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21 October 2008 149 8 521-600

ARTICLES

Addition of Sildenafil to Long-Term Intravenous Epoprostenol Therapy in Patients with Pulmonary Arterial Hypertension. A Randomized Trial 521

G. Simonneau, L.J. Rubin, N. Galiè, R.J. Barst, T.R. Fleming, A.E. Frost, P.J. Engel, M.R. Kramer, G. Burgess, L. Collings, N. Cossons, O. Sitbon, and D.B. Badesch, for the PACES Study Group

In a short-term multicenter trial, Simonneau and colleagues randomly assigned 267 patients with pulmonary arterial hypertension who had been receiving intravenous epoprostenol for at least 3 months to receive either oral sildenafil or placebo for 16 weeks. Compared with placebo, sildenafil improved exercise capacity and hemodynamic measurements, lengthened time to clinical worsening, and caused more headaches and dyspepsia. Patients with better baseline exercise capacity improved the most.

Summary for Patients 1-38

Addition of Neutral Protamine Lispro Insulin or Insulin Glargine to Oral Type 2 Diabetes Regimens for Patients with Suboptimal Glycemic Control. A Randomized Trial 531

K. Esposito, M. Ciotola, M.I. Maiorino, R. Gualdiero, B. Schisano, A. Ceriello, F. Beneduce, G. Feola, and D. Giugliano

Many patients with type 2 diabetes that is poorly controlled with oral agents take bedtime insulin. In 2 previous trials, neutral protamine lispro (NPL) insulin achieved better glycemic control than neutral protamine Hagedorn insulin. Esposito and associates randomly assigned patients with poor control of type 2 diabetes taking oral medications to receive either bedtime insulin glargine or NPL insulin. Over 36 weeks, the 2 groups had similar glycemic control and rates of hypoglycemic events.

Summary for Patients 1-46

Cost-Effectiveness of Nurse-Led Disease Management for Heart Failure in an Ethnically Diverse Urban Community 540

P.L. Hebert, J.E. Sisk, J.J. Wang, L. Tuzzio, J.M. Casabianca, M.R. Chassin, C. Horowitz, and M.A. McLaughlin

Although nurse-led case management improves clinical outcomes for patients with heart failure, the cost-effectiveness of these programs is not clearly established. Using data on costs from a randomized trial of 12 months of case management versus usual care for socioeconomically

disadvantaged patients with heart failure, Hebert and coworkers estimated the cost-effectiveness of case management to be less than \$20 000 per quality-adjusted life-year. This program was a reasonably cost-effective way to reduce the burden of heart failure in this setting.

REVIEW

Systematic Review: Comparative Effectiveness and Safety of Premixed Insulin Analogues in Type 2 Diabetes 549

R. Qayyum, S. Bolen, N. Maruthur, L. Feldman, L.M. Wilson, S.S. Marinopoulos, P. Ranasinghe, M. Amer, and E.B. Bass
Premixed insulin analogues are a mixture of short-acting and intermediate-acting insulin analogues. Their effectiveness relative to other antidiabetic agents is not clearly established. This systematic review of comparative trials in adults with type 2 diabetes found that premixed insulin analogues and premixed human insulin provided similar glycemic control. Premixed insulin analogues provided tighter glycemic control and caused more hypoglycemia than did long-acting insulin analogues and noninsulin antidiabetic agents. Evidence for effects on clinical outcomes of diabetes, however, was scant and inconclusive.

CLINICAL GUIDELINES

Primary Care Interventions to Promote Breastfeeding: U.S. Preventive Services Task Force Recommendation Statement 560

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force (USPSTF) updates its 2003 recommendation statement on counseling to promote breastfeeding. The Task Force evaluated the results of a systematic review of literature published between January 2001 and January 2007 on activities to promote and support breastfeeding that were initiated, conducted, or referable by primary care clinicians. The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding (grade B recommendation).

Summary for Patients 1-52

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Interventions in Primary Care to Promote Breastfeeding: An Evidence Review for the U.S. Preventive Services Task Force 565

M. Chung, G. Raman, T. Trikalinos, J. Lau, and S. Ip
 To support the USPSTF recommendation in this issue, Chung and colleagues systematically reviewed evidence that primary care-initiated interventions to promote breastfeeding improve breastfeeding rates and child and maternal health outcomes. Evidence suggests that breastfeeding interventions are more effective than usual care in increasing short- and long-term breastfeeding rates. Combining pre- and postnatal interventions and including lay support may be beneficial.

Summary for Patients 1-52

EDITORIALS

Therapy for Pulmonary Arterial Hypertension: The More, the Merrier? 583

D.B. Taichman
 Combination therapy for pulmonary arterial hypertension (PAH) is in widespread use. In this issue, Simonneau and colleagues found that patients who were already receiving intravenous epoprostenol had improvements in 6-minute walk distance, hemodynamic measurements, health-related quality of life, and time to clinical worsening when oral sildenafil was added to their treatment. The trial is an important step forward in PAH research and reminds us that adequately powered studies of combination therapy in PAH can be accomplished and should continue.

Newer Insulins in Search of a Niche 586

S. Majumdar and E. Barrett
 In this issue, Esposito and colleagues and Qayyum and coworkers evaluate the potential roles of newer insulin analogues for treating type 2 diabetes. In making the transition from oral therapies to insulin, neutral protamine Hagedorn (NPH) insulin remains reasonable and cost-effective; a long-acting insulin analogue can be used if nocturnal hypoglycemia is a problem. For meal-related hyperglycemia, a mixed regimen, such as regular/NPH insulin or NPL, may be an alternative to a basal bolus regimen. Choosing and modifying the insulin regimen is easy—the hard part is getting patients to accept diabetes self-management and to do it competently over a lifetime.

ON BEING A DOCTOR

Legal Advice 589

J. Zarconi
 I knew after the first few sentences of our conversation that I would need to schedule her follow-up appointments for

longer time slots than the usual 15 minutes. She was going to disrupt the efficiency of my office on this day and probably for a long time to come. Her problem wasn't simple.

My Condolences 591

V. Padmanabhan
 The books state that in medicine, there are 2 options: curative versus palliative—black and white in a world full of grays. What does “palliative” mean to a 36-year-old mother dying of cancer?

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Does Lower Diabetes-Related Numeracy Lead to Increased Risk for Hypoglycemic Events? 594

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J.F. Wilson

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The Best New Evidence for Patient Care

Cover photograph by Federico R. Justiniani, MD

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