

Simvastatin plus Niacin, Antioxidant Vitamins, or the Combination for Prevention of Coronary Disease

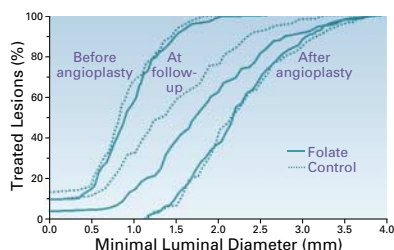
Patients with coronary disease and low high-density lipoprotein (HDL) cholesterol levels are at risk for coronary events. This study found that a combination of niacin and simvastatin was very effective over a period of three years in reducing the frequency of coronary events and causing a slight regression of coronary lesions, as measured by angiography. By contrast, antioxidant vitamins had no benefit, and the addition of antioxidant vitamins to niacin and simvastatin attenuated their beneficial effect.

The combination of niacin and simvastatin, which concurrently lowers the low-density lipoprotein cholesterol level and raises the HDL cholesterol level, has important clinical benefits in patients with coronary disease and low HDL levels. Antioxidants are not recommended.

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Decreased Rate of Restenosis after Coronary Angioplasty with Vitamin Therapy

In this double-blind study, a combination of folate, vitamin B₁₂, and pyridoxine was found to reduce the rate of restenosis in patients who had undergone coronary angioplasty. There was less benefit in patients who had received stents than in those who had not. Vitamin therapy also resulted in lower plasma homocysteine levels, a potential mechanism of the clinical effect.

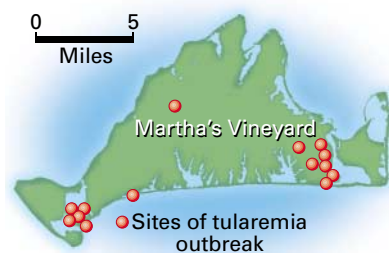


These findings suggest that a relatively simple and inexpensive intervention, vitamin supplementation, may reduce the risk of restenosis after coronary angioplasty. It is plausible that the beneficial effect is mediated by a reduction in plasma homocysteine levels, but other effects of vitamin therapy may also be involved.

see page 1593 (editorial, page 1636)

An Outbreak of Primary Pneumonic Tularemia

In the summer of 2000, there was an outbreak of tularemia on the island of Martha's Vineyard in Massachusetts. This case-control study identified 15 patients with *Francisella tularensis* infection, including 11 with primary pneumonic tularemia. One patient died. The patients were more likely than controls to have used a lawn mower or brush cutter in the two weeks before the illness.



Primary pneumonic tularemia results from inhalation of the organism and is the most severe form of tularemia. Analysis of this outbreak suggests that mowing and cutting brush led to aerosolization of the organism.

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“The finding of hemorrhagic spinal fluid with gram-positive bacilli yielded the earliest clue to the diagnosis of anthrax.”

Index Case of Fatal Inhalational Anthrax Due to Bioterrorism in the United States

This case report provides a description of the first case of fatal inhalational anthrax in the United States in 25 years. This 63-year-old newspaper photo editor had a rapidly progressive febrile illness, and lumbar puncture showed cloudy cerebrospinal fluid with numerous polymorphonuclear leukocytes and many large gram-positive bacilli, singly and in chains. A diagnosis of inhalational anthrax was made, and despite aggressive treatment the patient died soon thereafter. The infection appeared to have been transmitted through mail contaminated with anthrax spores as a result of biologic terrorism.

see page 1607

“Deliberations about the impact of uncertainty and rising costs . . . have implications that go beyond improvement of the quality of care.”

Special Article: Shattuck Lecture — Hidden Barriers to Quality Improvement

The Shattuck Lecture is delivered at the Annual Meeting of the Massachusetts Medical Society. In the 111th lecture, Dr. Barbara McNeil discusses a core problem in health policy, the barriers to improvement in the quality of medical care. She focuses on two key impediments: uncertainty about which therapeutic and diagnostic interventions are actually effective, and cost pressures, which may result in the underuse of potentially valuable medical treatments and techniques.

see page 1612



Current Concepts: Recognition and Management of Anthrax

Infection with *Bacillus anthracis*, commonly known as anthrax, has reemerged as a weapon of bioterrorism. This review article revisits and updates our 1999 review of anthrax and contains practical information for the physician faced with a possible case of this dangerous infection.

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