A Piece of My Mind

“Physicians don’t want to take care of these people, and insurance companies don’t want to pay for their care.” From “Patients Like Linda.”

SEE PAGE 165

Medical News & Perspectives

Transplantation experts say that the long-term health effects for living organ donors are unknown and that some kind of registry or database is needed to track outcomes.

SEE PAGE 181

Cost-effectiveness of HCV Infection Therapy

A cost-effectiveness analysis using a Markov model indicates that newer treatments for chronic hepatitis C virus (HCV) infection appear on average to be reasonably cost-effective, but results varied widely across different patient subgroups and depended on quality-of-life assumptions.

SEE PAGE 228

CLINICIAN’S CORNER

Contempo Updates

Advances in the treatment of age-related cataracts.

SEE PAGE 248

Gifts From Industry to Physicians

In this discussion of psychological mechanisms underlying financial conflicts of interest, Dana and Lowenstein conclude that gifts from pharmaceutical companies to physicians should be prohibited.

SEE PAGE 252

JAMA Patient Page

For your patients: Information about cataracts.

SEE PAGE 286


Data from National Health and Nutrition Examination Surveys (NHANES) from 1960 through 1991 suggest that the prevalence of hypertension in the US population is decreasing, but self-reported rates of hypertension in Behavioral Risk Factor Surveillance System surveys were higher in 1999 than in 1991. In this analysis of data from the 1999-2000 NHANES, Hajjar and Kotchen report that 28.7% of NHANES participants had hypertension, an increase of 3.7% from the 1988-1991 NHANES. Hypertension control rates increased slightly, but were still low.

SEE PAGE 199

Phytoestrogens for the Treatment of Hot Flashes

Dietary supplements containing isoflavones derived from soy or red clover are increasingly being used as alternative treatments for menopausal symptoms. Tice and colleagues conducted a randomized trial among menopausal women who were experiencing 35 or more hot flashes per week to compare the efficacy of 2 dietary supplements derived from red clover, Promensil and Rimostil, with placebo. After 12 weeks of treatment, reductions in hot flashes and improvements in quality of life were not significantly different in the 3 study groups.

SEE PAGE 207

Depressive Symptoms and Health of Patients With CAD

Ruo and colleagues conducted a cross-sectional study of adults with stable coronary artery disease (CAD) to examine the relative influence of depressive symptoms and cardiac function on health status. Depressive symptoms were significantly associated with patient-reported health status, including symptom burden, physical limitation, disease-specific quality of life, and overall health. In contrast, 2 traditional measures of cardiac function—left ventricular ejection fraction and ischemia—were not associated with health status outcomes.

SEE PAGE 215

Impact of Prescription Drug Benefit Caps

Annual dollar limits (“caps”) on drug benefits have been considered as a way to provide a national Medicare drug benefit at reasonable costs. Tseng and colleagues conducted a cross-sectional analysis of 2001 pharmacy claims data from a Medicare+Choice managed care plan to determine how cap levels affect the percentage of patients exceeding the cap and their out-of-pocket drug costs. A total of 22%, 14%, and 4% of Medicare patients exceeded caps of $750, $1000, and $2000, respectively. After exceeding caps, patients faced a potential 2- to 3-fold increase in median out-of-pocket costs to continue using the same prescriptions as before exceeding caps. For patients who exceeded the lowest cap, yearly out-of-pocket drug costs ranged from $564 to $4201 (5th-95th percentiles). Most of the medications with the highest total prescription expenditures for patients who exceeded the cap were for chronic conditions.

SEE PAGE 222

Tissue Factor Pathway Inhibitor in Severe Sepsis

Systemic activation of the coagulation cascade has been postulated to contribute to organ dysfunction and mortality in patients with sepsis. Abraham and colleagues conducted a randomized trial among patients with severe sepsis and elevated international normalized ratio (≥1.2) to determine if a 96-hour infusion of tissue factor pathway inhibitor (TFPI), which blocks coagulation at its earliest stages, would decrease mortality. At 28 days after initiation of medication, all-cause mortality in the TFPI group was not significantly different from that in the placebo group. In an editorial, Angus and Crowther examine why this trial failed and discuss implications for future studies of naturally occurring anticoagulants for treatment of severe sepsis.

SEE PAGE 238 AND EDITORIAL ON PAGE 256

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