

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### Revising Expectations from Rapid HIV Tests in the Emergency Department 153

R.P. Walensky, C. Arbelaez, W.M. Reichmann, R.M. Walls, J.N. Katz, B.L. Block, M. Dooley, A. Hetland, S. Kimmel, J.D. Solomon, and E. Losina

Few studies have examined the performance characteristics of rapid oral HIV testing. Walensky and colleagues found that 39 of 849 adults who visited an urban emergency department had a reactive result on rapid oral HIV testing. Confirmatory tests showed that 26 of these 39 patients were not HIV-infected, a much higher rate of false-positive results than expected. Reactive results increased the odds of HIV infection 8-fold to 32-fold compared with the pretest odds. Rapid oral HIV testing can help identify patients with greater odds of HIV infection.

Summary for Patients I-30

### Behavioral Therapy to Enable Women with Urge Incontinence to Discontinue Drug Treatment. A Randomized Trial 161

K.L. Burgio, S.R. Kraus, S. Menefee, D. Borello-France, M. Corton, H.W. Johnson, V. Mallett, P. Norton, M.P. FitzGerald, K.J. Dandreo, H.E. Richter, T. Rozanski, M. Albo, H.M. Zyczynski, G.E. Lemack, T.C. Chai, S. Khandwala, J. Baker, L. Brubaker, A.M. Stoddard, P.S. Goode, B. Nielsen-Omeis, C.W. Nager, K. Kenton, S.L. Tennstedt, J.W. Kusek, T.D. Chang, L.M. Nyberg, and W. Steers, for the Urinary Incontinence Treatment Network

The authors sought to determine whether behavioral therapy would help women with urge urinary incontinence to stop drug therapy for this condition. In this multicenter trial, 307 women with urge-predominant incontinence were randomly assigned to receive 10 weeks of tolterodine plus behavioral training or tolterodine alone. Six months later, 41% of women in both groups reported a 70% or greater reduction in the frequency of incontinence episodes and did not require treatment. Even with behavioral therapy, short-term treatment does not provide sustainable improvement in urge urinary incontinence.

### A National Study of Chronic Disease Prevalence and Access to Care in Uninsured U.S. Adults 170

A.P. Wilper, S. Woolhandler, K.E. Lasser, D. McCormick, D.H. Bor, and D.U. Himmelstein

Some claim that U.S. persons without health insurance do not typically have ongoing health care needs. Using data from the National Health and Nutrition Examination Survey, Wilper and associates estimate that more than 11 million

working-age Americans without health insurance have cardiovascular disease, hypertension, diabetes, dyslipidemia, obstructive lung disease, or previous cancer. Chronically ill patients without insurance were less likely than those with coverage to visit a health professional and were more likely to identify an emergency department as their standard site of care.

## REVIEW

### Systematic Review: T-Cell–based Assays for the Diagnosis of Latent Tuberculosis Infection: An Update 177

M. Pai, A. Zwerling, and D. Menzies

Tuberculin skin tests (TSTs) and interferon- $\gamma$ -release assays (IGRAs) are used to detect latent tuberculosis. In an updated meta-analysis, now including 38 studies, Pai and colleagues found that both TST and IGRAs have high specificity (95%) for tuberculosis in populations not vaccinated with bacille Calmette–Guérin (BCG). In BCG-vaccinated populations, the specificity of IGRAs was as good as in BCG-naive populations and substantially higher than that of TSTs. Thus, IGRAs are preferred in BCG-vaccinated patients in whom latent tuberculosis is suspected.

## CLINICAL GUIDELINES

### Screening for Prostate Cancer: U.S. Preventive Services Task Force Recommendation Statement 185

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force (USPSTF) updates their 2002 recommendation statement on screening for prostate cancer. Current evidence is insufficient to assess the balance of benefits and harms of screening for prostate cancer in men younger than age 75 years (I statement). The Task Force does not recommend screening for prostate cancer in men age 75 years or older (grade D recommendation).

Summary for Patients I-37

### Benefits and Harms of Prostate-Specific Antigen Screening for Prostate Cancer: An Evidence Update for the U.S. Preventive Services Task Force 192

K. Lin, R. Lipsitz, T. Miller, and S. Janakiraman

To support the USPSTF recommendation in this issue, Lin and colleagues performed a systematic review to seek new evidence on the benefits and harms of screening asymptomatic men for prostate cancer. No good-quality randomized, controlled trials of screening for prostate cancer

Continued on page I-6

have been completed. In 1 cross-sectional and 2 prospective cohort studies of fair to good quality, false-positive prostate-specific antigen (PSA) results caused psychological adverse effects for up to 1 year after the test. The authors concluded that PSA screening is associated with psychological harms, and its potential benefits remain uncertain.

**Summary for Patients** 1-37

## PERSPECTIVE

**Against Diagnosis** 200

A.J. Vickers, E. Basch, and M.W. Kattan

Cut-points for defining a diagnosis have substantial limitations. Risk prediction, in which patient risk factors are combined into a single model and the results used in shared decision making about treatments, may offer an alternative to diagnosis. The authors compare the diagnostic and risk prediction approaches and attempt to identify for which types of medical problem each is best suited.

## EDITORIALS

**The Deadliest Catch: Fishing for HIV in New Waters** 204

C.D. Pilcher and C.B. Hare

In this issue, Walensky and colleagues report one emergency department's experience with rapid oral HIV screening. Most of the positive test results were false positive; therefore, the authors cautioned against use of oral HIV testing and recommended tempering expectations about the accuracy of these tests in low-prevalence settings. Yet, early detection and treatment remains our best hope to stop the spread of HIV, and screening for HIV in acute care settings just might be the right strategy.

**Improving Care and Outcomes of Uninsured Persons with Chronic Disease . . . Now** 206

M.H. Chin

The article by Wilper and colleagues in this issue tells us that chronic disease is rampant among uninsured persons. This editorial identifies opportunities for policy reforms and outlines what every practice, hospital, and health plan can do now to improve outcomes for vulnerable patients with chronic disease.

## ON BEING A DOCTOR

**Plan-Do-Study-Act Cycle Rejuvenates a Marriage** 209

M. Jain

My wife and I had a game: I would say "I love you" on the phone to her, and she would reply giggling, "Me too." But somewhere along the way, things had changed. Action was required.

## ON BEING A PATIENT

**A World No Less Sublime** 211

S. Blevins

Winter was raging throughout the Great Plains, and Oklahoma was reeling from the icy assault. We reveled in "ice stories," to which I contributed generously. But even the most provocative story would soon be eclipsed by a more intimate tale.

## AD LIBITUM

**Peace at the Minneapolis V.A.** 160

C. Scott

## LETTERS

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## IN THE CLINIC

**Gastroesophageal Reflux Disease** ITC2-1

This issue provides a clinical overview of gastroesophageal reflux disease, focusing on prevention, diagnosis, treatment, practice improvement, and patient information. Readers can complete the accompanying CME quiz for 1.5 credits.

Cover photograph by Richard Gambescia, MD

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