Lanza, and A. Schatzkin
Guidelines for surveillance colonoscopy after a colon polyp is removed recommend more frequent surveillance if an advanced adenoma is found at baseline. Laiyemo and colleagues studied 1905 patients with an adenoma at baseline colonoscopy. Each had follow-up colonoscopy at 1 year and 4 years. Overall, 6.6% had an advanced adenoma—considered high risk for cancer—at 4 years. Advanced adenoma rates were 9% and 5% in patients with high- and low-risk adenomas at baseline colonoscopy, respectively. The characteristics of an adenoma are not a reliable guide to the probability of recurrence of an advanced adenoma.

Prevalence of Cognitive Impairment without Dementia in the United States 427

B.L. Plassman, K.M. Langa, G.G. Fisher, S.G. Heeringa, D.R. Weir, M.B. Ofstedal, J.R. Burke, M.D. Hurd, G.G. Potter, W.L. Rodgers, D.C. Steffens, J.J. McArdle, R.J. Willis, and R.B. Wallace
How common is mild cognitive impairment in older adults? In their sample of 856 individuals from the national Health and Retirement Study, Plassman and colleagues found that 22% of adults age 71 years or older had cognitive impairment that did not reach the threshold to diagnose

dementia. Every year, about 8% with cognitive impairment without dementia died, and about 12% progressed to dementia each year. Although criteria that differentiate mild impairment from dementia are imperfect, cognitive impairment without dementia probably affects a large segment of the elderly population.

Summary for Patients 1-53

REVIEW

Systematic Review: Comparative Effectiveness and Harms of Treatments for Clinically Localized Prostate Cancer 435

T.J. Wilt, R. MacDonald, I. Rutks, T.A. Shamliyan, B.C. Taylor, and R.L. Kane
Understanding the benefits and harms of treatment strategies for clinically localized prostate cancer is difficult because of shortcomings in the evidence and the treatments themselves. This systematic review of 18 randomized trials and 473 observational studies found little high-quality evidence that any therapy was superior to another therapy. All treatments caused urinary, bowel, or sexual dysfunction to varying degrees.

NIH CONFERENCE

National Institutes of Health State-of-the-Science Conference Statement: Prevention of Fecal and Urinary Incontinence in Adults 449

C.S. Landefeld, B.J. Bowers, A.D. Feld, K.E. Hartmann, E. Hoffman, M.J. Ingber, J.T. King Jr., W.S. McDougal, H. Nelson, E.J. Orav, M. Pignone, L.H. Richardson, R.M. Rohrbaugh, H.C. Siebens, and B.J. Trock
The ramifications of fecal incontinence and urinary incontinence extend well beyond their physical manifestations. To promote work that will reduce suffering and costs attributable to fecal and urinary incontinence, the National Institute of Diabetes and Digestive and Kidney Diseases and the Office of Medical Applications of Research of the National Institutes of Health convened a State-of-the-Science Conference to assess the available scientific evidence. This article answers key questions about the evidence.

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Systematic Review: Randomized, Controlled Trials of Nonsurgical Treatments for Urinary Incontinence in Women 459

T.A. Shamliyan, R.L. Kane, J. Wyman, and T.J. Wilt
 Shamliyan and colleagues synthesized the evidence about management of urinary incontinence in women. From 96 randomized, controlled trials and 3 systematic reviews, they found that pelvic floor muscle training and bladder training can resolve the condition. Anticholinergic drugs can resolve urinary incontinence; oxybutynin and tolterodine had similar effects; and duloxetine improved but did not resolve urinary incontinence. The evidence on electrostimulation, medical devices, injectable bulking agents, and local estrogen therapy is inconsistent.

EDITORIALS

Expanding the Universe of Methicillin-Resistant *Staphylococcus aureus* Prevention 474

E. Lautenbach

In this issue, Robicsek and colleagues describe the impact of a universal MRSA screening program for patients newly admitted to the hospital. The intervention was associated with an impressive hospitalwide 70% reduction in hospital-associated MRSA infections. The study is an important step toward the ultimate goal of reducing hospital-acquired MRSA infections to zero, but it is just 1 step. We need better evidence to point us toward what works best in the complex universe of MRSA screening.

Guidelines for Surveillance Intervals after Polypectomy: Coping with the Evidence 477

T.F. Imperiale and H.C. Sox

In this issue, Laiyemo and colleagues use data from the Polyp Prevention Trial to assess the clinical utility of current clinical guidelines for using findings at index colonoscopy to decide when to perform surveillance colonoscopy to detect a recurrent advanced adenoma. The authors do provide promising hints for better guidelines. They don't, however, answer a key question: What probability of recurrent advanced adenoma is low enough to justify waiting several years before performing repeated colonoscopy?

ON BEING A DOCTOR

The Geriatrician's Lab (Yellow) 480

D.B. Reuben

Every man has 5 dogs—so said Saul Bellow. Jenna was my fourth. In middle age, Jenna showed her first sign of future decay. Geriatricians speak of a life-space diary, which defines the geographic distance that an old person will travel. As she aged, Jenna's life space also became progressively constrained.

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 J. Latzman

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J.F. Wilson

Cover photograph by Steven Radwany

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