

This Week in the Journal

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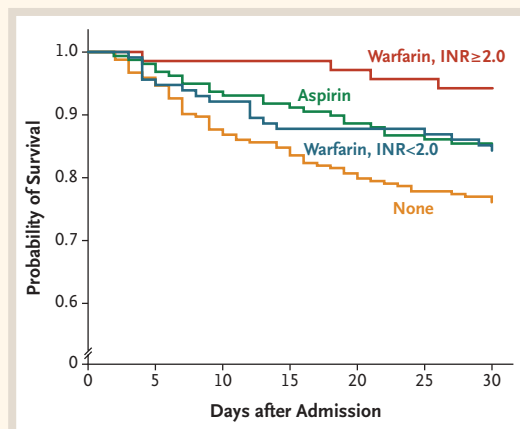
ORIGINAL ARTICLE

Anticoagulation and Stroke Prevention in Atrial Fibrillation

In a large cohort of patients with nonvalvular atrial fibrillation, oral anticoagulation with warfarin that resulted in an international normalized ratio (INR) of 2.0 or greater not only reduced the risk of ischemic stroke but also reduced its severity and associated mortality. Less intense anticoagulation (an INR of less than 2.0) and aspirin therapy were both less effective. The risk of serious hemorrhage was low until the INR exceeded 3.9.

For stroke prevention, patients with nonvalvular atrial fibrillation should receive anticoagulant therapy with warfarin with a target INR of 2.5, unless there are contraindications to anticoagulation.

SEE PAGE 1019; PERSPECTIVE, PAGE 1015



ORIGINAL ARTICLE

Coronary Microvascular Dysfunction in Hypertrophic Cardiomyopathy

Myocardial ischemia due to coronary microvascular dysfunction is believed to occur in patients with hypertrophic cardiomyopathy and may cause clinical events such as sudden death. In this study, coronary microvascular dysfunction was identified with the use of positron-emission tomography before and after the infusion of dipyridamole, a coronary vasodilator. Microvascular dysfunction, defined as an abnormal response to dipyridamole, was associated with an unfavorable outcome, including death from cardiovascular causes.

SEE PAGE 1027; PERSPECTIVE, PAGE 1016

ORIGINAL ARTICLE

Substituting Nonnucleoside Reverse-Transcriptase Inhibitors for Protease Inhibitors in the Treatment of HIV-1

In this randomized study of 460 patients receiving effective treatment for human immunodeficiency virus type 1 (HIV-1) disease, nevirapine, efavirenz, or abacavir was substituted for the protease inhibitor in a regimen that also included two nucleoside reverse-transcriptase inhibitors. After 12 months, the increases in CD4 cell counts were similar in the three groups, but there was a trend toward a higher rate of treatment failure in the abacavir group.

The substitution of a nonnucleoside reverse-transcriptase inhibitor for a protease inhibitor may reduce the rate of adverse effects while still suppressing viral replication.

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THIS WEEK IN THE JOURNAL

SPECIAL ARTICLE

**Health, Life Expectancy,
and Health Care Spending
among the Elderly**

Projections of future Medicare expenditures need to take into account the effects of life expectancy and health status on health care costs. In this study of Medicare patients, as expected, better health was associated with lower annual costs and longer lives. For persons in better health, the annual savings were offset by spending over more years, so that expenditures from 70 years of age until death were similar among persons in all initial health states.

These findings suggest that improvements in health and longevity among the elderly are unlikely to increase or decrease lifetime Medicare expenditures substantially.

SEE PAGE 1048; EDITORIAL, PAGE 1084

CLINICAL PRACTICE

Early Alzheimer's Disease

A 72-year-old, college-educated woman comes in for the evaluation of mild memory loss that has been gradually progressing for the past two years. The patient drives her own car and manages her own finances, although she has recently made some errors in her checkbook. She also forgot the location of her car in a mall parking lot for two hours. How should this patient be evaluated and treated?

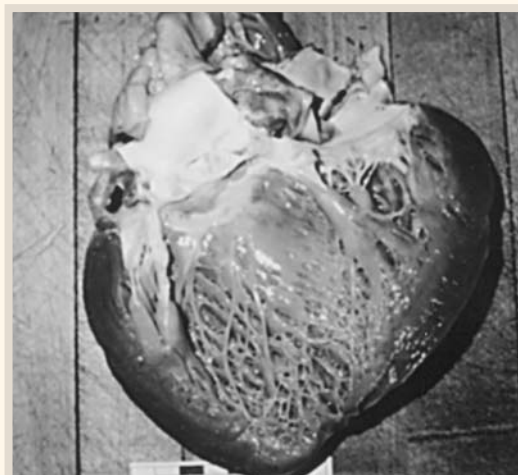
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MEDICAL PROGRESS

Sudden Death in Young Athletes

This article summarizes the available information regarding the cardiac risks of participation in athletics. Hypertrophic cardiomyopathy remains the leading cause of sudden death from cardiac causes among young athletes. Although controlled studies are lacking, there is indirect evidence to suggest that screening and sidelining young athletes with high-risk cardiac findings are justified and should decrease the number of sudden deaths in this population.

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CORRESPONDENCE

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