

CONTENTS *Annals of Internal Medicine*

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ARTICLES

Adverse Events with 4 Months of Rifampin Therapy or 9 Months of Isoniazid Therapy for Latent Tuberculosis Infection. A Randomized Trial 689

D. Menzies, R. Long, A. Trajman, M.J. Dion, J. Yang, H. Al Jahdali, Z. Memish, K. Khan, M. Gardam, V. Hoepfner, A. Benedetti, and K. Schwartzman

Nine-month isoniazid treatment of latent tuberculosis infection is hepatotoxic and is complicated by poor patient adherence. Menzies and colleagues compared the frequency of adverse events and treatment completion between 4-month rifampin therapy and 9-month isoniazid therapy among 847 patients randomly assigned to either treatment. Patients who took rifampin had fewer adverse events and were more likely to complete treatment. The investigators did not compare efficacy of the 2 treatments, so their data justify a larger trial to compare the efficacy of these 2 treatments for latent tuberculosis infection.

Determinants and Time Course of the Postthrombotic Syndrome after Acute Deep Venous Thrombosis 698

S.R. Kahn, I. Shrier, J.A. Julian, T. Ducruet, L. Arsenault, M.J. Miron, A. Roussin, S. Desmarais, F. Joyal, J. Kassis, S. Solymoss, L. Desjardins, D.L. Lamping, M. Johri, and J.S. Ginsberg

Chronic leg symptoms after deep venous thrombosis (DVT) (the postthrombotic syndrome) are common but difficult to predict. By using a standardized scale, Kahn and coworkers evaluated leg symptoms in 387 patients for 2 years after DVT. Mild, moderate, and severe postthrombotic syndrome occurred in 30%, 10%, and 3% of patients, respectively, at all study intervals, but severity fluctuated over time in many patients. Age, previous DVT, and severity at 1 month were the best predictors of long-term severity.

Motivational Enhancement Therapy with and without Cognitive Behavior Therapy to Treat Type 1 Diabetes. A Randomized Trial 708

K. Ismail, S.M. Thomas, E. Maissi, T. Chalder, U. Schmidt, J. Bartlett, A. Patel, C.M. Dickens, F. Creed, and J. Treasure

Psychological issues can interfere with management of type 1 diabetes. Ismail and colleagues examined whether psychological therapy might improve diabetes control. They compared motivational enhancement therapy with and without cognitive behavior therapy with usual care in 344 adults with type 1 diabetes (average baseline hemoglobin A_{1c} level, 9.4%). Motivational enhancement therapy plus cognitive behavior therapy achieved a greater decrease in

hemoglobin A_{1c} over 12 months than did usual care (difference between groups, -0.46%). No other improvements were observed.

Summary for Patients I-48

IMPROVING PATIENT CARE

Healing Skills for Medical Practice 720

L.R. Churchill and D. Schenck

Physicians' relationships with their patients can have healing effects, but the skills required are understudied. Churchill and Schenck interviewed 50 allopathic and alternative medicine practitioners identified by peers. Eight skills emerged as pivotal: do the little things; take time; be open and listen; find something to like, to love; remove barriers; let the patient explain; share authority; and be committed.

CLINICAL GUIDELINES

Using Second-Generation Antidepressants to Treat Depressive Disorders: A Clinical Practice Guideline from the American College of Physicians 725

A. Qaseem, V. Snow, T.D. Denberg, M.A. Forciea, and D.K. Owens, for the Clinical Efficacy Assessment Subcommittee of the American College of Physicians

This guideline presents current evidence on second-generation antidepressant treatment during the acute, continuation, and maintenance phases of major depressive disorder, dysthymia, subsyndromal depression, and accompanying symptoms. The American College of Physicians recommends that clinicians select second-generation antidepressants on the basis of adverse effect profiles, cost, and patient preferences. Clinicians should assess patient status, therapeutic response, and adverse effects of therapy on a regular basis beginning within 1 to 2 weeks of therapy initiation and should modify treatment if no adequate response to therapy is observed within 6 to 8 weeks of the therapy initiation. Treatment should continue for 4 to 9 months after a satisfactory response in patients with a first episode or for even longer in patients who have had 2 or more episodes.

Summary for Patients I-56

Continued on page 1-12

**Comparative Benefits and Harms of
 Second-Generation Antidepressants: Background
 Paper for the American College of Physicians** 734

G. Gartlehner, B.N. Gaynes, R.A. Hansen, P. Thieda,
 A. DeVeugh-Geiss, E.E. Krebs, C.G. Moore, L. Morgan,
 and K.N. Lohr

The authors reviewed the evidence of the benefits and harms of second-generation antidepressants for the treatment of depressive disorders in adults. They found that second-generation antidepressants did not substantially differ in efficacy or effectiveness (on the basis of 203 studies), but the incidence of specific adverse events and the onset of action did differ. The evidence is insufficient to draw conclusions about the comparative efficacy, effectiveness, or harms of these agents for the treatment of dysthymia and subsyndromal depression.

Summary for Patients 1-56

ACADEMIA AND CLINIC

Assessing the Value of Risk Predictions by Using Risk Stratification Tables 751

H. Janes, M.S. Pepe, and W. Gu

Risk stratification tables evaluate the benefit of adding a new risk marker to a risk prediction model that includes an established set of markers. Janes and colleagues show how to use the tables to compare models with and without the new marker for 3 important measures of model performance. They discuss how the tables are an improvement over commonly reported measures of risk prediction model performance.

EDITORIAL

Needed: New and Better Tools to Combat Latent Tuberculosis Infection 761

H.M. Blumberg

Poor acceptance and adherence to treatment regimens for latent tuberculosis infection (LTBI) are common. In this issue, Menzies and colleagues found that grade 3 to 4 hepatotoxicity was significantly less common among patients randomly assigned to 4 months of rifampin therapy than among those randomly assigned to 9 months of isoniazid therapy. Patients in the rifampin group were also more likely to complete treatment. The authors rightly conclude that a large-scale trial is indicated to assess the efficacy of rifampin monotherapy for the treatment of LTBI.

ON BEING A DOCTOR

Death and Hope in the ICU 764

D.B. Seder

Sitting down, looking strangers in the eye, and talking about death is part of the poetry of critical care. At first I thought that I had a talent for these discussions—that they were something others avoided that I could do. But that isn't quite right. In fact, these are opportunities for performance, and I seek them out like strong coffee or difficult procedures.

Twilight 766

A.A. Peterson

When I sit down on the side of the bed, I know. He has pale blue eyes and a careworn face, and I know that I will not make it home for dinner. I speak slowly and say, "On the CT scan, there are multiple abnormal spots in your liver." A pause, then: "It looks like the cancer has spread."

AD LIBITUM

To My Wife 760

C.J. Baker

LETTERS

Comments and Responses

What Conclusions Should Be Drawn between Critical Care Physician Management and Patient Mortality in the Intensive Care Unit? 767

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The Best New Evidence for Patient Care

Cover photograph by Rachel Mercer

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