

# CONTENTS *Annals of Internal Medicine*®

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## ARTICLES

### Effects of Calcium Supplementation on Body Weight and Adiposity in Overweight and Obese Adults. A Randomized Trial 821

J.A. Yanovski, S.J. Parikh, L.B. Yanoff, B.I. Denlinger, K.A. Calis, J.C. Reynolds, N.G. Sebring, and T. McHugh

Some data suggest that body weight is inversely associated with calcium intake. Yanovski and colleagues tested whether supplemental calcium might prevent weight gain among 340 overweight and obese patients randomly assigned to receive supplemental calcium, 1500 mg/d, or placebo. They found no differences in body weight, body mass index, or body fat mass between the groups after 2 years. They conclude that calcium supplementation is unlikely to prevent weight gain in persons who are overweight or obese.

Summary for Patients 1-24

### Red Yeast Rice for Dyslipidemia in Statin-Intolerant Patients. A Randomized Trial 830

D.J. Becker, R.Y. Gordon, S.C. Halbert, B. French, P.B. Morris, and D.J. Rader

Red yeast rice is a dietary supplement that can decrease low-density lipoprotein (LDL) cholesterol levels and could be a treatment option for patients with statin-associated myopathy. Investigators randomly assigned 62 patients with dyslipidemia and a history of intolerance to at least 1 statin to receive red yeast rice, 1800 mg twice daily, or placebo. After 12 and 24 weeks, LDL and total cholesterol levels improved more in the red yeast rice group than in the placebo group. Pain, creatinine phosphokinase, and liver enzyme levels did not differ between the groups.

Summary for Patients 1-28

### Stent Placement in Patients With Atherosclerotic Renal Artery Stenosis and Impaired Renal Function. A Randomized Trial 840

L. Bax, A.J.J. Woittiez, H.J. Kouwenberg, W.P.T.M. Mali, E. Buskens, F.J.A. Beek, B. Braam, F.T.M. Huysmans, L.J. Schultze Kool, M.J.C.M. Rutten, C.J. Doorenbos, J.C.N.M. Aarts, T.J. Rabelink, P.F. Plouin, A. Raynaud, G.A. van Montfrans, J.A. Reekers, A.H. van den Meiracker, P.M.T. Pattynama, P.J.G. van de Ven, D. Vroegindewij, A.A. Kroon, M.W. de Haan, C.T. Postma, and J.J. Beutler

Renal stents are commonly used to treat atherosclerotic renal artery stenosis (ARAS). In this randomized trial, Bax and coworkers compared medical treatment of ARAS (anti-hypertensive treatment, a statin, and aspirin) with medical

treatment plus stenting among 140 patients with ARAS and impaired renal function. Patients who underwent stenting had no clear benefits, and several complications occurred, including 2 procedure-related deaths.

### Adverse Events After Outpatient Colonoscopy in the Medicare Population 849

J.L. Warren, C.N. Klabunde, A.B. Mariotto, A. Meekins, M. Topor, M.L. Brown, and D.F. Ransohoff

Complication rates of colonoscopy in older patients are not well established. Warren and colleagues measured 30-day cardiac and gastrointestinal event rates in a random sample of 53 220 Medicare beneficiaries who had outpatient colonoscopy and in a matched set of beneficiaries who did not. Rates of adverse events following colonoscopy were low, but increased with advancing age. They were also increased in patients who had polypectomy and in patients with comorbid conditions, such as diabetes, atrial fibrillation, congestive heart failure, or chronic obstructive lung disease.

Summary for Patients 1-32

## REVIEW

### Narrative Review: Statin-Related Myopathy 858

T.R. Joy and R.A. Hegele

Statin-related myopathy is a clinically important cause of statin intolerance and discontinuation. In this overview, Joy and Hegele cover the pathophysiology, epidemiology, clinical features, and management of statin-related myopathy. They discuss options for managing statin myopathy, including statin switching, nondaily dosing regimens, nonstatin alternatives, and coenzyme Q10 supplementation.

## CLINICAL GUIDELINES

### Screening for Hepatitis B Virus Infection in Pregnancy: U.S. Preventive Services Task Force Reaffirmation Recommendation Statement 869

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force (USPSTF) reaffirms its 2004 recommendation on screening for hepatitis B virus (HBV) infection in pregnancy. The net benefit of screening remains well established. Clinicians should screen for HBV infection in pregnant women at their first prenatal visit (grade A recommendation).

Summary for Patients 1-36

Continued on page I-8

**Screening for Hepatitis B Virus Infection in Pregnant Women: Evidence for the U.S. Preventive Services Task Force Reaffirmation Recommendation Statement** 874

**K. Lin and J. Vickery**

To support the USPSTF reaffirmation recommendation statement in this issue, the authors searched for large, high-quality studies published since the 2004 USPSTF recommendation on the benefits and harms of screening for HBV infection in pregnant women. They found no new evidence on the benefits or harms of screening for HBV infection in pregnant women. Previously published randomized trials support the 2004 USPSTF recommendation for screening.

**Summary for Patients** I-36

**PERSPECTIVE**

**Catheter-Associated Urinary Tract Infection and the Medicare Rule Changes** 877

**S. Saint, J.A. Meddings, D. Calfee, C.P. Kowalski, and S.L. Krein**

Catheter-associated urinary tract infection, a common and potentially preventable complication of hospitalization, is a hospital-acquired complication chosen by the Centers for Medicare & Medicaid Services (CMS) for which hospitals no longer receive additional payment. Saint and colleagues examine the preventability of catheter-associated infection; review the CMS rule changes regarding the complication; assess the possible consequences of these changes; and provide guidance for hospital-based administrators, policy-makers, epidemiologists, and clinicians.

**EDITORIAL**

**Balancing Randomized Trials With Anecdote** 885

**P.S. Phillips**

Two articles in this issue apply the best available methodologies to statin myopathy. Joy and Hegele's systematic review of statin myopathy emphasizes findings from randomized, controlled trials. Becker and colleagues'

randomized, controlled trial suggests that red yeast rice, a nutraceutical form of statin, may be safe for patients who cannot tolerate statins. Both articles give priority to controlled trials and deemphasize anecdote.

**ON BEING A DOCTOR**

**Fault** 887

**G.D. Rubenfeld**

Crude tattoos of "LOVE" and "HATE" unfurled as the angry, muscular man clenched and unclenched his fists. Behind him at least 12 other family members, or perhaps gang members, who glared at me. To make matters worse, someone had called hospital security—add 2 beefy guys to a room that now felt very small.

**AD LIBITUM**

**Feeling Death** 868

**C.S. Williams**

**LETTERS**

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The Best New Evidence for Patient Care

Cover photograph by Michael D. Martin, MD

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